

Senior Dental Plan



**BlueCross
BlueShield**
of Georgia



Senior Dental Plan

Blue Cross and Blue Shield of Georgia (BCBSGA) knows that early diagnosis and routine preventive care are vital in maintaining good dental hygiene, and regular dental care contributes to your overall health. Our Senior Dental Plan gives you the option of going to any dentist you choose. However, you may pay more out-of-pocket when you visit a dentist who is not a BCBSGA contracted dentist.

Hundreds of dedicated professionals have contracted with BCBSGA to provide a wide range of dental services such as routine check-ups, cleanings, fillings, crowns, and dental surgery.

When you receive services from a BCBSGA contracted provider, you'll almost never file a claim. That means there's virtually NO paperwork. And that takes the hassle out of going to the dentist.

The Plan features low-cost preventive and diagnostic care, basic dental care, and a benefit schedule that can help you offset the high cost of major dental care. Please read the following information for details about how the Plan works, specific benefit information and certain exclusions and limitations that apply.

Contracted Dentists

A large number of dentists in Georgia have agreed to provide services at contracted rates to BCBSGA plan members and are known as contracted dentists.

When you choose a contracted dentist, you will receive dental care at negotiated discounted rates. Should you choose to visit a noncontracted dentist, the Plan still provides benefits but your out-of-pocket costs may be greater as the negotiated fees do not apply to noncontracted dentists. You will be responsible for any charges in excess of the stated benefit for both contracted and noncontracted dentists.

The Plan lets you know before your dental visit how much BCBSGA pays for covered services. This means that you are able to easily calculate how much you will have to pay once you have determined your dentist's fee for your specific procedures.

The following is an EXAMPLE of BCBSGA's Scheduled Benefit Plan and how negotiated fees may save you out-of-pocket costs. Negotiated fees may vary among contracted dentists.

Contracted Dentist

If the billed charges are	\$735
And BCBSGA's negotiated rate is	\$575
BCBSGA will pay the amount specified in the benefit schedule	\$250 *
Therefore, you pay the difference between the negotiated amount and the scheduled benefit	\$325

**Assuming that your deductible has been met and your annual benefit maximum has not been exceeded, BCBSGA will pay this amount.*

Noncontracted Dentist

If the billed charges are	\$735
BCBSGA will pay the amount specified in the benefit schedule	\$250 *
Therefore, you pay the difference between the billed amount and the scheduled benefit	\$485

**This assumes any deductible has been met and you have not reached your annual maximum.*

Helpful Questions and Answers

How do I know if my dentist is a BCBSGA contracted dentist? Call customer service at 1-888-209-7852; our representatives are happy to help. You can also visit our Web site at www.bcbsga.com. Simply select “Provider Directory” and you can search for nearby dentists or a specific dentist. You can also print out step-by-step driving directions from your home to the dentist’s office.

Do I have a deductible, and if I do, what is the amount? Yes. You are responsible for a yearly deductible of \$50 before your benefits for covered services are available.

Is there a maximum of how much BCBSGA will pay each year toward my dental care? Yes. All dental benefits are limited to a maximum of \$1,000 incurred during a calendar year.

Who do I call if I have questions about my dental coverage? A friendly staff of dedicated customer service associates is available to assist you with questions about your Plan. Simply call 1-888-209-7852. Our dental experts are available from 8 am to 10 pm, Monday through Thursday and Friday, 8 am to 8 pm.

Monthly Premium Rate

BCBSGA dental plan premiums are payable through the monthly checking account deduction program only. For your convenience, a Monthly Bank Draft Authorization form is included with this brochure.

Senior Dental Plan Monthly Rate \$27.00

Preventive and Diagnostic Care

- Coverage begins on your effective date.
- The benefit schedule is the same for both contracted and noncontracted dentists, but you may pay more if you choose a noncontracted dentist.
- Two oral examinations and two dental cleanings per member, per year.

Procedure	BCBSGA Pays
Initial Oral Exam	\$14
Periodic Oral Exam - <i>limited to 2 exams per member per year</i>	\$14
Emergency Oral Exam	\$14
Bitewing x-rays - <i>one film</i>	\$8
Bitewings x-rays - <i>two films</i>	\$14
Bitewings x-rays - <i>four films</i>	\$20
Single (periapical) x-rays - <i>first film</i>	\$8
Single x-rays - <i>additional films</i>	\$8
Full mouth x-rays - <i>limited to one set every 3 years</i>	\$40
Routine cleaning - <i>limited to 2 per member per year</i>	\$31

Basic Dental Care

- Coverage begins after the Plan has been in effect for six continuous months.
- The benefit schedule is the same for both contracted and noncontracted dentists, but you may pay more if you choose a noncontracted dentist.

Procedure	BCBSGA Pays
Filling - <i>one surface, permanent</i>	\$36
Filling - <i>two surfaces, permanent</i>	\$44
Filling - <i>three surfaces, permanent</i>	\$55
Filling - <i>four or more surface, permanent</i>	\$65
Extraction - <i>single tooth (simple)</i>	\$37
Extraction - <i>each additional tooth (simple)</i>	\$37
Surgical Extraction	\$60
Removal Impacted Tooth - <i>soft tissue</i>	\$85
Removal Impacted Tooth - <i>partial bony</i>	\$105
Removal Impacted Tooth - <i>completely bony</i>	\$130

Major Dental Care

- Coverage begins after the Plan has been in effect for twelve continuous months.
- The benefit schedule is the same for both contracted and noncontracted dentists, but you may pay more if you choose a noncontracted dentist.

Procedure	BCBSGA Pays
1 Root Canal - <i>(excl. final restoration)</i>	\$130
2 Root Canals - <i>(excl. final restoration)</i>	\$155
3 Root Canals - <i>(excl. final restoration)</i>	\$195
Gingivectomy or Gingioplasty - <i>per tooth</i>	\$26
Gingivectomy or Gingioplasty - <i>per quadrant</i>	\$120
Scaling and Root Planing - <i>per quadrant</i>	\$41
Complete Denture <i>(upper or lower)</i>	\$255
Partial Denture <i>(upper or lower) - resin base incl. conventional clasps/rests/teeth</i>	\$235
Denture Reline Complete <i>(upper or lower - chairside)</i>	\$55
Denture Reline Complete <i>(upper or lower - lab)</i>	\$70
Pontic	\$215
Crown - <i>(except stainless steel)</i>	\$215

Eligibility and Enrollment

To be eligible for enrollment, you must be:

- 65 years of age or older
- A resident of the State of Georgia who applies for coverage and is accepted by BCBSGA
- A resident of the United States for at least six months
- Not enrolled under any other individual or group dental policy

Date Coverage Begins

The effective date of your coverage is printed on your member ID card. Your coverage will stay in effect, with our consent, on a monthly basis.

Terms of Coverage

Coverage under this Plan remains in force as long as the required premiums are paid on time and as long as the policyholder remains eligible for coverage. BCBSGA has the right to cancel or modify this Plan or change the premiums of this Plan after 60 days written notice to the policyholder. However, BCBSGA will not cancel or modify this Plan on an individual basis, but only for all policyholders covered under the same Plan.

Exclusions and Limitations

The BCBSGA Senior Dental Plan does not provide benefits for:

- **Unlisted services:** Services not specifically listed in the benefit schedule of this policy.
- **Excess amounts:** Any amounts in excess of the maximum amount stated in the “calendar year maximum benefit” section or listed in the benefit schedule.
- **Experimental or investigative procedures:** Services or supplies that we consider being experimental or investigative.
- **Expenses before coverage begins:** Services received before your effective date.
- **End of coverage:** Services received after your coverage ends.
- **Services for which you are not legally obligated to pay:** Services for which no charge would be made to you in the absence of insurance coverage.
- **Workers’ compensation:** Any condition for which benefits could be recovered, either by adjudication, settlement or otherwise, under any workers’ compensation, employer’s liability law or occupational disease law, even if you do not claim those benefits.
- **War:** Disease contracted or injuries sustained as result of war declared or undeclared, conditions caused by the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy.
- **Government services:** Any services provided by a local, state, county or federal government agency including any foreign government.

- **Services from relatives:** Professional services received from a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption.
- **Cosmetic dentistry:** Any services performed for cosmetic purposes are not covered under this plan, unless they are for the correction of functional disorders or as a result of an accidental injury occurring while you were covered under this policy.
- **Charges for treatment by other than a licensed dentist or physician,** except charges for dental prophylaxis performed by a licensed dental hygienist, under the supervision and direction of a dentist.
- **Replacement of an existing prosthesis,** which has been lost or stolen, or which in the opinion of the dentist is or can be made satisfactory.
- **Replacement of a fixed or removable prosthesis** if such replacement occurs within five years of the original placement, unless the denture is a stayplate used during the healing period for recently extracted anterior teeth.
- **Orthodontic services,** braces, appliances and all related services.
- **Diagnosis or treatment of the joint of the jaw and/or occlusion** (the way upper and lower teeth meet) services, supplies or appliances provided in connection with:
 - (a) any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means; or
 - (b) any

treatment, including crowns, caps and/or bridges to change the way the upper and lower teeth meet (occlusion); or (c) treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means including the restoration of vertical dimension because teeth have worn down.

- **Procedures requiring appliances or restorations** (other than those for replacement of structure loss from cavities) that are necessary to alter, restore or maintain occlusions. These include but are not limited to: (a) changing the vertical dimension; (b) replacing or stabilizing lost tooth structure by attrition, abrasion, or erosion; (c) realignment of teeth; (d) gnathological recording; (e) occlusal equilibration; (f) periodontal splinting.
- **Oral examinations exceeding two visits per insured per year.**
- **Prophylaxis treatments, exceeding two treatments per insured per year.**
- **More than one set of full-mouth x-rays or its equivalent per insured in a three-year period.**
- **Correction of congenital or development malformation** for an insured person including but not limited to cleft palate, maxillary or mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- **Adjustment, repairs or relines to prosthesis** except following 6 months from initial placement and if the prosthesis was paid for under this plan.

- **Replacement of crowns and cast restorations** including porcelain crowns, if such replacement occurs within five years of the original placement.
- **Transfer of care:** If a policyholder transfers from the care of one dentist to that of another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, BCBSGA shall be liable only for the amount it would have been liable for had one dentist rendered the services.
- **Prescribed drugs, pre-medication or analgesia.**
- **Oral hygiene instruction.**
- **Malignancies and neoplasms:** Services for treatment of malignancies and neoplasms are not covered services.
- **All hospital costs and any additional fees** charged by the dentist for hospital treatment.
- **Implants** (materials implanted into or on bone or soft tissue), or the removal of implants are not benefits under the policy. However, if implants are provided in association with a covered prosthetic appliance, BCBSGA will allow the benefit for a standard complete or partial denture or a bridge toward the cost of implants and the prosthetic appliances.
- **Services or supplies** that are not medically necessary.
- **Replacement of teeth missing prior** to the effective date of coverage.
- **Services for periodontics, fixed or removable prosthodontics** within the first 12 months of the insured person's effective date.

How to Enroll

If you are a new member and want dental coverage ONLY:

- Complete and sign the attached application and Monthly Bank Draft Authorization form.
- Send the completed application and bank draft form along with your first payment to your agent or the BCBSGA address below.

**Remember, BCBSGA dental plan premiums are payable through the monthly checking account program only.*

For those applying for BCBSGA medical coverage and dental coverage:

- Contact your agent or BCBSGA.

For BCBSGA members who want to ADD dental:

- Complete the attached application
- You must send your first month's premium (\$27.00) with the application.
- Write a check payable to BCBSGA.
- Send the application and payment to your agent or the BCBSGA address below.

Send your application and payment to:

**Blue Cross and Blue Shield of Georgia
3350 Peachtree Road
MSC GOO302
Atlanta, GA 30326**

Applicants who are approved for enrollment will receive a BCBSGA Senior Dental Plan Contract. Please review it carefully as it contains specific details about your benefits, coverage, exclusions and limitations. This brochure only provides highlights of the BCBSGA Senior Dental Plan. This is not the contract and only the actual Plan provisions will apply.

Conditional Receipt

**THIS RECEIPT DOES NOT PROVIDE ANY
COVERAGE UNTIL
ALL THE TERMS AND CONDITIONS LISTED
BELOW ARE MET.**

**DO NOT MAKE CHECKS PAYABLE TO
THE AGENT OR LEAVE BLANK.**

Blue Cross and Blue Shield of Georgia (BCBSGA) has received from the named Applicant an advance deposit equal to the first month's dues together with an application for designated dental insurance coverage. Such payment is accepted subject to the following conditions:

1. Subject to the provisions of the contract, the coverage applied for will be effective from, and the contract date as of, the day following acceptance by BCBSGA, unless otherwise specifically stated, provided that the payment evidenced by this receipt is the full first month's dues and provided that BCBSGA determines that as of the date of the application all proposed covered persons were acceptable for coverage and for the benefits applied for.
2. If the application is not approved by BCBSGA said Plan shall incur no liability and the payment evidenced by this receipt will be refunded to the applicant.
3. No one has the authority to waiver or modify any of the terms and conditions of this receipt.

If you do not receive a contract within 60 days, please contact Blue Cross and Blue Shield of Georgia Customer Service Department, PO Box 7368, Columbus, GA 31908-7368.

All premium checks must be made payable to Blue Cross and Blue Shield of Georgia.

ABBREVIATED NOTICE OF INSURANCE INFORMATION PRACTICES

PRIVACY ACT

Georgia state law establishes standards for the collection, use and disclosure of information gathered in connection with insurance transactions. The application attached to this notice contains specific personal questions about you. We need your answers to decide if you qualify for coverage. We are required to advise you that personal information may be collected from persons other than you. An investigated consumer report may be made to help us obtain additional medical data from physicians or hospitals.

ALL DATA CONFIDENTIAL.

We are required by law to keep such data confidential. It will be seen only by employees and authorized agents. This data may in certain circumstances be disclosed without your authorization. We may furnish such data to authorized federal or state agencies, consumer investigative service bureaus or others if part of our standard business practice or required by law.

ACCESS TO YOUR DATA.

You have the right to see or obtain a photocopy of your personal information, which we have. You also have the right to send us a

written request if you want any of your personal information to be amended, corrected or deleted. If you wish to have a more detailed explanation of our information practices, please contact Blue Cross and Blue Shield of Georgia Customer Service Department, PO Box 7368, Columbus, GA 31908-7368.



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Q-0007072-0602