



Jordan Elbridge Central School

**Prime Blue Dental Services
Package B**

Payment Level: Class I, II 100%

(Maximum amount payable (MAP)
or charges whichever is less

Deductible: None

Calendar Year Maximum: \$1,000

Class I, II combined services

Lifetime Maximum: None

Student to Age 25

Class I Preventive Services

Covered in full by participating dentists

Initial and periodic oral examination
X-rays
Test and laboratory examinations
Prophylaxis (cleaning)
Fluoride application
Emergency care

Class II Basic Dental Services

Covered in full by participating dentists

Space maintainers
Restorations (fillings)
Extractions
Endodontics
Oral surgery

additional information on reverse side

Class I Preventive Services**MAP**

Initial & periodic oral exams - 2 every 12 consecutive months	
Initial oral exam	24.48
Periodic oral exam	24.48
x-rays	
Intraoral complete series including bitewings-not more than one set of full mouth x-rays in any consecutive 36 months	57.88
Bitewing x-rays - 2 films - not more than 2 sets in any 12 month period	15.26
Tests and laboratory exams	
Pulp vitality tests	15.07
Prophylaxis (cleaning) - 2 every 12 consecutive months	
Adult prophylaxis (age 12 & up)	36.78
Children=s prophylaxis (age 11 & under)	27.11
Fluoride application - 4 topical applications of fluoride in 12 consecutive months for a covered dependent under 19 years of age	
Topical application of fluoride - child	16.34
Emergency treatment for pain	
Palliative treatment - emergency treatment of dental pain, minor procedure	29.73
Sealants - topical application of sealant on a posterior tooth for a covered dependent under 19 year old - 1 tooth every 36 months	
Sealant - per tooth	26.78
Preventive periodontal prophylaxis	54.93

Class II Basic Dental Services**MAP**

Space maintainers for covered dependent under 19	
Fixed unilateral type	\$127.90
Removable bilateral type	192.47
Restorations (fillings)	
Amalgam restoration - two surfaces, permanent tooth	63.00
Composite resin - two surfaces, anterior	64.52
Extractions	
Simple extraction - single permanent tooth	54.26
Surgical extraction - complete bony impaction	229.50
Endodontic	
Root canal therapy - anterior tooth	288.70
Apicoectomy - per tooth, first root	285.94
Oral Surgery	
Alveoplasty - not in conjunction with extractions, per quadrant	111.75
Biopsy of oral tissue (hard)	114.76
General anesthesia when medically necessary - For first 30 minutes	136.85

Payments may vary from the above depending on the specific services rendered. Allowances are at 100% of MAP.

This outline is intended as an easy to read benefit summary.

Jordan Elbridge Central School

SCHEDULE A DENTAL PLAN

SCHEDULE A BASIC BENEFITS

PROCEDURES	
Examination - Initial	8.00
Examination - Periodic	8.00
X-RAY	
Intraoral - complete series (including bitewings)	31.00
Intraoral, first film	5.00
Intraoral, each additional	2.00
Bitewing, two films	8.00
DENTAL PROPHYLAXIS (cleaning)	
Adults	12.00
Children under age 12	10.00
FLUORIDE TREATMENTS	
Topical fluoride	
Topical application of fluoride for a covered dependent under age 19	10.00
FILLINGS (silver)	
Amalgam - One Surface, primary	12.00
Amalgam - Two Surfaces, primary	18.00
Amalgam - Three Surfaces, primary	21.00
Amalgam - One Surface, permanent	12.00
Amalgam - Two Surfaces, permanent	18.00
Amalgam - Three Surface, permanent	24.00
Reinforced - First Pin	5.00
Additional allowances for Silicate, Acrylic & Plastic Restorations	
PULPOTOMY	
Pulp Cap - direct (excluding restorations)	10.00
ROOT CANAL (Allow includes pulp tests, pulpotomy & x-rays)	
One Canal (excludes restoration)	120.00
Two Canals (excludes restoration)	150.00
Three Canals (excludes restoration)	185.00
REPAIRS TO DENTURES	
Repair broken complete denture base	25.00
Replace missing or broken teeth - complete denture (each tooth)	45.00
Add tooth to existing partial denture	35.00
SIMPLE EXTRACTIONS	
Single tooth	20.00
Each additional tooth	20.00

SCHEDULE A PERIODONTIC BLOCK

PERIODONTAL SERVICES	
Periodontal Prophylaxis	25.00
Periodontal scaling & root planing (per quadrant)	25.00
SURGICAL SERVICES	
Gingivectomy or gingivoplasty per quadrant	100.00
Osseous surgery (including flap entry & closure) per quadrant	150.00
Pedicle soft tissue graft procedure	110.00

SCHEDULE A SUPPLEMENTAL BASIC BLOCK

SPACE MAINTAINERS	
Fixed, unilateral	65.00
INLAY RESTORATIONS	
Inlay, metallic - one surface	100.00
Inlay, metallic - two surface	150.00
Inlay, metallic - three surface	165.00
CROWNS (not part of bridges or over placed implants)	
Porcelain fused to high noble metal	245.00
Porcelain fused to noble metal	225.00
Full cast high noble metal	175.00
SURGICAL EXTRACTIONS	
Extraction, erupted	30.00
Extraction, completely bony impacted	85.00
ALVEOPLASTY (preparation of gum ridge for dentures)	
Per quadrant, not in connection with extractions	50.00

This outline is intended as an easy-to-read description of benefits. Official benefits and conditions are contained in the BlueCross BlueShield contracts.

Student to Age 25

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