

City of Newton
Blue Cross Blue Shield Dental Blue Freedom
Active Dental Plan Designs*

Benefits	Basic Plan	High Plan
Preventive Benefit Group		
<i>No Deductible</i>		
Routine Cleanings & Oral Exams 2x per year	100%	100%
Fluoride (under age 19) 2x per year	100%	100%
Sealants	100%	100%
Bitewings 2x per year	100%	100%
Full mouth X-ray every 60 months	100%	100%
Basic Benefit Group		
<i>Deductible Applies</i>		
Restorative (Fillings)	100%	100%
Oral Surgery	100%	100%
Periodontics (gum and bone)	100%	100%
Endodontic (root and pulp)	100%	100%
Prosthetic Maintenance	100%	100%
Emergency Dental Care	100%	100%
General Anesthesia (covered surgical procedures)	100%	100%
Major Benefit Group		
<i>Deductible Applies</i>		
Bridges and Dentures	No Coverage	60%
Crowns	No Coverage	60%
Implants	No Coverage	60%
Calendar Year Deductible (per member / per family)	\$25 /\$75	\$50/\$150
Dependent Coverage	To age 26	
Calendar Year Maximum (per member)	\$750	\$1,500
Orthodontic Coverage To Age 19	No Coverage	\$1,500 Lifetime Maximum

Dental Rates Effective 1/1/2025 - 6/30/2026			
Number of Pays	Type	Basic Plan	High Plan
Weekly	Individual	\$3.79	\$10.76
	Family	\$9.43	\$26.74
Semi-monthly (12 month)	Individual	\$8.22	\$23.32
	Family	\$20.43	\$57.94
Semi-monthly (10 month)	Individual	\$9.86	\$27.98
	Family	\$24.51	\$69.53
Monthly	Individual	\$16.44	\$46.64
	Family	\$40.85	\$115.88

* Please refer to the Dental Blue Freedom Summary of Benefits for detailed coverage information.