

# Blue Dental for Individuals and Families - Traditional Plan Benefits 2024

Service Name	Traditional Value	Traditional Essential	Traditional Preferred
<b>Diagnostic and Preventive Services</b>			
Oral Exams	1 every 12 months	2 every 12 months	2 every 12 months
Oral Cleanings	1 every 12 months	2 every 12 months	2 every 12 months
Fluoride Treatment	Not Covered	1 every 12 months for Members under age 14	1 every 12 months for Members under age 14
Sealants	Not Covered	1 per tooth every 3 years for Members under age 16	1 per tooth every 3 years for Members under age 16
Emergency (Palliative) Treatment	1 every 12 months	2 every 12 months	2 every 12 months
Space Maintainers	Not Covered	1 every 60 months for Members under age 14	1 every 60 months for Members under age 14
Complete series intraoral x-rays	1 per lifetime	1 film every 5 years	1 film every 5 years
Bitewing x-rays	1 set every 24 months for Members ages 19 through 29; 1 set every 36 months for Members ages 30 and older	1 set every 12 months for Members under age 19; 1 set every 18 months for Members 19 and older	1 set every 12 months for Members under age 19; 1 set every 18 months for Members 19 and older
<b>Basic Services</b>			
Amalgam Restorations (Metal Fillings)	1 per tooth, per surface, every 60 months	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous placement of any basic restoration
Resin-Based Composite Restorations	1 per tooth, per surface, every 60 months	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous placement of any basic restoration
Crown Repairs	Not Covered	1 every 36 months	1 every 36 months
Root Canal	1 per tooth per lifetime	1 per tooth per lifetime	1 per tooth per lifetime
Periodontal Scaling and Root Planing	Not Covered	1 every 24 months	1 every 24 months
<b>Major Services</b>			
Inlays, Onlays and Crowns	Not Covered	1 per tooth every 60 months	1 per tooth every 60 months
Prefabricated Stainless Steel Crowns	Not Covered	Not Covered	Not Covered

This is not a certificate of insurance. It is a brief description of benefits only. The contract booklet alone determines all rights and benefits. Find your plan's contract booklet at [www.bcbsla.com/contract-booklet](http://www.bcbsla.com/contract-booklet).

# Blue Dental for Individuals and Families - Certified Plan Benefits

# 2024

Service Name	Certified Value	Certified Essential	Certified Preferred
<b>Diagnostic and Preventive Services</b>			
Oral Exams	<b>Child:</b> 1 problem-focused or comprehensive exam every 6 months; 1 detailed problem-focused evaluation every 12 months <b>Adult:</b> 2 every 12 months	<b>Child:</b> 1 problem-focused or comprehensive exam every 6 months; 1 detailed problem-focused evaluation every 12 months <b>Adult:</b> 2 every 12 months	<b>Child:</b> 1 problem-focused or comprehensive exam every 6 months; 1 detailed problem-focused evaluation every 12 months <b>Adult:</b> 2 every 12 months
Oral Cleanings	2 every 12 months	2 every 12 months	2 every 12 months
Fluoride Treatment	2 every 12 months under age 20	2 every 12 months under age 20	2 every 12 months under age 20
Sealants	1 every 36 months under age 21, permanent first and secondary molars only	1 every 36 months under age 21, permanent first and secondary molars only	1 every 36 months under age 21, permanent first and secondary molars only
Emergency (Palliative) Treatment	2 every 12 months	2 every 12 months	2 every 12 months
Space Maintainers	1 per tooth every 60 months under age 14	1 per tooth every 60 months under age 14	1 per tooth every 60 months under age 14
Complete series intraoral x-rays	1 every 60 months	1 every 60 months	1 every 60 months
Bitewing x-rays	<b>Child:</b> 1 set every 6 months <b>Adult:</b> 1 set every 18 months	<b>Child:</b> 1 set every 6 months <b>Adult:</b> 1 set every 18 months	<b>Child:</b> 1 set every 6 months <b>Adult:</b> 1 set every 18 months
<b>Basic Services</b>			
Amalgam Restorations (Metal Fillings)	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous placement of any basic restoration
Resin-Based Composite Restorations	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous placement of any basic restoration
Crown Repairs	1 every 36 months	1 every 36 months	1 every 36 months
Root Canal	1 per tooth per lifetime	1 per tooth per lifetime	1 per tooth per lifetime
Periodontal Scaling and Root Planing	1 every 36 months	1 every 36 months	1 every 36 months
<b>Major Services</b>			
Inlays, Onlays and Crowns	1 per tooth every 60 months	1 per tooth every 60 months	1 per tooth every 60 months
Prefabricated Stainless Steel Crowns	1 per tooth every 60 months under age 21	1 per tooth every 60 months under age 21	1 per tooth every 60 months under age 21