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 agree to file your claims. ***If you receive covered services from an out-of-network provider, the plan will apply the out-of-network percentages 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 a bove the annual maximum. Discounts vary by service and region and when agreed to by the provider; not permitted in all jurisdictions*

Riser Holdings, L.P. dba Novacore- Blue Edge Dental Flex 3W with Orthodontia		
	In-Network	**Out-of-Network**
Network	Elite Plus	MAC
Deductible – Individual/Family (waived for In and Out-of-network Class I services)	$50 / $150	
Benefit Period Maximum per member	$2,000	
Class I Services		
Exams	100%	
X-rays	100%	
Cleanings	100%	
Fluoride Treatment	100%	
Sealants	100%	
Space Maintainers	100%	
Palliative Treatment (Emergency)	100%	
Class II Services		
Basic Restorative (Fillings), Posterior Resins	100%	
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	100%	
Oral Surgery (including Simple and Surgical Extractions)	100%	
General Anesthesia	100%	
Endodontics	100%	
Periodontics (Surgical and Nonsurgical)	100%	
Class III Services		
Inlays, Onlays, Crowns	50%	
Prosthetics (Bridges, Dentures)	50%	
Orthodontics (child and adult) (Deductible does not apply)		
Diagnostic, Active, Retention Treatment	50%	
Orthodontic Lifetime Maximum per covered dependent	$2,000	
Implants		
Implant Surgery, Supported Restoration	Not Covered	
Additional Features		

☐ TMD/TMJ*	☐ Smile for Health®--Wellness	☐ Pregnancy
☐ Annual Maximum Rollover*	☒ Occlusal Guard*	☐ Preventive Incentive*

Highmark Inc. d/b/a Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.
All references to "Highmark" in this document are references to the Highmark company that is providing the member's benefits or benefit administration and/or to one or more of its affiliated Blue companies.

United Concordia is a separate company that provides the provider network for Blue Edge Dental and administers dental benefits.

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

*These features are for Large Group only. Additional fees may apply.

Summary of Standard Benefits:

Blue Edge Dental

This is an abbreviated list of Highmark's Standard Benefits and their Limitations.

Please refer to your specific benefit design as to what services are covered under your plan.

Benefit Category	Highmark's Standard Benefit Frequency Limitations
Exams	2 per calendar year
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 5 years for Full Mouth and Panoramic X-rays Limitations may apply to other types of X-rays
Cleanings	3 per calendar year
Fluoride Treatment	1 per calendar year under the age of 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
Space Maintainers	1 every 5 years under the 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)
Complex Oral Surgery	May vary by procedure
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 lifetime
Periodontics (Nonsurgical)	Full mouth debridement: 1 per lifetime Scaling and root planing: 1 per 36 months (per area of mouth) Periodontal maintenance: 2 per calendar year (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
Inlays, Onlays, Crowns	Not within 5 years of previous placement
Prosthetics (Bridges, Dentures)	Not within 5 years of previous placement
Implants	Age 18 and older and 1 per tooth per lifetime
Orthodontics (child and adult) 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.
Blue Edge Dental Rider Options ***(Please refer to your specific benefit design as to what services are covered under your plan.)***	
Smile for Health®--Wellness *Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis, stroke and head or neck radiation*	Not Covered
Pregnancy Benefit	Not Covered
Preventive Incentive	Not Covered
Annual Maximum Rollover	Not Covered
Occlusal Guard	• 1 per 60 months for members 22 years and older after a 6 month waiting period. • Covered at 50% • $1,000 Lifetime maximum

Effective 1/1/2025