BlueDental℠ Custom 80
Schedule of Benefits

VALLEY CITY PUBLIC SCHOOLS
208832
Effective Date: October 1, 2026

The Schedule of Benefits describes the services for which benefits are available under this Benefit Plan subject to the definitions, exclusions, conditions and limitations of this Benefit Plan.

Please retain this Schedule of Benefits to determine Covered Services for this Benefit Plan.

The Claims Administrator shall determine the interpretation and application of the Covered Services in each and every situation.

Service Category	Plan Pays	Deductible Application
Diagnostic Services		
Oral Evaluations (Exams)*	**80%**	**Yes**
Radiographs		
Bitewings*	**80%**	**Yes**
Full mouth*	**80%**	**Yes**
Occlusal Films*	**80%**	**Yes**
Preventive Services		
Prophylaxis (Cleanings)*	**80%**	**Yes**
Fluoride Varnish*	**80%**	**Yes**
Topical Fluoride*	**80%**	**Yes**
Sealants	**80%**	**Yes**
Space Maintainers	**80%**	**Yes**
Restorative Services		
Amalgam Restorations	**80%**	**Yes**
Resin Based Composite-Anterior (White Fillings)	**80%**	**Yes**
Resin Based Composite-Posterior (White Fillings)	**80%**	**Yes**
Single Crowns	**80%**	**Yes**
Single Implant Crowns	**80%**	**Yes**
Stainless Steel Crowns	**80%**	**Yes**
Inlays	**80%**	**Yes**
Onlays	**80%**	**Yes**
Inlay Repairs	**80%**	**Yes**
Onlay Repairs	**80%**	**Yes**
Crown Repair	**80%**	**Yes**
Endodontic Services		
Endodontic Therapy (Root canals, etc.)	**80%**	**Yes**
Root Canal Retreatment	**80%**	**Yes**
Apicoectomy/Periradicular (Root Surgery)	**80%**	**Yes**

Service Category	Plan Pays	Deductible Application
Periodontal Services		
Surgical Periodontics	**80%**	**Yes**
Non-Surgical Periodontics	**80%**	**Yes**
Periodontal Maintenance	**80%**	**Yes**
Prosthodontic Services		
Removable Complete and Partial Dentures	**80%**	**Yes**
Fixed Partial Dentures (Bridges)	**80%**	**Yes**
Adjustments and Repairs of Complete and Partial Dentures	**80%**	**Yes**
Implant Services		
Surgical Placement	**80%**	**Yes**
Supporting Structures	**50%**	**Yes**
Treatment of Implant Defects	**50%**	**Yes**
Fixed Partial Denture	**80%**	**Yes**
Removable Denture	**80%**	**Yes**
Cone Beam CT Images*	**80%**	**Yes**
Removal of Teeth		
Simple Extractions	**80%**	**Yes**
Surgical Extractions	**80%**	**Yes**
Complex Oral Surgery	**80%**	**Yes**
Adjunctive General Services		
Consultations	**80%**	**Yes**
General Anesthesia, Nitrous Oxide and/or IV Sedation	**80%**	**Yes**
Palliative Treatment (Emergency)*	**80%**	**Yes**
Orthodontic Services		
Orthodontics Services	**N/A**	**No**

Deductibles

Individual Participation	$50 per Benefit Period
Parent and Child Participation	$100 per Benefit Period
Parent and Children Participation	$100 per Benefit Period
Two Person Participation	$100 per Benefit Period
Family Participation	$100 per Benefit Period

Benefit Maximums

$1,000 per Member per Benefit Period.

**Covered Service does not apply to benefit maximums.*

LIMITATIONS

Covered Services are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age:

1. Full mouth x-rays or panoramic x-rays – one per five years.

2. Bitewing x-rays – one set per calendar year.

3. Oral Evaluations: – two per calendar year, one additional for Members under the care of a medical professional during pregnancy.

    - Comprehensive and periodic – two of these services per calendar year. Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for three or more years.
    - Limited problem focused and consultations – one per calendar year.
    - Detailed problem focused – one per Dentist per patient per calendar year per eligible diagnosis.

4. Prophylaxis – four per calendar year, one additional for Members under the care of a medical professional during pregnancy.

5. Fluoride treatment – two per calendar year.

6. Space maintainers – one per five years for Members through age 13.

7. Sealants – one per tooth per three year period for Members through age 18.

8. Prefabricated stainless steel crowns – one per tooth per lifetime.

9. Periodontal Services:

    - Full mouth debridement – one per Member per lifetime.
    - Periodontal maintenance following active periodontal therapy – four per calendar year in combination with routine prophylaxis.
    - Periodontal scaling and root planing – one per 36 months per area of the mouth.
    - Surgical periodontal procedures – one per 36 months per area of the mouth.
    - Guided tissue regeneration – one per tooth per lifetime.

10. Replacement of restorative services only when they are not, and cannot, be made serviceable:

    - Basic restorations – not within 24 months of previous placement of any basic restoration.
    - Single crowns, inlays, onlays – not within five years of previous placement of any of the procedures in this category.
    - Buildups and posts and cores – not within five years of previous placement of any of the procedures in this category.
    - Replacement of natural tooth/teeth in an arch – not within five years of a fixed partial denture, full denture or partial removable denture.

11. Denture relining, rebasing or adjustments are considered part of the denture charges if provided within six months of insertion by the same Dentist. Subsequent denture relining or rebasing limited to once every 36 months thereafter.

12. Implant Services – Surgical implant procedures, including prosthetic restoration.

    - Cone beam CT images – one per tooth per lifetime.

13. Pulpal therapy – one per primary tooth per lifetime only when there is no permanent tooth to replace it. Eligible teeth limited to primary anterior teeth under age six and primary posterior molars under age 12.

14. Root canal retreatment – one per tooth per lifetime.

15. Recementation – one per 12 months. Recementation during the first 12 months following insertion for any preventive, restorative or prosthodontic service by the same Dentist is included in the preventive, restorative or prosthodontic service benefit.

16. Payment for orthodontic services, if covered, shall cease at the end of the month after termination by the Claims Administrator.

17. Intraoral films:

    - Periapical – four per calendar year per Dentist if not performed in conjunction with definitive procedures.
    - Occlusal – two per two calendar years under age eight.

18. Occlusal guard for treatment of bruxism allowed once every 3 years.

19. General anesthesia and IV sedation: a total of 60 minutes per session.