

Plan Design For: Group Name  
 Plan Option: Voluntary Select Plan - Option 2

Signature

Date

Endodontics, Periodontics and Oral Surgery in the Major Class III  
 Effective Date: January 1, 2024

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

Benefits Highlights		
	In-Network*	Out-of-Network**
<b>Class I - Preventive</b>	100%	80%
<b>Class II - Basic</b>	80%	60%
<b>Class III – Major ***</b>	50%	40%
<b>Class IV – Orthodontia ***</b>	50%	50%
<b>Deductible (Only applies to Out-of-Network Basic and Major Services)</b>		
<b>Single</b>	Does Not Apply	\$50
<b>Family</b>	Does Not Apply	\$150
<b>Annual Maximum</b>	\$1,000 per member per benefit year	
<b>Orthodontia Lifetime Maximum</b>	\$1,000 per dependent per lifetime	

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

\*\* Out-of-network reimbursement is based on the 90<sup>th</sup> percentile of charges of usual and customary rates.

\*\*\* When the employer contribution is less than 50% of the employee premium, there is a 12 month waiting period on major and orthodontia services for members who did not have prior dental coverage with the employer.

Services Covered	
<b>Class I - Preventive Services</b> (No Waiting Period)	
<ul style="list-style-type: none"> <li>Exams and Cleanings (2 / benefit year)</li> <li>Bitewing X-Rays (1 / benefit year)</li> <li>Emergency Treatment for Pain</li> </ul>	<ul style="list-style-type: none"> <li>Fluoride for dependents under age 19 (2 / benefit year)</li> <li>Sealants for dependents age 6 through 15 (1 / lifetime / tooth)</li> <li>Pulp Vitality Test and Diagnostic Casts</li> </ul>
<i>In-Network Preventive Services do not apply to the Annual Maximum</i>	
<b>Class II – Basic Services</b>	
<ul style="list-style-type: none"> <li>Fillings (tooth-colored synthetic or amalgam materials)</li> <li>Full Mouth X-Ray (1 / every 3 benefit years)</li> </ul>	<ul style="list-style-type: none"> <li>Periodontal Cleanings</li> <li>Simple Extractions</li> <li>Repair of Removable Dentures</li> <li>Space Maintainers for dependents under age 19</li> </ul>
<b>Class III – Major Services***</b>	
<ul style="list-style-type: none"> <li>Inlays (1 / 5 years)</li> <li>Crowns (1 / 5 years)</li> <li>Onlays (1 / 5 years)</li> <li>Removable Dentures - complete and partial</li> <li>Complete Dentures - relining or rebasing of removable dentures (1 / lifetime)</li> <li>Partial Dentures - relining or rebasing of removable dentures (1 / 3 years)</li> <li>Bridges – fixed and removable (1 / 5 years)</li> <li>Fixed Bridge Repair</li> <li>Hemisection</li> <li>General Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Biopsies of Oral Tissue</li> <li>Apicoectomy</li> <li>Gingival Curettage</li> <li>Gingivectomy and Gingivoplasty</li> <li>Oral Surgery</li> <li>Osseous Surgery</li> <li>Pulp Capping</li> <li>Root Canal Therapy (1 / lifetime / tooth)</li> </ul>
<b>Class IV – Orthodontia***</b> (Dependents Under age 19)	
<ul style="list-style-type: none"> <li>Correction of Dysfunctional Malocclusion - including diagnosis, models and radiographs</li> </ul>	<ul style="list-style-type: none"> <li>Active Treatment - including necessary appliances</li> <li>Retention following Active Treatment</li> </ul>

## Blue Dental <sup>SM</sup> Plan Features

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

### Flexible Choices for you and your family

With your Blue Dental <sup>SM</sup> 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 <sup>SM</sup> In-Network Dentist.

### Locating an In-Network Dentist

- > Visit [www.SouthCarolinaBlues.com](http://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](http://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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Periodontics and Oral Surgery in Basic Class III**  
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Coverage Tier	Rates
Individual	\$23.68
Family	\$83.50
Employee Plus Children	\$62.89
Employee Plus Spouse	\$48.53

**Rates include 10% commission.**

_____ Signature	_____ Date
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