



BlueCross BlueShield of South Carolina Medicare Advantage Dental Benefits  
Total<sup>SM</sup>, Blue Basic<sup>SM</sup>, Total Value<sup>SM</sup>

Effective Date: Jan. 1, 2022

Benefit Highlights		
	In-Network*	Out-of-Network
<b>Class I — Preventive</b>	\$0 copay	50% coinsurance
<b>Class III — Major</b>	50% coinsurance	50% coinsurance
<b>Deductible</b>	\$0	\$0
<b>Annual Maximum</b> (per member per benefit year)	Total: \$1,000/Blue Basic: \$750/Total Value: \$500	

\*South Carolina Blue Dental<sup>SM</sup> Network

Services Covered

**Class I - Preventive Services (No Waiting Period)**

- Exams and cleanings (two per benefit year)
- Full-mouth X-rays (one every three benefit years)
- Bitewing X-rays (one per benefit year)
- Emergency treatment of pain (one per benefit year)
- Pulp vitality tests and diagnostic casts
- General anesthesia

Preventive services do not apply to the annual maximum.

**Class III - All Other Services**

- Fillings
- Periodontal cleanings (three per benefit year)
- Pulp capping
- Root canal therapy (once every five years per tooth)
- Simple extractions
- Oral surgery
- Inlays (one every three years)
- Crowns (one per year)
- Onlays (one every three years)
- Removable dentures — complete and partial
- Complete dentures — relining or rebasing of removable dentures (once every two years)
- Partial dentures — relining or rebasing of removable dentures (once every two years)
- Bridges — fixed and removable (once every two years)
- Hemisection
- Apicoectomy
- Gingival curettage
- Gingivectomy and gingivoplasty
- Osseous surgery
- Biopsies of oral tissue
- Repair of removable dentures
- Implants (one per lifetime)
- Occlusal guard (one every three years)