

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

Voluntary BlueCare® Freedom Dental



****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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- 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