BLUECARE DENTALSM 49



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

www.bcbsmt.com

Outline of Coverage 2023				
Benefit Period	Calendar Year (January 1 - December 31)			
Annual Maximum Benefit Amount	\$1,000 per Participant, per benefit period			
Deductible	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, 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.

Dentists Dentists amount the Plan will pay in one bene balance owed above this amount is to responsibility. Diagnostic Radiographs (Deductible Waived) 100% 100% 100% 100% 100% 100% 100% 100		· ·			
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	Implants	Not a Benefit	Not a Benefit		
	Orthodontia	Not a Benefit	Not a Benefit	Your estimated premium will be	

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h Participant must curred during the make payment for ch the Deductible

tage of the allowable

lowing factors are d claims experience culations for the benefit difference for tionship for the ory, the projected ne next 12-month or the plan of the next lication or subscriber, ne trend of premium years is: 2018 - 2%, 6), 2022-0%.

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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^{*}A 12-month waiting period applies to these services only.