

**Plan Design For: General Synod****Plan Option: Open Access****Endodontics, Periodontics and Oral Surgery in Basic Class II****Effective Date: August 1, 2017**

<b>Benefits Highlights</b>		
	<b>In-network*</b>	<b>Out-of-Network**</b>
<b>Class I – Preventive</b>	100%	100%
<b>Class II - Basic</b>	80%	80%
<b>Class III – Major ***</b>	50%	50%
<b>Class IV – Orthodontia ***</b>	50%	50%
<b>Deductible (Only applies to Out-of-Network Basic and Major Services)</b>		
<b>Single</b>	Does Not Apply	\$50
<b>Family</b>	Does Not Apply	\$150
<b>Annual Maximum</b>	\$1,500 per member per benefit year	
<b>Orthodontia Lifetime Maximum</b>	\$1,500 per member per lifetime	

\* The Participating Dental Agreement (PDA) Fee is a negotiated arrangement with network providers.

\*\*Out-of-network reimbursement is based on the 90<sup>th</sup> percentile of charges filed.

\*\*\* When the employer contribution is less than 50% of the employee premium, there is a 12 month waiting period on major and orthodontia services for members who did not have prior dental coverage with the employer

<b>Covered Services</b>		
<b>Class Type</b>	<b>Services</b>	
<b>Preventive</b>  <i>In-Network Preventive Services do not apply to the Annual Maximum</i>	<ul style="list-style-type: none"> <li>▪ Cleaning, scaling and polishing of teeth – twice per benefit year</li> <li>▪ Oral Exams – twice per benefit year</li> <li>▪ X-Rays               <ul style="list-style-type: none"> <li>- Bitewing – once per benefit year</li> <li>- Full mouth or Panoramic – once every three benefit years</li> </ul> </li> <li>▪ Fluoride treatment – once per benefit year for persons under age 19</li> </ul>	<ul style="list-style-type: none"> <li>▪ Space maintainers – for person under age 19</li> <li>▪ Pulp vitality tests and diagnostic casts</li> <li>▪ Emergency palliative treatment for relief of pain</li> <li>▪ Sealants on permanent teeth that have not had any fillings – for children between ages 6 through 15</li> </ul>
<b>Basic</b>	<ul style="list-style-type: none"> <li>▪ Repair of removable dentures</li> <li>▪ Fillings consisting of amalgam and tooth-colored synthetic materials</li> <li>▪ Simple extractions</li> <li>▪ Pulp capping and root canal treatment</li> <li>▪ General anesthesia when medically necessary and given in connection with covered dental surgery</li> <li>▪ Oral Surgery</li> <li>▪ Hemi-section</li> <li>▪ Periodontal cleanings –once every three months after initial periodontal treatment is documented</li> </ul>	<ul style="list-style-type: none"> <li>▪ Surgical periodontic examination</li> <li>▪ Apicoectomy</li> <li>▪ Gingival curettage</li> <li>▪ Gingivectomy and Gingivoplasty</li> <li>▪ Osseous surgery</li> <li>▪ Mucogingivoplastic surgery</li> <li>▪ Biopsies of oral tissue</li> <li>▪ Management of acute infection and oral lesions</li> </ul>
<b>Major</b>	<ul style="list-style-type: none"> <li>▪ Inlays</li> <li>▪ Crowns</li> <li>▪ Onlays</li> <li>▪ Removable dentures, complete and partial</li> <li>▪ Fixed bridge repair</li> </ul>	<ul style="list-style-type: none"> <li>▪ Bridges – fixed and removable – every five years except necessary by loss or theft</li> <li>▪ Relining or rebasing of removable dentures – once every 3 years</li> </ul>
<b>Orthodontia</b>	<ul style="list-style-type: none"> <li>▪ Correction of dysfunctional malocclusion including diagnosis, models and radiographs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Active treatment including necessary appliances</li> <li>▪ Retention following active treatment</li> </ul>

## Blue Dental Plan Features

To ensure all employees have access to the Blue Dental portfolio, employers can contribute between 5-100 percent of the employee premium. And Blue Dental plans only require 20 percent participation of eligible employees.

### Flexible choices for you and your family

With your BlueCross dental benefit, you have the freedom to choose a provider when you receive treatment. You do not have to choose a primary dentist ahead of time. You don't need referrals for specialty care. You also do not have to visit the same dentist as your eligible dependents.

### Do I need an ID card?

When you go to the dentist, present your ID card to make sure the dentist applies your benefits correctly. Your dentist can easily verify your coverage by calling the customer service numbers on the back of your ID card.

### Why would I want to go to an in-network provider?

With BlueCross dental benefits, you receive benefits whether or not you and your eligible dependents visit a participating dentist. When you visit a participating dentist, you'll enjoy lower, out-of-pocket expenses as our providers have agreed to lower their fees.

### Locating a participating dentist

- > Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)
- > Go to the Find a Doctor on the right of the webpage and click on Get Started
- > Click on Browse Providers
- > Click on Search Dentist
- > Under Find a Dentist select how you would like to search for a Dentist

### Will I have to file my own claim?

Participating network dentists will file the claim directly to BlueCross. With non-participating dentists, you may need to file the claim directly to BlueCross. In that case, you can get a claim form from:

- > Your Human Resource department
- > Our website: [www.SouthCarolinaBlues.com/members/forms/fileclaim.aspx](http://www.SouthCarolinaBlues.com/members/forms/fileclaim.aspx)

### How to get an estimate of coverage before treatment?

We recommend you have your dentist submit a request for a pre-treatment estimate for services in excess of \$300. This often applies to Major Services. When your dentist suggests treatment, have your provider send an undated claim form along with the proposed treatment plan to BlueCross. We will send a pre-treatment estimate to you and your dentist detailing what services your plan will cover and how much it will pay.