

# Dental Prime for Individuals and Families

For Georgia



BlueCross BlueShield of Georgia

## Good health starts with a healthy mouth.

Taking care of your teeth and making regular visits to your dentist can help you stay healthy. How? The germs in an unhealthy mouth can affect the rest of the body. And regular dental checkups can help find early warning signs of health issues. That's one reason why it's so important to take good care of your teeth and gums.

## Dental Prime can help you get the care you need.

When you have the right dental benefits, you can have a better handle on your total health. That's why our Dental Prime plan offers:

- Exams, cleanings and X-rays covered 100%
- No waiting period for diagnostic and preventive services, such as cleanings, exams and X-rays
- A benefit for a brush biopsy which, together with a surgical biopsy, helps detect oral cancer
- An extra cleaning each year for those who are pregnant or living with diabetes

## Choose the plan that's right for you.

Our plans can help you get routine dental care and help you manage your health care costs. And with three options, you're bound to find the Dental Prime plan that's right for you and your family.

	Plan A		Plan B		Plan C	
<b>Deductible</b> (The amount you pay before we pay for any services, including diagnostic and preventive)	None		\$50 per person		\$50 per person	
<b>Annual maximum</b> (The most we will pay in one calendar year)	\$500 per person		\$1,000 per person		\$1,250 per person	
<b>Diagnostic and preventive care</b> (Such as cleanings, exams and X-rays)	100% covered		100% covered		100% covered	
<b>Extra cleanings</b>	Available to those who are pregnant or living with diabetes.					
<b>Basic treatment</b> (Such as fillings and simple tooth extractions)	Not covered		80% covered for fillings and simple tooth extractions.		80% covered for fillings and simple tooth extractions.	
<b>Brush biopsy</b>	Not covered		80% covered		80% covered	
<b>Major treatment</b> (Such as root canals, scaling, root planing, crowns, dentures and bridges)	Not covered		50% covered for root canals, scaling, root planing and complex surgical extractions. Crowns, dentures, bridges and orthodontics not covered.		50% covered for root canals, scaling, root planing, complex surgical extractions, crowns, dentures, bridges and implants. Orthodontics not covered.	
<b>Waiting periods</b>	Diagnostic and preventive care: No waiting period		Diagnostic and preventive care: No waiting period Basic treatment: 6 months Brush biopsy: 6 months Major treatment: 12 months		Diagnostic and preventive care: No waiting period Basic treatment: 6 months Brush biopsy: 6 months Major treatment: 12 months	
<b>Premiums</b> (Annual rates reflect a 5% discount when pre-paying annually)	Plan A		Plan B		Plan C	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
Individual	\$25.80	\$294.10	\$38.00	\$433.20	\$47.15	\$537.50
Individual + 1	\$50.15	\$571.70	\$73.85	\$841.90	\$91.65	\$1,044.80
Family	\$80.25	\$914.85	\$118.15	\$1,346.90	\$146.65	\$1,671.80

Dental rates apply to members under age 65 and are subject to change. Rate information for members 65+ is available upon request.

To find a dentist near you, go to [BCBSGaDentalAdmin.com](http://BCBSGaDentalAdmin.com) and click on **Enroll Now**. Enter ZIP code, coverage type and date of birth. Click **Get Quote**, then **Dentist Search**.

## Save time and money with smart dentist choices.

While all three plans allow you to go to any dentist, you can save money by choosing a participating dentist.

	Participating dentist	Non-participating dentist
What you pay the dentist	<ul style="list-style-type: none"> <li>Your deductible.</li> <li>The percentage that's not covered by your insurance.</li> </ul>	<ul style="list-style-type: none"> <li>Your deductible.</li> <li>The percentage that's not covered by your insurance.</li> <li>The amount the dentist charges above the total amount we allow to be paid for a service.</li> </ul>
Claims paperwork	<ul style="list-style-type: none"> <li>Your dentist submits claims to us.</li> <li>We pay the dentist directly.</li> </ul>	<ul style="list-style-type: none"> <li>You or your dentist may submit your claims to us.</li> <li>We pay you or your dentist back for covered expenses.</li> </ul>

You may pay more for dental care if you choose a non-participating dentist. Here's why:

- Participating dentists** have agreed to payment rates for services and cannot charge you more than the agreed upon rate. If you have coinsurance or a deductible, you pay those amounts.
- Non-participating dentists** don't have a contract with us. They can charge you the difference between the total amount we allow to be paid for a service and the amount they normally charge for a service (plus your coinsurance or deductible).

## Get started with Dental Prime.

It's easy to sign up. You can fill out a form online or by hand.

- Go to [BCBSGaDentalAdmin.com](http://BCBSGaDentalAdmin.com).
- Or fill out and sign the Dental Prime application form. Then give your completed form to your agent or mail it to us at:

Dental Enrollment Department  
P.O. Box 1193  
Minneapolis, MN 55440-1193

If you have any questions or need help with your application, talk to your Blue Cross and Blue Shield of Georgia representative or call us at 877-567-1807.

This is only a brief description of some plan terms and benefits. Please refer to your Dental Benefit Policy for more complete details including benefits, limitations and exclusions.

### Dental exclusions

This is a partial list of dental plan exclusions. Please see the individual dental plan contract for a complete list.

New or unproven dental techniques or services · Dental services performed for cosmetic purposes · Dental services completed prior to the date the covered person became eligible for coverage · Services of anesthesiologists · Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines, or drugs for non-surgical or surgical dental care · Dental services performed other than by a licensed dentist, licensed physician, his or her employees · Any material grafted onto bone or soft tissue, including procedures necessary for guided tissue regeneration · Orthodontic treatment services · Case presentations, office visits and consultations · Incomplete, interim or temporary services · Corrections of congenital conditions during the first 24 months of continuous coverage under this policy · Athletic mouth guards, enamel microabrasion and odontoplasty · Procedures designed to enable prosthetic or restorative services to be performed such as a crown lengthening · Bacteriologic tests · Separate services billed when they are an inherent component of a dental service · Pediatric removable or fixed prosthetic appliances · Services for the replacement of an existing partial denture with a bridge · Oral hygiene instruction · Diagnostic casts · Incomplete root canals · Sinus augmentation · Recement space maintainers · Consultations · Orthodontic services

# Blue View Vision<sup>SM</sup>

This vision option is available only when packaged with Dental Prime for Individuals and Families.

## Blue View Vision can help you get the vision care you need – without breaking your budget.

Vision care isn't just for people who wear eyeglasses or contacts. Routine eye exams are an important part of protecting your vision and your overall health. Did you know?

- Eye exams can help detect other health problems like diabetes, high blood pressure and high cholesterol.<sup>1</sup>
- Eye diseases often have no warning signs. Because of that, many people don't know they might have a chance of their vision getting worse or of blindness.<sup>2</sup>
- One in four children has an undetected vision problem that can affect his or her ability to read and learn.<sup>3</sup>

## Here are some reasons to choose Blue View Vision:

- **You have access to eye doctors close to you.**

There are more than 30,000 eye doctors and more than 25,000 locations in Blue View Vision. They include national retail stores like LensCrafters®, Sears Optical<sup>SM</sup>, Target Optical®, JCPenney® Optical, and most Pearle Vision® locations. If you don't already have a favorite, you can quickly find one online at [bcbsga.com](http://bcbsga.com).

If you use an eye doctor who's not participating, you're still covered. Benefits from non-participating providers are different – see table on next page. You'll be asked to pay the full cost of the services you receive at your visit. Then mail a Blue View Vision claims form and your receipt to us and we'll pay you back for what the plan covers.

- **You'll get great benefits from participating providers.**

Blue View Vision plans cover things like factory scratch coating on standard/basic eyeglass lenses at no extra cost. And children under age 19 can get UV-blocking Transitions® lenses and impact-resistant polycarbonate lenses at no extra charge.

- **It's simple to use your plan.**

Just make an appointment with a participating eye doctor and show your member ID card when you arrive.<sup>4</sup> If you don't have your member ID card, don't worry. Your doctor can look up your ID number online if he or she is participating with Blue View Vision.

- **You save even more with extra discounts from participating providers.**

Want an eyeglass frame that costs more than your plan covers? You'll save 20% off the balance.<sup>5</sup> Want extra pairs of glasses, conventional contact lenses or prescription sunglasses? You'll save 15% to 40% on those. Plus, these discounts are unlimited and are in addition to your benefits for the coverage period.

- **You've got support after normal business hours.**

Because you may see your eye doctor during evenings or weekends, we're open to help you at those times, too. You can call us Monday through Saturday, 7:30 a.m. to 11 p.m., and Sunday, 11 a.m. to 8 p.m., Eastern time.

Blue View Vision makes it easy and convenient to get vision care when you need it. And the extra discounts we offer help make it even more affordable for you. Check out the benefits and rates listed below.

Vision care services	Benefit frequency	Participating services	Non-participating reimbursement
Eye exam (with dilation as needed)	Once every 12 months	\$20 copay	Up to \$30
Standard plastic (CR39) lenses*	Once every 24 months		
Single vision		\$20 copay	Up to \$25
Bifocal		\$20 copay	Up to \$40
Trifocal (FT 25-28)		\$20 copay	Up to \$55
Contact lenses	Once every 24 months		
Elective (conventional and disposable)		\$80 allowance	Up to \$60
Non-elective		Covered in full	Up to \$210
Frames	Once every 24 months	\$130 allowance	Up to \$45

\* Factory scratch coating is covered at no extra cost. Polycarbonate and Transitions® lenses are covered for dependent children under 19 with no extra charge.

Premiums (Annual rates reflect a 5% discount when pre-paying annually)	Monthly	Annual
Individual	\$8.22	\$93.75
Individual + 1	\$14.39	\$164.07
Family	\$23.03	\$262.51

Rates are subject to change.

Keep in mind this is a brief overview of the vision plan's terms and features. Your Summary of Benefits will contain the details.

## Ready to get started?

You can add Blue View Vision to your Dental Prime plan. Simply fill out the form online or by hand.

- Go to [BCBSGaDentalAdmin.com](http://BCBSGaDentalAdmin.com).
- Or fill out and sign the Dental Prime application form. Then give your completed form to your agent or mail it to us at:

Dental Enrollment Department  
P.O. Box 1193  
Minneapolis, MN 55440-1193

If you have any questions or need help with your application, talk to your Blue Cross and Blue Shield of Georgia representative or call us at 877-567-1807.

### Vision plan benefit exclusions

We will not provide benefits for any of the following:

- Vision care services not specifically listed in the policy.
- If you receive elective or non-elective contact lenses then no benefits will be available for eyeglass lenses until you satisfy the benefit frequency listed above.
- Sunglasses, safety glasses and accompanying frames
- Non-prescription or plano lenses
- Two pairs of glasses in lieu of bifocals
- Fitting or dispensing fees
- Non-elective contact lenses unless they are for the following diagnoses:
  - Keratoconus where the patient is not correctable to 20/40 in either or both eyes using standard spectacle lenses.
  - High Ametropia exceeding -12D or +9D in spherical equivalent.
  - Anisometropia of 3D or more.
- Patients whose vision can be corrected three lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses

Your dental deductible, limitations, and waiting periods do not apply to vision care services in this rider.

- 1 All About Vision website: Why Are Eye Exams Important? (Jan 2013): [allaboutvision.com/eye-exam/importance.htm](http://allaboutvision.com/eye-exam/importance.htm)
- 2 American Academy of Ophthalmology eyeSmart website: Symptom - Reduced Vision (January 2013) [geteyesmart.org/eyesmart/symptoms/reduced-vision.cfm](http://geteyesmart.org/eyesmart/symptoms/reduced-vision.cfm)
- 3 Transitions Optical, Inc. Eye Didn't Know That! website: For Parents (2013): [eyedidntknowthat.info/for-parents](http://eyedidntknowthat.info/for-parents)
- 4 Selecting non-participating providers will result in higher costs to you. Make sure the provider you select is participating to maximize your benefits.
- 5 Discounts do not apply on frames for which a manufacturer has imposed a no-discount policy.