LOUISIANA BLUE

Blue Dental for Individuals and Families — Traditional Plan Benefits 2027

Service Name	Traditional Preferred	Traditional Essential	Traditional Value
Diagnostic and Preventive Services			
Oral Exams	2 every 12 months	2 every 12 months	1 every 12 months
Oral Cleanings	2 every 12 months	2 every 12 months	1 every 12 months
Fluoride Treatment	1 every 12 months under age 14	1 every 12 months under age 14	Not covered
Sealants	1 per tooth every 3 years under age 16	1 per tooth every 3 years under age 16	Not covered
Palliative Treatment (Emergency)	2 every 12 months	2 every 12 months	1 every 12 months
Complete Series Intraoral X-Rays	1 film every 5 years	1 film every 5 years	1 per lifetime
Bitewing X-Rays	1 set every 12 months under age 19; 1 set every 18 months ages 19 and older	1 set every 12 months under age 19; 1 set every 18 months ages 19 and older	1 set every 24 months ages 19 through 29; 1 set every 36 months ages 30 and older
Basic Services			
Space Maintainers	1 every 60 months under age 14	1 every 60 months under age 14	Not covered
Amalgam Restorations (Metal Fillings)	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous placement of any basic restoration	1 per tooth, per surface, every 60 months
Resin-Based Composite Restorations	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous lacement of any basic restoration	1 per tooth, per surface, every 60 months
Crown Repairs	1 every 36 months	1 every 36 months	Not covered
Root Canal	1 per tooth per lifetime	1 per tooth per lifetime	1 per tooth per lifetime
Periodontal Scaling and Root Planing	1 every 24 months	1 every 24 months	Not covered
Major Services			
Inlays, Onlays and Crowns	1 per tooth every 60 months	1 per tooth every 60 months	Not covered
Prefabricated Stainless Steel Crowns	Not covered	Not covered	Not covered
Orthodontics	Not covered	Not covered	Not covered

This is not a certificate of insurance. It is a brief description of benefits only. The contract booklet alone determines all rights and benefits. Find your plan's contract booklet at www.lablue.com/contract-booklet. If there is any discrepancy between the information in this brochure and the contract, the contract prevails.

LOUISIANA BLUE

Blue Dental for Individuals and Families — Certified Plan Benefits 2027

Service Name	Certified Preferred	Certified Essential	Certified Value
Diagnostic and Preventive Services			
Oral Exams	**Child:** 1 problem-focused or comprehensive exam every 6 months; 1 detailed problem-focused evaluation every 12 months **Adult:** 2 every 12 months	**Child:** 1 problem-focused or comprehensive exam every 6 months; 1 detailed problem-focused evaluation every 12 months **Adult:** 2 every 12 months	**Child:** 1 problem-focused or comprehensive exam every 6 months; 1 detailed problem-focused evaluation every 12 months **Adult:** 2 every 12 months
Oral Cleanings	2 every 12 months	2 every 12 months	2 every 12 months
Fluoride Treatment	2 every 12 months under age 20	2 every 12 months under age 20	2 every 12 months under age 20
Sealants	1 every 36 months under age 21, permanent first and secondary molars only	1 every 36 months under age 21, permanent first and secondary molars only	1 every 36 months under age 21, permanent first and secondary molars only
Palliative Treatment (Emergency)	2 every 12 months	2 every 12 months	2 every 12 months
Space Maintainers	1 per tooth every 60 months under age 14	1 per tooth every 60 months under age 14	1 per tooth every 60 months under age 14
Complete Series Intraoral X-Rays	1 every 60 months	1 every 60 months	1 every 60 months
Bitewing X-Rays	**Child:** 1 set every 6 months **Adult:** 1 set every 18 months	**Child:** 1 set every 6 months **Adult:** 1 set every 18 months	**Child:** 1 set every 6 months **Adult:** 1 set every 18 months
Basic Services			
Amalgam Restorations (Metal Fillings)	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous placement of any basic restoration
Resin-Based Composite Restorations	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous placement of any basic restoration	Covered after 24 months of previous placement of any basic restoration
Crown Repairs	1 every 36 months	1 every 36 months	1 every 36 months
Root Canal	1 per tooth per lifetime	1 per tooth per lifetime	1 per tooth per lifetime
Periodontal Scaling and Root Planing	1 every 36 months	1 every 36 months	**Child:** 1 every 24 months **Adult:** 1 every 36 months
Major Services			
Inlays, Onlays and Crowns	1 per tooth every 60 months	1 per tooth every 60 months	1 per tooth every 60 months
Prefabricated Stainless Steel Crowns	1 per tooth every 60 months under age 21	1 per tooth every 60 months under age 21	1 per tooth every 60 months under age 21
Orthodontics (Members Under Age 21 Only)	Medically necessary	Medically necessary	Medically necessary

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