Plan Design For: Bank of Travelers Rest
Effective Date: January 1, 2016

Benefits Highlights		
	In-network*	Out-of-Network**
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia	N/A	N/A
Deductible		
Single	$50	$50
Family	$150	$150
Annual Maximum	$1000	$1000
Orthodontia Maximum	N/A	N/A

**** The Participating Dental Agreement (PDA) Fee is a negotiated arrangement with network providers who have agreed to lower their charges.***
******Out-of-network reimbursement is based on the 90th percentile of charges filed.***

Covered Services	
Type	**Services**
Preventive	▪ Cleaning, scaling and polishing of teeth – twice per benefit year ▪ Oral Exams – twice per benefit year ▪ X-Rays - Bitewing – once per benefit year - Full mouth or Panoramic – once every three benefit years ▪ Fluoride treatment – twice per benefit year for persons under age 19 ▪ Space maintainers – for person under age 19 ▪ Pulp vitality tests and diagnostic casts ▪ Emergency palliative treatment for relief of pain ▪ Sealants on permanent teeth that have not had any fillings – for children between ages 6 through 15
Basic	▪ Repair of removable dentures ▪ Fillings consisting of amalgam and tooth-colored synthetic materials ▪ Simple extractions ▪ Pulp capping and root canal treatment ▪ General anesthesia when medically necessary and given in connection with covered dental surgery ▪ Oral Surgery ▪ Hemi-section ▪ Periodontal cleanings –once every three months after initial periodontal treatment is documented ▪ Surgical periodontic examination ▪ Apicoectomy ▪ Gingival curettage ▪ Gingivectomy and gingivoplasty ▪ Osseous surgery ▪ Mucogingivoplastic surgery ▪ Biopsies of oral tissue ▪ Management of acute infection and oral lesions
Major	▪ Inlays ▪ Crowns ▪ Onlays ▪ Removable dentures, complete and partial ▪ Fixed bridge repair ▪ Bridges – fixed and removable – every five years except necessary by loss or theft ▪ Relining or rebasing of removable dentures – only once after their installation or replacement
Orthodontia (Under the age of 19)	▪ Correction of dysfunctional malocclusion including diagnosis, models and radiographs ▪ Active treatment including necessary appliances ▪ Retention following active treatment

Flexible choices for you and your family

With your BlueCross dental benefit, you have the freedom to choose a provider when you receive treatment. You do not have to choose a primary dentist ahead of time. You don't need referrals for specialty care. You also do not have to visit the same dentist as your eligible dependents.

Do I need an ID card?

When you go to the dentist, present your ID card to make sure the dentist applies your benefits correctly. Your dentist can easily verify your coverage by calling the customer service numbers on the back of your ID card.

Why would I want to go to an in-network provider?

With BlueCross dental benefits, you receive benefits whether or not you and your eligible dependents visit a participating dentist. When you visit a participating dentist, you'll enjoy lower, out-of-pocket expenses as our providers have agreed to lower their fees.

Locating a participating dentist

> Visit www.SouthCarolinaBlues.com.
> Go to the Members section and click on Find a Provider.
> Type In Your Location.
> Type Dental in the Specialty Section.

Will I have to file my own claim?

Most dentists will file claims on your behalf. If your dentist doesn't, you can get a claim form from:
> Your Human Resource department
> Our website: www.SouthCarolinaBlues.com/members/forms/fileaclaim.aspx

How to get an estimate of coverage before treatment?

We recommend you have your dentist submit a request for a pre-treatment estimate for services in excess of $300. This often applies to Major Services. When your dentist suggests treatment, have your provider send an undated claim form along with the proposed treatment plan to BlueCross. We will send a pre-treatment estimate to you and your dentist detailing what services your plan will cover and how much it will pay.