

DENTAL BENEFIT HIGHLIGHTS

2016-2017 Prepared for Columbia Brazoria – OON MAC

Type of Service	Benefit**
General Provisions	
Calendar Year Deductible	\$0 Individual / \$0 Family
Three-month Deductible carryover applies	Yes
Deductible credit from prior carrier	No
Calendar Year Maximum per Participant	\$1,000
Diagnostic and Preventive Care Benefits	
<input checked="" type="checkbox"/> Deductible Waived <input type="checkbox"/> Deductible Not Waived	
Oral Examinations (2 exams per Calendar Year) Prophylaxis (2 cleanings per Calendar Year) Fluoride Treatment (up to age 19; 2 per Calendar Year) Dental X-rays (Subject to booklet provision) Full Mouth X-rays/Panoramic X-rays (1 time per 36 months) Bitewing X-rays Series (2 per Calendar Year)	80%
Miscellaneous Services	
<input checked="" type="checkbox"/> Deductible Waived <input type="checkbox"/> Deductible Not Waived	
Sealants (up to age 16; applies to permanent molars, one application per tooth, per lifetime) Space Maintainers (up to age 19) Labs and Tests Palliative Care	80%
Restorative Services	
Amalgams and Composites Simple Extractions Pin Retention	50%
General Services	
Anesthesia Stainless Steel Crowns	50%
Endodontic Services	
Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling/Root amputation/hemisection Therapeutic pulpotomy/Gross Pulpal debridement	30%
Periodontal Services	
Periodontal scaling and root planning Full mouth debridement/Periodontal Maintenance Gingivectomy/gingivoplasty Gingival flap procedure/Osseous surgery and grafts Soft tissue grafts	30%
Oral Surgery Services	
Surgical tooth extractions Alveoloplasty/Vestibuloplasty	30%
Crowns, Inlays/Onlays Services	
Prefabricated post and cores Recementation of crowns, inlays/onlays Crown repair	0%
Prosthetic Services	
Reline/Rebase Bridges and dentures Recementation and repair of bridges	0%
Orthodontic Benefits	
<input checked="" type="checkbox"/> Deductible Waived <input type="checkbox"/> Deductible Not Waived	
Orthodontic Diagnostic Procedures and Treatment (available to Children up to age 19) Lifetime Maximum per Participant	Not Covered N/A

****Each time you need dental care, you can choose to:**

See a Contracting Dentist		See a Non-Contracting Dentist
BlueCare Dentist	Dentist	
<ul style="list-style-type: none"> Your out-of-pocket cost will generally be the least amount because BlueCare Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses You are not required to file claim forms You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists 	<ul style="list-style-type: none"> Your out-of-pocket cost may be greater because DentaBlue Dentists have contracted to accept a higher Allowable Amount as payment in full for Eligible Dental Expenses You are not required to file claim forms You are not balance billed for costs exceeding the BCBSTX Allowable Amount for Dentists 	<ul style="list-style-type: none"> Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses You are required to file claim forms You are balance billed for costs exceeding the BCBSTX Allowable Amount

EMPLOYEE INFORMATION

- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
 - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
 - Retirees are not eligible for coverage.
 - Employees may enroll dependent children up to age 5 on the first of the month following application with no late enrollment penalty.
 - Open enrollment – employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.
- When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.

Voluntary BlueCare® Freedom Dental	
Employee	\$13.80
Employee + 1	\$24.65
Employee + 2 or more	\$30.85

*Rates are per month

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- Visit www.bcbstx.com
- Click on tab for Find a Doctor/Hospital
- At left of page click on the Search Now button
- Lower right of page click on Find a Dentist
- Select Network – BlueCare®
- Search using the criteria provided