LOUISIANA BLUE

2027 Blue Dental Group Certified Dental

Groups with 2-50 MLR. Rates reflect effective dates beginning January 1, 2027.

Benefits	Dental Plan Options								
	Preferred Plus			Preferred			Essential		
Deductible (per Member per calendar year)[1]	$50			$50			$50 child; $75 Adult		
Adult Annual Benefit Maximum – Members age 21 & older	$1,500			$1,000			$1,000		
Child Annual Benefit Maximum – Members under age 21	Unlimited			Unlimited			Unlimited		
Child Out-of-Pocket Yearly Maximum – Members under age 21 (Applies to In-Network Services Only)	$350 for 1 Child $700 for 2 or more Children			$350 for 1 Child $700 for 2 or more Children			$350 for 1 Child $700 for 2 or more Children		
Lifetime Maximum Traditional Orthodontia – Members under age 21	$1,000			$1,000			$1,000		
Covered Services	**Contract Pays**								
	Child Benefits[2] No Waiting Period	Adult Benefits	Adult Benefits Waiting Period	Child Benefits[2] No Waiting Period	Adult Benefits	Adult Benefits Waiting Period	Child Benefits[2] No Waiting Period	Adult Benefits	Adult Benefits Waiting Period
Routine Oral Exams and Cleanings[1]	100%	100%	None	100%	100%	None	100%	100%	None
Oral X-Rays[1]	100%	100%	None	100%	100%	None	100%	50%	None
Fluoride Treatments, Sealants[1]	100%	Not Covered		100%	Not Covered		100%	Not Covered	
Palliative Treatment (Emergency)[1]	100%	80%	None	100%	80%	None	100%	80%	None
Space Maintainers	100%	Not Covered		100%	Not Covered		100%	Not Covered	
Basic Restorative (Amalgam, Resin Fillings)	80%	80%	6 months	80%	80%	6 months	80%	50%	6 months
Oral Surgery, Surgical Extractions	80%	80%	12 months	80%	80%	12 months	80%	50%	12 months
Simple Extractions	80%	80%	None	80%	80%	None	80%	50%	None
Periodontics – Surgical and Non-Surgical	80%	80%	12 months	80%	80%	12 months	80%	50%	12 months
Endodontics	80%	80%	6 months	80%	80%	6 months	80%	50%	6 months
Crown Repairs	80%	50%	12 months	80%	50%	12 months	80%	50%	12 months
Crowns, Prosthetics (Bridges, Dentures)	50%	50%	12 months	50%	50%	12 months	80%	50%	12 months
Implants (Members under age 21 only) Must meet Dental Necessity Requirements	50%	Not Covered		50%	Not Covered		50%	Not Covered	
Orthodontics – Medically Necessary	50%	Not Covered		50%	Not Covered		50%	Not Covered	
Orthodontics – Traditional	50% 24-month wait	Not Covered		50% 24-month wait	Not Covered		50% 24-month wait	Not Covered	

[1] Does not apply to Diagnostic and Preventive Services | [2] Members under age 19. Certain benefits are limited to children younger than age 18. See contract and schedule of benefits for coverage exclusions and limitations.

Network: Advantage Plus

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