



Summary of Benefits: Blue Edge Dental Flex

Blue Edge Dental Flex plan options provide you maximum flexibility. Benefits are paid at the same level for care received from any provider. The listed percentages represent the portion of the maximum allowable charge (MAC) for which the plan is responsible. Network providers agree to accept the MAC as payment in full and also agree to file your claims. **If you receive covered services from an out-of-network provider, the plan will apply the percentages shown to the 90th percentile for covered services and you will be responsible for the difference, up to the provider's charge.** Standard deductibles, exclusions and limitations apply. Network dentists may elect to discount non-covered services and services above the annual maximum. Discounts vary by service and region and when agreed to by the provider; not permitted in all jurisdictions.

Allegheny County Airport Authority – Blue Edge Dental Flex 3W with Orthodontia CUSTOM

Network	Advantage Plus
Deductible – Individual/Family (waived for In and Out-of-network Class I services)	\$50 / \$100
Benefit Period Maximum per member	\$1,500
Class I Services	
Exams	100%
X-rays	100%
Cleanings	100%
Fluoride Treatment	100%
Sealants	100%
Space Maintainers	100%
Palliative Treatment (Emergency)	100%
Basic Restorative (Fillings), Posterior Resins	100%
Oral Surgery (Simple Extractions)	100%
Class II Services	
Inlays, Onlays, Crowns	80%
Oral Surgery (Surgical Extractions)	80%
General Anesthesia	80%
Endodontics	80%
Periodontics (Nonsurgical)	80%
Class III Services	
Periodontics (Surgical)	50%
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	50%
Prosthetics (Bridges, Dentures)	50%
Orthodontics (dependents to age 19)	
Diagnostic, Active, Retention Treatment	50%
Orthodontic Lifetime Maximum per covered dependent	\$1,500
Implants	
Implant Surgery, Supported Restoration	50%
Preventive Incentive	
Preventive Incentive	Covered
Smile for Health®--Wellness and Pregnancy Benefit	
<ul style="list-style-type: none"> Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke Provides periodontal care for expectant mothers 	<ul style="list-style-type: none"> One additional periodontal maintenance per year covered at 100% Scaling and root planning covered at 100% Four periodontal surgery procedures are covered at 100%

Insurance may be provided by Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage, First Priority Life Insurance Company or First Priority Health, all of which are independent licensees of the Blue Cross and Blue Shield Association. United Concordia is a separate company that administers Highmark dental benefits.

Smile for Health--Wellness is a registered service mark of United Concordia Companies, Inc.



Summary of Limitations: Blue Edge Dental

**This is an abbreviated list of Highmark's Standard Limitations.
Please refer to your specific benefit design as to what services are covered.**

Blue Edge Dental

Benefit Category	Highmark's Standard Frequency Limitations
Exams	1 every 6 months
X-rays (Bitewings Only)	1 set every 12 months under age 19 and one set every 18 months age 19 and over
X-rays (All Others)	1 every 3 years for Full Mouth and Panoramic X-rays Limitations may apply to other types of X-rays
Cleanings; Fluoride Treatment	1 every 6 months; 1 every 12 months under age 14
Sealants	1 per tooth every 5 years to age 19 on permanent first and second molars
Space Maintainers	1 every 5 years under age 14
Palliative Treatment (Emergency)	2 per 12 months in combination with pulpal debridement
Basic Restorative	Not within 24 months of previous placement. Includes coverage for posterior resins
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	1 per 36 months
Simple Extractions	Any frequency (no limitations)
General Anesthesia	Limited to 60 minutes per session
Endodontics	Pulpal therapy: primary teeth that have no permanent tooth to replace it Root canal treatment: 1 per tooth per 24 month period
Periodontics (Nonsurgical)	Full mouth debridement: 1 per lifetime Scaling and root planing: 1 per 24 months (per area of mouth) Periodontal maintenance: 2 every 12 months (in addition to routine prophylaxis following active periodontal therapy)
Periodontics (Surgical)	Surgical periodontal procedures: 1 per 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime
Complex Oral Surgery	May vary by procedure
Inlays, Onlays, Crowns	Not within 5 years of previous placement
Prosthetics (Bridges, Dentures)	Not within 10 years of previous placement
Orthodontics (dependents to age 26) Diagnostic, Active, Retention Treatment	Payment for orthodontic services, if covered, shall cease at the end of the month after termination by the Company.
Alternative Benefit Provision	An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP.
Preventive Incentive	Class I services do not count toward your annual program maximum