



Voluntary Dental Plan 7510DV



WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines the basic components of your plan, providing you with a quick reference of your dental plan benefits. For complete coverage details, please refer to the plan certificate.

Dental coverage you can count on

Blue Cross Blue Shield of Georgia Dental Plans allow you to visit any licensed dentist or specialist you want—with costs that are normally lower when you choose to visit a participating provider.

Finding a dentist is easy

To select a dentist by name or location, do one of the following:

- Go to bcbsga.com
- Call Dental Customer Service at 877-330-5973

YOUR DENTAL PLAN AT-A-GLANCE

Annual Benefit Maximum – Calendar Year	\$1,000 per insured person
Annual Deductible – Calendar Year	\$50 per insured person / up to \$150 per family
Deductible Waived for Preventive Services:	
Participating Providers	Yes
Non-Participating Providers	Yes
Non-Participating Provider Reimbursement Based On:	80th Percentile

DENTAL SERVICES

Following are examples of what is/is not covered by your plan:

Preventive Services, for example:

- Periodic oral evaluation (0120)
- Prophylaxis (cleaning) Adult (1110)
- Prophylaxis (cleaning) Child (1120)
- Bitewing X-rays – four films (0274)

Basic Services, for example:

All Other X-rays

- Intraoral – complete series (0210)

Fillings

- amalgam, two surfaces (2150)

Simple Extractions (7140)

Major Services, for example:

Endodontics

- root canal, molar (3330)

Periodontics

- scaling and root planing, per quadrant (4341)

Oral Surgery

Prosthodontics

- crown, porcelain fused to high noble metal (2750)
- denture, complete, upper or lower (5110/5120)

Orthodontic Services:

- Age Limit
- Ortho Lifetime Maximum Benefits

Waiting Periods – Late Entrants & New Hires (unless takeover provisions apply)

Simple Extractions

	PARTICIPATING PROVIDERS We pay:	NON-PARTICIPATING PROVIDERS We pay:
	100%	100%
	100%	100%
	100%	100%
	100%	100%
	80%	80%
	80%	80%
	80%	80%
	Not covered	Not covered
	Not covered	Not covered
	Not covered	Not covered
	Not covered	Not covered
	Not covered	Not covered
	Not covered	Not covered
	n/a	n/a
	n/a	n/a
	6 months	6 months

This is not a contract. It is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms, and provisions of the dental certificate. In the event of a discrepancy between the information contained in this benefit summary and that in the dental certificate, the dental certificate will prevail.



Participating and Non-Participating Providers

Percentages shown in the benefits chart herein reflect the percentage of the Covered Expense that we will pay.

Participating Providers are dentists who have contracted with us to provide dental care to our members at a negotiated rate. Participating dentists have agreed to accept a negotiated rate as payment in full for covered services. The negotiated rate is usually lower than the participating dentist's normal charge. By choosing a participating dentist, you will be responsible for any applicable deductible and coinsurance amounts, however you will not be responsible for amounts in excess of the negotiated rate for covered services.

Non-Participating Providers are dentists who have not contracted with us and therefore may charge their usual fee for services they provide to you. When you receive services from a non-participating provider, you will be responsible for any applicable deductible and coinsurance amounts, plus any charges in excess of the allowable charge. This means that if the non-participating dentist charges more than the allowable charge, the non-participating dentist may bill you for the difference.

Predetermination of Benefits

Prior review is recommended for any treatment plan that is expected to cost more than \$350.

TO CONTACT US:

Call	Write
<p>Refer to the toll-free number indicated on the back of your plan identification card or call 877-330-5973 to speak in-person with a U.S. based customer service representative during normal business hours.</p> <p>Calling after-hours? We may still be able to assist you with our interactive voice-response system at 877-330-5973.</p>	<p>Refer to the back of your plan identification card for the claims submission address.</p> <p>Other correspondence may be sent to: PO Box 9201 Oxnard, CA 93031</p>

Limitations & Exclusions

<p>Limitations — Below is a partial listing of plan limitations. Please see your Certificate of Coverage for a full list.</p> <p><u>Diagnostic and Preventive Services</u></p> <p>Oral evaluations (exam). Limited to two per calendar year. Prophylaxis (cleaning). Limited to two per calendar year. Bitewing x-rays. Limited to two series per calendar year. Complete series x-rays (panoramic or full-mouth). Limited to once in 60 months.</p> <p><u>Restorative Services – applicable if these benefits are covered under your plan</u></p> <p>Fillings. Limited to once per tooth in a five year period.</p> <p>ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – if Orthodontia is included as a benefit of your plan.</p> <p>Orthodontia. Limited to one course of treatment per member per lifetime for covered dependent children under age 19.</p>	<p>Exclusions — Below is a partial listing of non-covered services. Please see your Certificate of Coverage for a full list.</p> <p>Crowns. Removable Prosthodontics. Root Canal Therapy. Gingivectomy or Gingivoplasty. Periodontal Scaling and Root Planing. Oral Surgery.</p> <p>Services provided before or after the term of this coverage. Services received before your effective date or after your coverage ends, unless otherwise specified in the plan certificate.</p> <p>Orthodontics (unless included as part of your plan benefits). Orthodontic braces, appliances and all related services.</p> <p>Services or treatments that are not medically necessary.</p> <p>Cosmetic dentistry. Any services performed for cosmetic purposes (including but not limited to external bleaching, bleaching on non-vital discolored teeth, composite restorations, veneers, crowns on teeth not exhibiting pathology and facings on crowns on posterior teeth).</p> <p>Separate charges for general anesthesia or I.V. sedation.</p> <p>Extraction of wisdom teeth. Removal of immature erupting third molars and nonpathologic, asymptomatic third molars (wisdom teeth) if the patient is under the age of 16.</p> <p>Treatment of the joint of the jaw and/or occlusion services.</p> <p>Implants – materials implanted into or on bone or soft tissue and all adjunctive services.</p>
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The participating dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Blue Cross Blue Shield of Georgia.