

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(g). Dental Benefits**  
**Page 122**

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**Standard Option Dental Benefits**

Under Standard Option, we pay billed charges for the following services, up to the amounts shown per service as listed in the Schedule of Dental Allowances below and on the following page. This is a complete list of dental services covered under this benefit for Standard Option. There are no deductibles, copayments, or coinsurance. When you use non-preferred dentists, you pay all charges in excess of the listed fee schedule amounts. For Preferred dentists, you pay the difference between the fee schedule amount and the MAC described on the previous page.

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**Standard Option Dental Benefits**

**Clinical oral evaluations**

**Covered Service:** Periodic oral evaluation (*up to 2 per person per calendar year*)

**We Pay to Age 13:** \$12

**We Pay Age 13 and Over:** \$8

**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Limited oral evaluation

**We Pay to Age 13:** \$14

**We Pay Age 13 and Over:** \$9

**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Comprehensive oral evaluation

**We Pay to Age 13:** \$14

**We Pay Age 13 and Over:** \$9

**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Detailed and extensive oral evaluation

**We Pay to Age 13:** \$14

**We Pay Age 13 and Over:** \$9

**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

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### Standard Option Dental Benefits

#### Diagnostic imaging

**Covered Service:** Intraoral complete series

**We Pay to Age 13:** \$36

**We Pay Age 13 and Over:** \$22

**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

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### Standard Option Dental Benefits

#### Palliative treatment

**Covered Service:** Palliative treatment of dental pain – minor procedure

**We Pay to Age 13:** \$24

**We Pay Age 13 and Over:** \$15

**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Protective restoration

**We Pay to Age 13:** \$24

**We Pay Age 13 and Over:** \$15

**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

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### Standard Option Dental Benefits

#### Preventive

**Covered Service:** Prophylaxis – adult (*up to 2 per person per calendar year*)

**We Pay to Age 13:** ---

**We Pay Age 13 and Over:** \$16

**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Prophylaxis – child (*up to 2 per person per calendar year*)

**We Pay to Age 13:** \$22

**We Pay Age 13 and Over:** \$14

**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

**Covered Service:** Topical application of fluoride or fluoride varnish (*up to 2 per person per calendar year*)

**We Pay to Age 13:** \$13

**We Pay Age 13 and Over:** \$8

**You Pay:** All charges in excess of the scheduled amounts listed above

Note: For services performed by dentists and oral surgeons in our Preferred Dental Network, you pay the difference between the amounts listed above and the Maximum Allowable Charge (MAC).

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### Standard Option Dental Benefits

*Not covered: Any service not specifically listed above*

**We Pay to Age 13:** *Nothing*

**We Pay Age 13 and Over:** *Nothing*

**You Pay:** *All charges*