**Plan Design For: Bank of Travelers Rest**

Signature Date

**Plan Option: Open Access Plan - Option 1**

**Endodontics, Periodontics and Oral Surgery in Basic Class II**

**Effective Date: January 1, 2021**

*The following Benefit Summary is only a brief, non-legal outline of the benefits offered.*

|  |  |  |
| --- | --- | --- |
| **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 | $50 |
| **Family** | $150 | $150 |
| **Annual Maximum** | $1,000 per member per benefit year | |

***\* 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.***

|  |  |
| --- | --- |
| **Services Covered** | |
| **Class I - Preventive Services** | |
| * **Exams and Cleanings** (once every 6 months) * **Full Mouth X-Ray** (1 / every 3 benefit years) * **Bitewing X-Rays** (once every 6 months) * **Space Maintainers** for dependents underage 19 | * **Emergency Treatment for Pain** * **Fluoride** for dependents under age 19 (once every 6 months) * **Sealants** for dependents age 6 through 15 (1 / lifetime / tooth) * **Pulp Vitality Test and Diagnostic Casts** |
| ***In-Network Preventive Services do not apply to the Annual Maximum*** | |
| **Class II – Basic Services** | |
| * **Fillings** * **Anterior Fillings** - tooth-colored synthetic materials * **Posterior Fillings** - amalgam material * **Periodontal Cleanings** * **Pulp Capping** * **Root Canal Therapy** (1 / lifetime / tooth) * **General Anesthesia** * **Simple Extractions** * **Oral Surgery** | * **Hemisection** * **Apicoectomy** * **Gingival Curettage** * **Gingivectomy and Gingivoplasty** * **Osseous Surgery** * **Biopsies of Oral Tissue** * **Repair of Removable Dentures** |
| **Class III – Major Services** | |
| * **Inlays** (1 / 5 years) * **Crowns** (1 / 5 years) * **Onlays** (1 / 5 years) * **Removable Dentures** - complete and partial * **Complete Dentures** - relining or rebasing of removable dentures (1 / lifetime) | * **Partial Dentures** - relining or rebasing of removable dentures (1/ 3 years) * **Bridges** – fixed and removable (1 / 5 years) * **Fixed Bridge Repair** * **Implants** |

**Blue Dental SM Plan Features**

To ensure all employees have access to the Blue Dental SM portfolio, employers can contribute between 0% to a100% of the employee’s premium.

**Flexible Choices for you and your family**

With your Blue Dental SM 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 Dentist?**

With BlueCross Dental benefits, you receive benefits whether or not you and your eligible dependents visit an In-Network Dentist. When you visit an In-Network Dentist, you will usually pay lower out-of-pocket cost when you choose a Blue Dental SM In-Network Dentist.

**Locating an In-Network Dentist**

> Visit www.SouthCarolinaBlues.com

> Select Members at the top of the webpage

> Click on Find a Dentist

> Under Find a Dentist select how you would like to search for a Dentist

**Will I have to file my own claim?**

In-Network Dentists will file the claim directly to BlueCross.  With Out-of-Network 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 Members
* Select File a Claim under Find Forms and Documents
* Select Dental - Please look at the back of your ID Card to see if your claims are filed in Greenville or Columbia.

**How do I 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.

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