

# Adult dental plans

for ages 19 and older

We've been taking care of dental customers for more than 30 years. With every dental plan, Premera provides the following features:

## Access to the broad Choice network

Dental customers get one of the largest networks of dentists in the state of Washington. Premera contracts with over 74,000 in-network dentists in more than 267,000 locations.

## Plans that emphasize prevention

Premera dental customers don't pay a deductible for routine dental visits, and most plans cover preventive services in full.

## Online tools that make things easy

Find in-network care with our dental provider directory, and see how much dental services will cost with our dental cost estimator. Your employees can even email a licensed dentist with questions about their oral health.

## Two separate dental plan options for adults

Premera offers two separate dental plans: **Adult Optima** and **Adult Optima Voluntary**. You can pair these with your medical plan to provide adult dental coverage for a broader range of services.

- Dental services, such as cleanings, routine exams, and bitewing X-rays are covered in full.
- Customers can visit any dentist, but their costs will be less for in-network services and care.



## Dental benefits

Benefits apply after dental calendar year deductible is met, unless otherwise noted.  
Dental deductible and coinsurance represent customer's cost share.  
PCY = per calendar year  
CY = calendar year(s)

	<b>FAMILY DENTAL</b>	<b>ADULT OPTIMA<sup>1</sup></b>	<b>ADULT OPTIMA VOLUNTARY<sup>1</sup></b>
<b>Cost to employer</b>	\$ (included in select medical plans)	\$\$	\$0
<b>Member's out-of-pocket cost</b>	Member coinsurance is less when seeing an in-network dentist	Member coinsurance is the same for in-network and out-of-network dentists, but balance billing may apply	
<b>Benefits for major dental services</b> (such as dentures, bridges, and implants)	Not covered	Covered	Covered (implants not included)
<b>Orthodontia<sup>2</sup></b>	No option	Optional	No option
<b>Employee-funded plan<sup>3</sup></b>		No	Yes

<sup>1</sup>Metallic medical plans that include Family Dental cannot be paired with Adult Optima or Adult Optima Voluntary plans.

<sup>2</sup>For groups with 26 or more enrolled employees.

<sup>3</sup>Employer contributes 0%–49% of premium. Minimum enrollment is 5 or 30% of eligible employees (whichever is greater).



# Adult Dental Optima

With **Adult Dental Optima**, you can offer your employees comprehensive coverage and flexibility to choose their dentist.

## Key benefits

- Your employees can choose any licensed or certified provider from our broad network. When they use an in-network provider, they won't be billed for costs beyond the allowable amount.
- There is no waiting period for any service.
- Diagnostic and preventive services such as routine exams, cleanings, and bitewing X-rays are covered at 100% to help your employees and their families keep their smiles healthy. And that supports overall health.
- Plans provide benefits for periodontal maintenance. Your employees can get up to four visits per year to help manage gum disease.
- Plans include coverage for major services such as crowns, dentures, bridges, and implants.
- On the 1500 Enhanced+ plan, routine diagnostic and preventive services do not count toward the annual maximum.

## Adult Dental Optima covered services

Benefits apply after calendar year deductible is met, unless otherwise noted.

Deductible and coinsurance represent member's cost share.

PCY = per calendar year

CY = calendar year(s)

ADULT DENTAL OPTIMA	1000	1500	2000	1000 ENHANCED	1500 ENHANCED	2000 ENHANCED	1500 ENHANCED+
Annual deductible <sup>1</sup> PCY				\$50 / \$150			
Maximum allowance per person PCY	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$1,500 <sup>2</sup>
Out-of-network reimbursement	Washington out-of-network reduced fee schedule						Reimbursed up to the 90th percentile <sup>3</sup>

DIAGNOSTIC AND PREVENTIVE	COST SHARES IN AND OUT OF NETWORK
Routine oral exams 2 PCY	0%
Problem-focused exams including emergency	
Bitewing X-rays 1 set (up to 4) PCY	
Cleanings 2 PCY	
BASIC	
Complete series or panoramic X-ray once every 36 consecutive months, but not both	
Fillings once per tooth surface every 24 consecutive months	
Endodontic (root canal) therapy once per tooth every 24 consecutive months	
Full-mouth debridement once every 36 consecutive months	
Periodontal maintenance 4 visits PCY	20%
Periodontal scaling once per quadrant every 24 consecutive months	
Periodontal surgery once per quadrant every 36 consecutive months	
Simple extractions	
Emergency palliative treatment	
MAJOR	
Inlays, onlays, and crowns once per tooth every 5 CY	
Implants once every 5 CY	
Dentures, partials, and fixed bridges once every 5 CY	
Repair and recementing of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement	
Surgical extractions	
Oral surgery	
Intravenous or general anesthesia for covered dental procedures at a dental-care provider's office when dentally necessary	
Occlusal (night) guard once every 36 consecutive months	

**Notes:** Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. Plan options depend on whether your group is renewing or starting a new plan. They also depend on your group size. Discuss your options with your producer.

<sup>1</sup>Annual deductible waived for diagnostic and preventive services.

<sup>2</sup>Annual maximum waived for diagnostic and preventive services.

<sup>3</sup>Reimbursement up to the 90th percentile based on FAIR Health data by geographic area. Ask your producer for more details.