

2016-2017

DENTAL BENEFIT HIGHLIGHTS
Prepared for Columbia Brazoria

Type of Service	Benefit**
General Provisions Calendar Year Deductible Three-month Deductible carryover applies Deductible credit from prior carrier Calendar Year Maximum per Participant	\$50 Individual / \$150 Family Yes No \$1,500
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)	100%
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	100%
Restorative Services Amalgams and Composites Simple Extractions Pin Retention	80%
General Services Anesthesia Stainless Steel Crowns	80%
Endodontic Services Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling/Root amputation/hemisection Therapeutic pulpotomy/Gross Pulpal debridement	50%
Periodontal Services Periodontal scaling and root planning Full mouth debridement/Periodontal Maintenance Gingivectomy/gingivoplasty Gingival flap procedure/Osseous surgery and grafts Soft tissue grafts	50%
Oral Surgery Services Surgical tooth extractions Alveoloplasty/Vestibuloplasty	50%
Crowns, Inlays/Onlays Services Prefabricated post and cores Recementation of crowns, inlays/onlays Crown repair	50%
Prosthodontic Services Reline/Rebase Bridges and dentures Recementation and repair of bridges Implants	50%
Orthodontic Benefits <input checked="" type="checkbox"/> Deductible Waived <input type="checkbox"/> Deductible Not Waived Orthodontic Diagnostic Procedures and Treatment (available to Adults & Children) Lifetime Maximum per Participant	50% \$1,000

****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	\$44.96
Employee + 1	\$89.91
Employee + 2 or more	\$128.12

* Rates are per month

Find a Provider in the BlueCare® Network

- 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