

# BLUECARE DENTAL<sup>SM</sup> 51

WITH ORTHODONTIA



BlueCross BlueShield  
of Montana

[www.bcbsmt.com](http://www.bcbsmt.com)

To learn more, call Blue Cross and Blue Shield of Montana at 1-800-447-7828 or your local agent.

Certain terms in the Outline of Coverage and Member Guide are listed in the Definitions section. Defined terms are capitalized.

## Outline of Coverage | 2023

<b>Benefit Period</b>	Calendar Year	
<b>Annual Maximum Benefit Amount</b>	\$1,000 per Participant, per benefit period	
<b>Orthodontia Lifetime Maximum</b>	\$1,000 per Participant	
<b>Deductible</b>	Individual: \$50	Family: \$150

## BCBSMT Contracting Provider Networks

**Contracting Dentists (In-Network)** – Dentists in the BCBSMT participating dental network accept the BCBSMT allowable fee, in addition to the Deductible and Coinsurance Amount, as payment in full for covered services. These Dentists will submit claims for you.

**Non-Contracting Dentists (Out-of-Network)** – Non-Contracting Dentists have not contracted with BCBSMT and are under no obligation to submit claims for you. They may also bill you the difference between the allowable fee and their charge (balance billing), in addition to any Deductible and Coinsurance Amount.

**Finding Contracting Dentists** – To locate Contracting Dentists in Montana, check our on-line Provider directory at [www.bcbsmt.com](http://www.bcbsmt.com), or contact Customer Service at 1-866-739-4090.

**Participants Rights:** When requested by the Participant or the Participant's agent, BCBSMT is required to provide a summary of a Participant's coverage for a specific dental care service or Course of Treatment when an actual charge or estimate of charges by a dental care Provider exceeds \$500.

Covered Services	The Plan will pay Contracting Dentists	The Plan will pay Non-Contracting Dentists	Important Information
Diagnostic Evaluations ( <i>Deductible Waived</i> )	100%	100%	<p><b>Annual Maximum Benefit Amount:</b> The maximum amount the Plan will pay in one benefit period. Any balance owed above this amount is the Participant's responsibility.</p> <p><b>Deductible:</b> The dollar amount each Participant must pay for covered dental expenses incurred during the benefit period before BCBSMT will make payment for any covered dental expense to which the Deductible applies.</p> <p><b>Coinsurance Amount:</b> The percentage of the allowable fee payable by the Participant.</p> <p><b>Rating Factors and Trend:</b> The following factors are used in setting rates: the income and claims experience for the 12 months prior to rating calculations for the category of product being rated, the benefit difference for the deductible and coinsurance relationship for the specific products in a product category, the projected claims, income and enrollment for the next 12-month rating period, projected expenses for the plan of the next rating period, and/or age of the application or subscriber, industry, and risk characteristics. The trend of premium increases during the preceding five years is: 2018 – 2%, 2019 – 2%, 2020 – 5%, 2021 – 0%, 2022 – 0%. Your estimated premium will be _____.</p>
Preventive Services ( <i>Deductible Waived</i> )	100%	100%	
Diagnostic Radiographs ( <i>Deductible Waived</i> )	100%	100%	
Miscellaneous Preventive Services ( <i>Deductible Waived</i> )	100%	100%	
Basic Restorative Services	80%	80%	
Non-Surgical Extractions	80%	80%	
Non-Surgical Periodontal Services	80%	80%	
Adjunctive Services	80%	80%	
Endodontic Services	80%	80%	
Oral Surgery Services	80%	80%	
Surgical Periodontal Services*	80%	80%	
Major Restorative Services*	50%	50%	
Prosthetic Services*	50%	50%	
Miscellaneous Restorative and Prosthetic Services*	50%	50%	
Implants	Not Covered	Not Covered	
Orthodontia ( <i>Deductible Waived</i> ) Limiting Age: 19	50%	50%	

\*A 12-month waiting period applies to these services only.

This information is only a summary of benefits. For more detailed information, refer to your Certificate of Coverage. Benefits and general provisions described herein are subject to the terms of the Group Contract and Certificate of Coverage.

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**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعدك أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જા તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બાજી વ્યાકૃતને એસ બી એમ કાયદમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાની હક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर काल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago la'da biká anánílwo'ígíí, na'ídílkidgo, ts'idá bee ná ahóótí'i' t'áá níik'e níká a'doolwoł dóó bína'ídílkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.