

2016-2017

DENTAL BENEFIT HIGHLIGHTS
Prepared for Columbia Brazoria

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

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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