

Rochester Regional Health
Dental

Plan Features			
Network: BlueShield local network		Dependent/Student age limit: 26/26	
Reimbursement In Network: BlueShield Fee Schedule			
Reimbursement Out of Network: BlueShield Fee Schedule , subject to balance billing			
		Basic	Enhanced
Annual Plan Deductible:		\$50 Ind / \$100 Family	\$25 Ind / \$75 Family
Deductible applies to:		Classes II and III	Classes II, III and IV
Annual Plan Maximum per member:		\$1,000 per member	\$1,500 per member
Annual Max applies to:		Classes II and III	Classes II and III
Ortho Age Limit:		N/A	Children to age 19
Lifetime Orthodontia Maximum:		\$0	\$1,500
(Does not apply toward annual plan maximum)			
Type of Care	Benefits Included	Basic Coverage	Enhanced Coverage
Class I Preventative & Diagnostic	<ul style="list-style-type: none"> • Cleanings & exams - twice per cal year • Fluoride treatments – twice per cal year to age 19 • Sealants - unrestored 1st and 2nd permanent molars, once every 36 months to age 16 • Bitewing x-rays – up to 4 every cal year • Full mouth / panorex x-rays – once every 36 months • Emergency palliative treatment 	100%	100%
Class II Basic Restorative	<ul style="list-style-type: none"> • Fillings - amalgam & composite • Oral Surgery • Endodontics - root canal treatment • Periodontal surgery - osseous surgery gingivectomy, gingival flap procedure - covered once per quadrant every 36 months • Periodontal maintenance following surgery - twice per cal year 	50%	80%
Class III Major Restorative	<ul style="list-style-type: none"> • Fixed prosthetics - bridgework, abutments, pontics • Removable prosthetics - partial and/or complete dentures • Inlays / Onlays / Crowns - Includes coverage for recementation • Relines / rebases - once every 36 months and at least 6 months following initial placement • Above services eligible for replace every 5 years • Implants - (Enhanced dental plan only) • Space Maintainers 	50%	50%
Class IV Orthodontia	<ul style="list-style-type: none"> • Initial banding & monthly follow-up treatment for children to age 19 	Not Covered	50%

This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.