



Dental Benefit Summary BlueMedicare Classic Plus (HMO), Premier (HMO)

Enjoy your golden years with a healthy smile. Your BlueMedicare plan is worth its weight in gold when it comes to helping you achieve good dental health.

Take advantage of your dental benefits

Even if you brush and floss regularly, you can still develop dental issues. Your BlueMedicare plan covers regular dental checkups that help your dentist find problems before they require major, costly dental procedures. This can even help manage certain medical conditions such as diabetes and heart disease.

Here's what you get with your BlueMedicare plan

Coverage for preventive and comprehensive dental services, including:

- Dental cleanings, X-rays and oral exams
- Nonsurgical periodontics
- Fillings
- Unlimited simple and surgical extractions
- Dentures and adjustments
- Preventive services covered and excluded from your annual maximum

There are no deductibles or out-of-pocket costs for preventive services when you visit a dentist in our network. Your plan's annual maximum is \$3,000 for comprehensive services. Preventive services are covered separately and do not count toward this maximum. Your plan also includes specialist care coverage without the need for referrals or authorizations. Check your Evidence of Coverage (EOC) for full details. You can find your EOC by logging into Blueprint Portal.



Traditional Medicare doesn't cover typical dental services, but your BlueMedicare plan does.

Get on the road to better dental health

If you don't have a dentist, you can find one at arkbluemedicare.com.
Be sure to select a provider in our Medicare Advantage network.

1-844-463-1088
(TTY: 711)

If you need assistance, please call our customer service team.

Covered services ¹	You pay ²	Number of services covered in a calendar year
Clinical oral evaluations ³		
Periodic oral evaluations	\$0	2 total
Problem-focused exam		1 total
Comprehensive oral evaluation		1 per lifetime, per dentist
Diagnostic imaging (X-rays) ³		
Bitewings and intraoral radiographic image	\$0	1 set
Panoramic and intraoral (complete series) radiographic images		1 set per 3 years
Fluoride treatment ³		
Topical fluoride treatment	\$0	2 total
Prophylaxis (cleanings) and periodontics		
Adult cleanings ³	\$0	2 total
Periodontal maintenance	20%	
Periodontal scaling and root planing	20%	1 per quadrant per 24 months
Full mouth debridement		1 per 3 years
Fillings		
Amalgam	20%	1 total
Resin-based composite		
Extractions		
Extractions, simple, surgical and erupted or impacted teeth	20%	Unlimited
Prosthodontics (dentures) and denture repair		
Complete, immediate or partial denture	20%	1 upper and 1 lower per 5 years
Adjust complete denture		1 total
Adjust partial denture		2 total
Rebase complete denture		1 total
Reline complete or partial denture		1 upper and 1 lower per 3 years
Denture repairs (not all repairs are covered; see EOC for details)		2 total, 5 maximum per 60 months
Other dental services		
Topical application of fluoride	\$0	2 total
Nutritional counseling		1 total
Medication application to stop/inhibit cavity formation		Unlimited
Emergency treatment of dental pain	20%	2 total

¹This is a summarized version of the dental services covered by your plan. For full details, see your EOC document.

²In network only.

³Preventive services (CDTs D0120, D0150, D1110, D1206, D1208) do not apply toward the calendar-year maximum.

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