

Your Summary of Benefits
Glynn County BOC
BlueCross BlueShield of Georgia Dental Complete



BlueCross BlueShield
of Georgia

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your BlueCross BlueShield of Georgia (BCBS GA) dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose a participating provider.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from participating dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		Participating Dentist	Nonparticipating Dentist
Annual Benefit Maximum Calendar Year • Per insured person		\$750	\$750
D&P applies to Annual Maximum		Yes	Yes
Annual Maximum Carryover		No	No
Orthodontic Lifetime Benefit Maximum • Per eligible insured person		N/A	N/A
Annual Deductible Calendar Year • Per insured person • Family maximum		\$50 3X Individual	\$50 3X Individual
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Nonparticipating Provider Reimbursement Options:		90th percentile	
Dental Services		Participating Dentist BCBS GA Pays:	Nonparticipating Dentist BCBS GA Pays: Waiting Period
Diagnostic and Preventive Services • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays: 1X per 12 months • Intraoral X-rays		100% Coinsurance	100% Coinsurance No Waiting Period
Basic Services • Amalgam (silver-colored) Filling • Front composite (tooth-colored) Filling • Back composite Filling, Covered as Composites • Simple Extractions		80% Coinsurance	80% Coinsurance No Waiting Period
Endodontics • Root Canal		80% Coinsurance	80% Coinsurance No Waiting Period
Periodontics • Scaling and root planing		80% Coinsurance	80% Coinsurance No Waiting Period
Oral Surgery • Surgical Extractions		80% Coinsurance	80% Coinsurance No Waiting Period
Major Services • Crowns		Not Covered	Not Covered No Waiting Period
Prosthodontics • Dentures • Bridges • Dental implants Standard - Covered		Not Covered	Not Covered No Waiting Period
Prosthetic Repairs/Adjustments		80% Coinsurance	80% Coinsurance No Waiting Period
Orthodontic Services •None		Not Covered	Not Covered N/A

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.



Emergency dental treatment for the international traveler

As a BlueCross BlueShield of Georgia 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 BCBS GA.

Promoting healthy mouths for members who are pregnant or living with diabetes

If you are pregnant or living with diabetes, you can sign up to receive one additional dental cleaning or periodontal maintenance procedure per year.

Finding a dentist is easy.

To select a dentist by name or location:

- Go to bcbsga.com or the website listed on the back of your ID card.
- Call the toll-free customer service number listed on the back of your ID card.

TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan 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.	your plan ID card for the address.

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services

- Oral evaluations** (exam) Limited to two per Calendar Year
- Teeth cleaning** (prophylaxis) Limited to two per Calendar Year
- Intraoral X-rays, single film** Limited to four films per 12-month period
- Complete series X-rays** (panoramic or full-mouth) Coverage Every 3 Years
- Topical fluoride application** Limited to once every 12 months for members through age 18
- Sealants** Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive.

Basic and/or Major Services***

- Fillings** Limited to once per surface per tooth in any 24 months
- Space Maintainers** Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.
- Crowns** Limited to once per tooth in a seven-year period
- Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants**

Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.

Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.

Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater

Periodontal scaling and root planing Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater

Brush Biopsy Standard - Covered

***Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

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

Services provided before or after the term of coverage

Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits)
Orthodontic braces, appliances and all related services

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

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 or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Extractions - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member



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.

Here's why:

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 amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How BlueCross BlueShield of Georgia dental decides on maximum allowed amounts

For services from a nonparticipating dentist, the maximum allowed amount is determined in one of the following ways:

- Nonparticipating dental fee schedule/rate developed by BCBS GA, which may be updated based on such things as reimbursement accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- Participating dentist fee schedule

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 crown from a nonparticipating dentist, who charges \$1,200 for the service and bills BCBS GA for that amount.

The maximum allowed amount 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
- BCBS GA's maximum allowed amount: \$800
- BCBS GA 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.