

BluePreferred Dental Summary of Benefits

Orthodontia Rider 2: 1500C



An Independent Licensee of the Blue Cross and Blue Shield Association

Your dental plan includes a separate rider with certain orthodontia benefits. This summary describes that benefit and must be read together with the benefit summary for your dental plan. The definitions, exclusions and descriptions in the dental plan summary also apply to this summary of your orthodontia rider. Your orthodontia benefits are not subject to your individual and family dental plan deductible, do not accumulate to your dental plan calendar year maximum, but are subject to the separate lifetime maximum shown below.

PLAN BENEFIT STRUCTURE				
Lifetime Maximum ¹ – \$1,500				
Benefit Category	In-Network		Out-of-Network	
	Plan Pays	You Pay	Plan Pays	You Pay
Type IV	50%	50%	50%	50%
12 month waiting period may apply Child Only through age 18				

¹ Only the BCBSAZ portion of the allowed amount counts toward the lifetime maximum benefit. Any services in excess of a benefit limit or provided after you reach the lifetime maximum are not covered.

THIS IS ONLY A BRIEF SUMMARY OF YOUR ORTHODONTIA RIDER. A COMPLETE LISTING OF ALL BENEFITS, LIMITATIONS AND EXCLUSIONS IS IN THE BENEFIT PLAN BOOKLET AND RIDER, AND IS AVAILABLE PRIOR TO ENROLLMENT UPON REQUEST. IF THE BENEFITS ON THIS SUMMARY DIFFER FROM THOSE STATED IN THE BENEFIT PLAN BOOKLET OR RIDER, THE TERMS OF THE BENEFIT PLAN BOOKLET AND RIDER APPLY.