



### Good health starts with a healthy mouth.<sup>1</sup>

Good dental health and routine visits to your dentist can pay off in a bigger way than just having a healthy smile. Conditions in the mouth can, and often do, affect the rest of the body. Dental exams can help recognize as many as 120 medical conditions, making them extremely important to your overall health.

This benefit summary outlines the basics of your Blue Cross and Blue Shield of Georgia (BCBSGA) Dental Pediatric Plan, providing you with a quick reference of deductibles, coinsurance amounts, limitations and exclusions when you receive covered services from a participating dental provider. Please refer to the plan certificate for a more complete explanation of the specific services covered by the plan.

## BCBSGA Dental Pediatric Plan Individuals and Small Groups

### PEDIATRIC DENTAL BENEFITS AT A GLANCE:

The following benefits are available to pediatric members through age 18. After you have met your annual deductible, BCBSGA will pay for Dental services at the listed coinsurance amounts up to the Maximum Allowed Charge (MAC) as determined by BCBSGA for each covered service. However, there may be different levels of coinsurance, depending on whether you choose to receive services from a participating or a nonparticipating dentist.

<b>Coverage Year</b>	<b>Calendar Year</b>
<b>Insured Age Limit</b>	<b>End of month in which insured turns age 19</b>
<b>Annual Deductible</b> (per insured; applies to all services)	<b>\$50</b>
<b>Waiting Periods</b>	<b>12 months for dentally necessary orthodontic services</b>

<b>DENTAL SERVICES</b> (examples of what is/is not covered by the plan):	<b>Participating Dentist</b> BCBSGA pays:	<b>Nonparticipating Dentist</b> BCBSGA pays:
<b>Annual Benefit Maximum</b>	No maximum	No maximum
<b>Annual Out-of-Pocket Maximum</b>	\$350 / \$700 per family <sup>2</sup>	Not applicable
<b>Diagnostic &amp; Preventive Services, for example:</b> <ul style="list-style-type: none"> <li>• Periodic oral exam</li> <li>• Teeth cleaning</li> <li>• Bitewing X-rays</li> </ul>	100%	70%
<b>Basic Services, for example:</b> <ul style="list-style-type: none"> <li>• Composite (tooth-colored) fillings on anterior (front) teeth</li> <li>• Amalgam (silver-colored) fillings on posterior (back) teeth</li> <li>• Posterior (back) composite fillings covered at amalgam allowance</li> </ul>	60%	50%
<b>Endodontic Services, for example:</b> <ul style="list-style-type: none"> <li>• Root canal</li> </ul>	50%	50%
<b>Periodontal Services, for example:</b> <ul style="list-style-type: none"> <li>• Scaling and root planing</li> </ul>	50%	50%
<b>Oral Surgery Services</b>	50%	50%
<b>Major Services, for example:</b> <ul style="list-style-type: none"> <li>• Crowns</li> </ul>	50%	50%
<b>Prosthodontic Services, for example:</b> <ul style="list-style-type: none"> <li>• Dentures and bridges</li> </ul>	50%	50%
<b>Dentally Necessary Orthodontic Services<sup>3</sup></b>	50%	50%
<b>Dentally Necessary Orthodontic Lifetime Maximum</b>	No maximum	No maximum

<sup>1</sup>According to research, signs and symptoms of as many as 120 medical conditions can be first detected by an examination of the mouth, throat and neck – and earlier detection means earlier treatment. (Source: Oral Diagnosis, Oral Medicine and Treatment Planning, 1994, S. Bricker, R. Langlais, C. Miller.)

<sup>2</sup>Family out-of-pocket maximum applies if there are two or more children per family only; there is no out-of-pocket maximum for children receiving services from a nonparticipating dental provider.

<sup>3</sup>Child orthodontic coverage begins at age eight. This means that the child must have been banded after age eight in order to receive coverage.



### Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit a nonparticipating dentist. Why? Because participating dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, nonparticipating dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the “maximum allowed charge” – and the amount they usually charge for a service. When they bill you for this difference, it is called “balance billing.”

### How BCBSGA dental decides on maximum allowed amounts

BCBSGA develops an out-of-network dental fee schedule/rate to determine the maximum allowed cost (MAC) for services provided by an out-of-network dentist. This schedule may be changed or updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data.

### Here's an example of higher costs for nonparticipating dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a stainless steel crown from a nonparticipating dentist, who charges \$1,200 for the service and bills BCBSGA for that amount. BCBSGA's maximum allowed charge for this dental service is \$800. That means there will be a \$400 difference, which the dentist can “balance bill” Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the nonparticipating dentist is \$800. Here's the math:

- Dentist's charge: \$1,200
- BCBSGA's maximum allowed charge: \$800
- BCBSGA pays 50%: \$400
- Ted pays 50% (coinsurance): **\$400**
- Balance Ted owes the provider:  $\$1,200 - \$800 = \$400$
- Ted's total cost: **\$400** coinsurance + **\$400** provider balance = **\$800**

In the example, if Ted had gone to a participating dentist, his cost would be only \$400 for the coinsurance because he would not have been “balance billed” the \$400 difference.

### Emergency dental treatment for the international traveler

As an BCBSGA dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.\*\* With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

\*\*The International Emergency Dental Program is managed by DeCare Dental, an independent company offering dental-management services to BCBSGA.

### Finding a dentist is easy.

To select a dentist by name or location: • Go to [bcbsga.com/mydentalvision](http://bcbsga.com/mydentalvision) • Call BCBSGA dental Customer Service

### TO CONTACT US:

Call	Write
Call the toll-free number on the back of your member ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your member ID card for the address.



## Limitations & Exclusions

**Limitations – Below is a partial listing of dental plan limitations. Please see your certificate of coverage for a full list.**

### Diagnostic and Preventive Services

**Oral evaluations** (exams) Limited to two times per calendar year

**Teeth cleaning** (prophylaxis) Covered two times per calendar year

**Bitewing X-rays** Limited to one series of films per six-month period

**Complete series X-rays** (panoramic or full-mouth) Limited to one series in any 60-month period

**Topical application of fluoride** Covered two times per calendar year

**Fluoride varnish** Covered two times per calendar year

**Sealants** Limited to permanent molars; covered one time per 24-month period

### Basic Services

**Fillings** Composite (white) resin restorations to repair decayed or fractured permanent or primary anterior (front) teeth; amalgam (silver) restorations to repair decayed or fractured permanent or primary posterior (back) teeth

**Prefabricated or stainless steel crowns** Covered once per tooth in a 60-month period through age of 14

**Extractions** Basic removal of teeth

**Periodontal services** (such as scaling and root planing) Covered one time per 24-month period

**Surgical extractions** Removal of third molars covered only with evidence of oral pathology

**Intravenous conscious sedation, IV sedation and general anesthesia** Covered only when given with covered complex surgical services

### Major/Other Services

**Inlays** Covered at amalgam restoration allowance for the same number of surfaces

**Onlays and/or permanent crowns** Covered one time per 60 months for permanent teeth only

**Prosthodontic services** (dentures, partials, bridges) Covered one time per 60-month period

### Dentally Necessary Orthodontic Services

Limited to one course of treatment per member per lifetime for dentally necessary orthodontic services only; to be considered dentally necessary orthodontic care, at least one of the following criteria must be present:

- There is spacing between adjacent teeth that interferes with the biting function;
- There is an overbite to the extent that the lower anterior teeth impinge on the roof of the mouth when child bites;
- Positioning of the jaws or teeth impair chewing or biting function;
- On an objective professionally recognized dental orthodontic severity index, the condition scores at a level consistent with the need for orthodontic care;
- Based on a comparable assessment of items a through d, there is an overall orthodontic problem that interferes with the biting function.

**Exclusions – Below is a partial listing of noncovered services. Please see your certificate of coverage for a full list.**

**Services provided before or after the term of this coverage** Services received before your effective date or after coverage ends, unless otherwise specified in the dental plan certificate

**Cosmetic dentistry** Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Cosmetic orthodontic services** Orthodontic braces, appliances and all related services that are not considered dentally necessary

**Drugs and medications** Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care; analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical dental care

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 your certificate of coverage. **In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.**

The participating dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of BCBSGA.

*BCBSGA does not discriminate based on race, color, ethnicity, national origin, religion, age, gender, gender identity, mental or physical disabilities, sexual orientation, genetic information, including pregnancy and expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health condition or health status in the administration of the plan (including enrollment, marketing practices, benefit designs, and benefit determinations).*