# Dental Prime for Individuals and Families

For Georgia

BlueCross BlueShield of Georgia

## Good health starts with a healthy mouth.

Taking care of your teeth and making regular visits to your dentist can help you stay healthy. How? The germs in an unhealthy mouth can affect the rest of the body. And regular dental checkups can help find early warning signs of health issues. That's one reason why it's so important to take good care of your teeth and gums.

## Dental Prime can help you get the care you need.

When you have the right dental benefits, you can have a better handle on your total health. That's why our Dental Prime plan offers:

- Exams, cleanings and X-rays covered 100%
- No waiting period for diagnostic and preventive services, such as cleanings, exams and X-rays
- A benefit for a brush biopsy which, together with a surgical biopsy, helps detect oral cancer
- An extra cleaning each year for those who are pregnant or living with diabetes

## Choose the plan that's right for you.

Our plans can help you get routine dental care and help you manage your health care costs. And with three options, you're bound to find the Dental Prime plan that's right for you and your family.

| | Plan A | Plan B | Plan C |
|---|---|---|---|
| **Deductible**<br>(The amount you pay before we pay for any services, including diagnostic and preventive) | None | $50 per person | $50 per person |
| **Annual maximum**<br>(The most we will pay in one calendar year) | $500 per person | $1,000 per person | $1,250 per person |
| **Diagnostic and preventive care**<br>(Such as cleanings, exams and X-rays) | 100% covered | 100% covered | 100% covered |
| **Extra cleanings** | Available to those who are pregnant or living with diabetes. | | |
| **Basic treatment**<br>(Such as fillings and simple tooth extractions) | Not covered | 80% covered for fillings and simple tooth extractions. | 80% covered for fillings and simple tooth extractions. |
| **Brush biopsy** | Not covered | 80% covered | 80% covered |
| **Major treatment**<br>(Such as root canals, scaling, root planing, crowns, dentures and bridges) | Not covered | 50% covered for root canals, scaling, root planing and complex surgical extractions.<br>Crowns, dentures, bridges and orthodontics not covered. | 50% covered for root canals, scaling, root planing, complex surgical extractions, crowns, dentures, bridges and implants. Orthodontics not covered. |
| **Waiting periods** | Diagnostic and preventive care: No waiting period | Diagnostic and preventive care: No waiting period<br>Basic treatment: 6 months<br>Brush biopsy: 6 months<br>Major treatment: 12 months | Diagnostic and preventive care: No waiting period<br>Basic treatment: 6 months<br>Brush biopsy: 6 months<br>Major treatment: 12 months |

| **Premiums**<br>(Annual rates reflect a 5% discount when pre-paying annually) | Plan A | | Plan B | | Plan C | |
|---|---|---|---|---|---|---|
| | **Monthly** | **Annual** | **Monthly** | **Annual** | **Monthly** | **Annual** |
| Individual | $25.80 | $294.10 | $38.00 | $433.20 | $47.15 | $537.50 |
| Individual + 1 | $50.15 | $571.70 | $73.85 | $841.90 | $91.65 | $1,044.80 |
| Family | $80.25 | $914.85 | $118.15 | $1,346.90 | $146.65 | $1,671.80 |

Dental rates apply to members under age 65 and are subject to change. Rate information for members 65+ is available upon request.

**To find a dentist near you, go to BCBSGaDentalAdmin.com and click on Enroll Now. Enter ZIP code, coverage type and date of birth. Click Get Quote, then Dentist Search.**

## Save time and money with smart dentist choices.

While all three plans allow you to go to any dentist, you can save money by choosing a participating dentist.

| | Participating dentist | Non-participating dentist |
|---|---|---|
| What you pay the dentist | • Your deductible.<br>• The percentage that's not covered by your insurance. | • Your deductible.<br>• The percentage that's not covered by your insurance.<br>• The amount the dentist charges above the total amount we allow to be paid for a service. |
| Claims paperwork | • Your dentist submits claims to us.<br>• We pay the dentist directly. | • You or your dentist may submit your claims to us.<br>• We pay you or your dentist back for covered expenses. |

You may pay more for dental care if you choose a non-participating dentist. Here's why:

- **Participating dentists** have agreed to payment rates for services and cannot charge you more than the agreed upon rate. If you have coinsurance or a deductible, you pay those amounts.
- **Non-participating dentists** don't have a contract with us. They can charge you the difference between the total amount we allow to be paid for a service and the amount they normally charge for a service (plus your coinsurance or deductible).

## Get started with Dental Prime.

It's easy to sign up. You can fill out a form online or by hand.

- Go to **BCBSGaDentalAdmin.com**.
- Or fill out and sign the Dental Prime application form. Then give your completed form to your agent or mail it to us at:

  Dental Enrollment Department
  P.O. Box 1193
  Minneapolis, MN 55440-1193

If you have any questions or need help with your application, talk to your Blue Cross and Blue Shield of Georgia representative or call us at 877-567-1807.

This is only a brief description of some plan terms and benefits. Please refer to your Dental Benefit Policy for more complete details including benefits, limitations and exclusions.

**Dental exclusions**

This is a partial list of dental plan exclusions. Please see the individual dental plan contract for a complete list.

New or unproven dental techniques or services · Dental services performed for cosmetic purposes · Dental services completed prior to the date the covered person became eligible for coverage · Services of anesthesiologists · Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines, or drugs for non-surgical or surgical dental care · Dental services performed other than by a licensed dentist, licensed physician, his or her employees · Any material grafted onto bone or soft tissue, including procedures necessary for guided tissue regeneration · Orthodontic treatment services · Case presentations, office visits and consultations · Incomplete, interim or temporary services · Corrections of congenital conditions during the first 24 months of continuous coverage under this policy · Athletic mouth guards, enamel microabrasion and odontoplasty · Procedures designed to enable prosthetic or restorative services to be performed such as a crown lengthening · Bacteriologic tests · Separate services billed when they are an inherent component of a dental service · Pediatric removable or fixed prosthetic appliances · Services for the replacement of an existing partial denture with a bridge · Oral hygiene instruction · Diagnostic casts · Incomplete root canals · Sinus augmentation · Recement space maintainers · Consultations · Orthodontic services