

Plan Design For: National Wild Turkey Federation
Effective Date: January 1, 2018

Benefits Highlights		
	In-network*	Out-of-Network**
Class I – Preventive	100%	100%
Class II - Basic	80%	80%
Class III – Major	50%	50%
Deductible (Only applies to Basic and Major Services)		
Single		\$50
Family		(x3)
Annual Maximum	\$2,000 per member per benefit year	

* The Participating Dental Agreement (PDA) Fee is a negotiated arrangement with network providers.

**Out-of-network reimbursement is based on the 80th percentile of charges filed.

Covered Services		
Class Type	Services	
Preventive	<ul style="list-style-type: none"> ▪ Cleaning, scaling and polishing of teeth – twice per benefit year ▪ Oral Exams – twice per benefit year ▪ X-Rays <ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> ▪ Space maintainers – for person under age 19 ▪ Pulp vitality tests and diagnostic casts ▪ Emergency palliative treatment for relief of pain ▪ Sealants for children ages 6 through 15 – limited to once per lifetime per tooth
Basic	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Surgical periodontics examination ▪ Apicoectomy ▪ Gingival curettage ▪ Gingivectomy and gingivoplasty ▪ Osseous surgery ▪ Mucogingivoplastic surgery ▪ Biopsies of oral tissue ▪ Management of acute infection and oral lesions
Major	<ul style="list-style-type: none"> ▪ Inlays ▪ Crowns ▪ Onlays ▪ Removable dentures, complete and partial ▪ Fixed bridge repair ▪ Bridges – fixed and removable – every five years except necessary by loss or theft 	<ul style="list-style-type: none"> ▪ Complete relining or rebasing of removable dentures – once per lifetime ▪ Partial relining or rebasing of removable dentures – once every 3 years

Blue Dental Plan Features

To ensure all employees have access to the Blue Dental portfolio, employers can contribute between 5-100 percent of the employee premium. And Blue Dental plans only require 20 percent participation of eligible employees.

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 Find a Doctor on the right of the webpage and click on Get Started
- > Click on Browse Providers
- > Click on Search Dentist
- > Under Find a Dentist select how you would like to search for a Dentist

Will I have to file my own claim?

Participating network dentists will file the claim directly to BlueCross. With non-participating dentists, you may need to file the claim directly to BlueCross. In that case, you can get a claim form from:

- > Your Human Resource department or
- > Go to our website: www.southcarolinablues.com
Select Insurance Basics, then select "File a Claim" and then select "Dental". Please look at the back of your ID Card to see if your claims are filed in Greenville or Columbia.

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.