



# BlueCross BlueShield of Montana

To learn more, call Blue Cross and Blue Shield of Montana at 800.447.7828 or your local agent.

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

## BLUECARE DENTAL<sup>SM</sup> 1A

### Outline of Coverage | 2015

<b>Benefit Period</b>	Calendar Year (January 1 - December 31)	
<b>Maximum Benefit Amount</b>	\$1,500 per member, per benefit period (Does not include services provided to Members under age 19)	
<b>Deductible</b>	Individual: \$50	Family: \$150
<b>Out-of-Pocket Maximum</b>	<b>1 child</b>	\$350
	<b>2+ children</b>	\$700

### BCBSMT Participating Provider Networks

**Participating Providers (In-Network)** - BCBSMT has a participating dental network.

**Nonparticipating Providers (Out-of-Network)** - Nonparticipating Providers have not contracted with BCBSMT to provide services at negotiated rates, and your out of pocket expenses can be significantly higher. These providers are under no obligation to submit claims for you.

**Finding Participating Providers** - To locate Participating Providers 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. Be sure to have your subscriber identification number available when you call.

**Members Rights:** When requested by the Member or the Member's agent, BCBSMT is required to provide a summary of a Member'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 Participating Providers	The Plan will pay Non-Participating Providers
Diagnostic Evaluations - <i>(Deductible Waived)</i>	100%	100%
Preventive Services - <i>(Deductible Waived)</i>	100%	100%
Diagnostic Radiographs - <i>(Deductible Waived)</i>	100%	100%
Miscellaneous Preventive Services	80%	80%
Basic Restorative Services	80%	80%
Non-Surgical Extractions	80%	80%
Adjunctive Services	80%	80%
Non-Surgical Periodontal Services	80%	80%
Endodontic Services	80%	80%
Oral Surgery Services	80%	80%
Surgical Periodontal Services*	80%	80%
Major Restorative Services*	50%	50%
Prosthodontic Services*	50%	50%
Miscellaneous Resortative and Prosthodontic Services*	50%	50%
Medically Necessary Pediatric Orthodontic Services	50%	50%

### Important Information

**Maximum Benefit Amount:** The maximum amount the Plan will pay in one benefit period. Any balance owed above this amount is the member's responsibility.

**Deductible:** The dollar amount each Member 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.

**Note:** Any service for which you received benefits under your medical benefit plan is not covered under this plan.

**Out-of-Pocket Amount (for children under age 19):** The total amount of deductible and coinsurance that you would pay in a single benefit period. Once the out-of-pocket amount is met, the Plan pays 100% of the allowable fee on all covered services that apply to the out-of-pocket amount. Any amount you pay for balances owed to nonparticipating providers, does not apply to the out-of-pocket amount.

**Coinsurance:** After the Plan pays for covered dental expenses, coinsurance is the percentage of the allowable fee payable by the Member.

**Rating Factors and Trend:** The following factors are used in setting rates: the income and claims experience for the 12 months prior to rating calculations for their category of product being rated, the benefit difference for the deductible and copayment 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 in 2010 - 13%, 2011 - 7%, 2012-0%, 2013 - 0%, 2014 - 0%.

\*For members 19 years of age and older, 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 contract. Benefits and general provisions described herein are subject to the terms of the Member Guide or Group Contract.