



**Voluntary Dental**  
**GROUP SIZES 2-19**



1.800.376.7763

www.bcbsla.com/employeeschoice

5525 Reitz Avenue | Baton Rouge, LA 70809-3802

## Plan A (Effective April 1, 2009)

Type I Preventive Services	Type II Basic Services	Type III Major Services	Type IV Orthodontic Services
No deductible	\$50 deductible <i>(Combined Basic and Major services)</i> Family maximum three deductibles per calendar year		No deductible
Coinsurance 100%/0%	Coinsurance 80%/20%	Coinsurance 50%/50%	Coinsurance 50%/50%
Routine exams  Bitewing X-rays <i>(two sets per calendar year, one complete series per 36 months)</i>  • Prophylaxis • Sealants <i>(to age 14)</i> • Fluoride treatments <i>(to age 19)</i> • Space maintainers <i>(to age 12)</i> • Certain lab tests • Emergency palliative treatment	Restorative <i>(amalgam &amp; composite fillings)</i>  Oral surgery <i>(extractions &amp; impacted teeth)</i>	Restorative <i>(inlays &amp; crowns)</i>  Prosthodontics <i>(dentures &amp; bridges)</i>  Dentures & crown repair  Periodontics <i>(treatment of diseased gums)</i>  Endodontics <i>(root canal &amp; pulpal therapy)</i>	Orthodontia limited to the proper alignment of teeth  Eligible insureds are insured dependent children under age 21
No waiting period	6-month waiting period	12-month waiting period	12-month waiting period
Annual Aggregate Maximum Benefits per insured (all benefits) ..... \$1,500			
Orthodontic Lifetime Maximum Benefits per insured dependent child ..... \$1,000			
Annual Orthodontic Maximum per insured dependent child ..... \$500			

### MONTHLY RATES (Effective April 1, 2009)

Premium Category		Area B	Area C	Area D
		ZIPs 712-714 and all others not in areas C and D	ZIPs 703-708, 710-711	ZIPs 700-701
Two-Tier	Employee Only	\$25	\$26	\$27
	Employee + Family	\$69	\$74	\$79
Four-Tier	Employee Only	\$25	\$26	\$27
	Employee + Spouse	\$48	\$51	\$54
	Employee + Child(ren)	\$59	\$62	\$66
	Employee + Family	\$82	\$88	\$93

This document is presented for general information only. It is not a contract, nor intended to be a contract.  
 If there is any discrepancy between this document and the policy, the provisions of policy 48XX1467 will govern.



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## Plan B (Effective April 1, 2009)

Type I Preventive Services	Type II Basic Services	Type III Major Services	Type IV Orthodontic Services
No deductible	\$75 deductible <i>(Combined Basic and Major services)</i> Family maximum three deductibles per calendar year		Not a covered benefit
Coinsurance 80%/20%	Coinsurance 80%/20%	Coinsurance 50%/50%	
Routine exams  Bitewing X-rays <i>(two sets per calendar year, one complete series per 36 months)</i>  • Prophylaxis • Sealants <i>(to age 14)</i> • Fluoride treatments <i>(to age 19)</i> • Space maintainers <i>(to age 12)</i> • Emergency palliative treatment	Restorative <i>(amalgam &amp; composite fillings)</i>  Oral surgery <i>(extractions &amp; impacted teeth)</i>	Restorative <i>(inlays &amp; crowns)</i>  Prosthetics <i>(dentures &amp; bridges)</i>  Dentures & crown repair  Periodontics <i>(treatment of diseased gums)</i>  Endodontics <i>(root canal &amp; pulpal therapy)</i>	
No waiting period	6-month waiting period	12-month waiting period	Not applicable
Annual Aggregate Maximum Benefits per insured (all benefits) ..... \$1,200 Orthodontic Lifetime Maximum Benefits per insured dependent child ..... N/A Annual Orthodontic Maximum per insured dependent child ..... N/A			

### MONTHLY RATES (Effective April 1, 2009)

Premium Category		Area B	Area C	Area D
		ZIPs 712-714 and all others not in areas C and D	ZIPs 703-708, 710-711	ZIPs 700-701
Two-Tier	Employee Only	\$21	\$23	\$24
	Employee + Family	\$58	\$61	\$65
Four-Tier	Employee Only	\$21	\$23	\$24
	Employee + Spouse	\$41	\$44	\$46
	Employee + Child(ren)	\$46	\$50	\$53
	Employee + Family	\$68	\$71	\$75

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