

# Discount Dental Program

**Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. are pleased to offer you special discounts on dental services. We bring you these discounted services as an added feature of your policy.**



We are committed to providing our customers with a wide selection of choices to meet your healthcare needs. As part of this commitment, we believe that wellness and preventive care ensures better health for you and reduced medical costs for everyone. That's why we've made available a special network of dental providers to bring you the extra care you deserve at a fraction of the cost.

## Automatic Membership

As a Blue Cross or HMO Louisiana subscriber, you and your covered family members are automatically eligible for these discounted fees. Simply present a valid member ID card to one of the providers in our discount network, and you will immediately receive significant savings!

## Freedom from Paperwork

You can take advantage of these discounts at the time of service. Since this is a discount program only, there are no claim forms, no deductibles and no waiting for reimbursement.

### PROGRAM HIGHLIGHTS

- full spectrum of dental services
- discounts for all covered family members
- no limit on the number of dental visits



**BlueCross BlueShield  
of Louisiana**

An independent licensee of the Blue Cross and Blue Shield Association.

**Your Health. Our Commitment.**

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company

# Dental Fee Schedule *(effective Oct. 1, 2010)*

CODES	DESCRIPTIONS	BCBSLA DISCOUNTED FEE
<b>DIAGNOSTIC</b>		
120	Periodic Oral Examination	\$22.00
140	Limited Oral Examination - Problem-Focused	36.30
150	Comprehensive Oral Examination	36.30
160	Detailed and Extensive Oral Evaluation	62.23
180	Comprehensive Periodontal Evaluation	36.30
210	Intraoral - Complete Series (Including Bitewings)	66.00
220	Intraoral - Periapical - First Film	13.20
230	Intraoral - Periapical - Each Additional Film	8.80
240	Intraoral - Occlusal Film	16.50
250	Extraoral - First Film	27.50
260	Extraoral - Each Additional Film	22.00
270	Bitewing - Single Film	12.10
272	Bitewings - Two Films	19.80
274	Bitewings - Four Films	28.60
277	Vertical Bitewings - 7 to 8 Films	37.34
330	Panoramic Film	55.00
470	Diagnostic Casts	45.64
1110	Prophylaxis - Adult	44.00
1120	Prophylaxis - Child	33.00
1203	Topical Application of Fluoride (Prophylaxis Not Included) - Child	16.07
1204	Topical Application of Fluoride (Prophylaxis Not Included) - Adult	16.07
1351	Sealant - Per Tooth	24.20
1510	Space Maintainer-Fixed Uni	176.00
1515	Space Maintainer-Fixed Bilat	220.00
2140	Amalgam Restorations - One Surface, Permanent	63.80
2150	Amalgam Restorations - Two Surfaces, Permanent	79.87
2160	Amalgam Restorations - Three Surfaces, Permanent	95.70
2161	Amalgam Restorations - Four or More Surfaces, Permanent	110.00
2330	Resin Restorations - One Surface, Anterior	71.50
2331	Resin Restorations - Two Surfaces, Anterior	88.00
2332	Resin Restorations - Three Surfaces, Anterior	110.00
2335	Resin Restorations - Four or More Surfaces or Involving Incisal	126.50
2390	Resin-based Composite Crown, Anterior	126.50
2391	Resin-based Composite - One Surface, Posterior	77.00
2392	Resin-based Composite - Two Surfaces, Posterior	110.00

CODES	DESCRIPTIONS	BCBSLA DISCOUNTED FEE
<b>DIAGNOSTIC (Cont.)</b>		
2393	Resin-based Composite - Three Surfaces, Posterior	134.83
2394	Resin-based Composite - Four or More Surfaces, Posterior	143.00
<b>CROWN AND BRIDGE BASE FEE</b>		
2710	Crown - Resin (Indirect)	265.39
2720	Crown - Resin With High Noble Metal	530.79
2721	Crown - Resin With Predominantly Base Metal	499.07
2722	Crown - Resin With Noble Metal	450.43
2740	Crown Restorations - Porcelain/Ceramic Substrate	638.00
2750	Crown Restorations - Porcelain Fused to High Noble Metal	605.00
2751	Crown Restorations - Porcelain Fused to Predominantly Base Metal	544.50
2752	Crown Restorations - Porcelain Fused to Noble Metal	561.00
2780	Crown - 3/4 Cast High Noble Metal	581.54
2781	Crown - 3/4 Cast Predominantly Base Metal	412.37
2782	Crown - 3/4 Cast Noble Metal	475.81
2783	Crown - 3/4 Porcelain/Ceramic	602.69
2790	Crown Restorations - Full Cast High Noble Metal	605.00
2791	Crown-Full Cast Predominantly Base Metal	517.05
2792	Crown-Full Cast Noble Metal	555.11
2920	Recement Crown	48.74
2930	Prefabricated Stainless Steel Crown - Primary Tooth	147.29
2931	Prefabricated Stainless Steel Crown	176.00
2932	Prefabricated Resin Crown	153.51
2933	Prefabricated Stainless Steel Crown With Resin Window	160.77
2940	Sedative Filling	49.79
2950	Core Build-Up, Including Any Pins	132.76
2951	Pin Retention - Per Tooth, in Addition to Restoration	25.94
2952	Cast Post and Core in Addition to Crown	181.52
2954	Prefabricated Post and Core in Addition to Crown	168.03
<b>ENDODONTICS</b>		
3110	Pulp Cap - Direct (Excluding Final Restoration)	33.19
3120	Pulp Cap - Indirect (Excluding Final Restoration)	32.16
3220	Therapeutic Pulpotomy (Excluding Final Restoration)	88.16

CODES	DESCRIPTIONS	BCBSLA DISCOUNTED FEE
<b>ENDODONTICS (Cont.)</b>		
3310	Root Canal Therapy, Anterior (Excluding Final Restoration)	370.28
3320	Root Canal Therapy, Bicuspid (Excluding Final Restoration)	439.77
3330	Root Canal Therapy, Molar (Excluding Final Restoration)	565.28
3348	RETX Previous RC Therapy - Molar	700.12
4260	OSSEOUS Surgery 4/>CNTIG Teeth Quad	649.30
<b>PERIODONTICS</b>		
4341	Periodontal Scaling and Root Planing - Per Quadrant	115.50
4342	Periodontal Scaling and Root Planing - 1-3 Teeth	83.89
4355	Full Mouth Debridement - Comprehensive Periodontal Evaluation	82.50
4910	Periodontal Maintenance Procedures (Following Active Therapy)	74.80
<b>PROSTHODONTICS</b>		
5110	Complete Denture - Maxillary Exclude Extract	730.40
5120	Complete Denture - Mandibular Exclude Extract	730.40
5130	Immediate Denture - Maxillary	756.80
5140	Immediate Denture - Mandibular	756.80
5211	Maxillary Partial Denture - Resin Base	605.00
5212	Mandibular Partial Denture - Resin Base	643.07
5213	Maxillary Partial Dentures - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	836.00
5214	Mandibular Partial Dentures - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	836.00
5281	Metal (Including Clasps & Teeth)	486.45
5510	Repair Broken Complete Denture Base	88.00
5520	Replace Missing or Broken Teeth - Complete	77.00
5610	Repair Resin Denture Base Dental	88.16
5650	Add Tooth to Existing Partial Denture	98.53
5660	Add Clasp to Existing Partial Denture	129.66
5710	Rebase - Complete Maxillary Denture	274.86
5711	Rebase - Complete Lower	300.79
6240	Pontic - Porcelain Fused to High Noble Metal	605.00
6241	Bridge Pontic - Porcelain Fused to Predominantly Base Metal	522.76
6242	Bridge Pontic - Porcelain Fused to Noble Metal	572.00
6750	Bridge Retainer - Crown - Porcelain Fused to High Noble Metal	632.50

CODES	DESCRIPTIONS	BCBSLA DISCOUNTED FEE
<b>PROSTHODONTICS (Cont.)</b>		
6751	Crown - Porcelain Fused to Predominantly Base Metal	532.90
6752	Bridge Retainer - Crown - Porcelain Fused to Noble Metal	577.50
6930	Recement Fixed Partial Denture	64.31
<b>ORAL SURGERY</b>		
7111	Coronal Remnants - Deciduous Tooth	55.00
7140	Extraction, Erupted Tooth or Exposed Root	71.50
7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	148.03
7220	Removal of Impacted Tooth - Soft Tissue	170.23
7230	Removal of Impacted Tooth - Partially Bony	198.00
7240	Removal of Impacted Tooth - Completely Bony	247.50
7241	Removal of Impacted Tooth - Completely Bony with Surgery Component	370.07
7250	Surgical Removal Residual Tooth Roots	148.03
7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	88.00
8080	Comp Orthodont TX Adoles Dentition	453.51
<b>ADJUNCTIVE GENERAL SERVICES</b>		
9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	42.52
9310	Consultation (Diagnostic Service Provided by Dentist or Physician Other Than Practitioner Providing Treatment)	46.67
9910	Application of Desensitizing Medicament	24.20
9951	Occlusal Adjustment - Limited	49.50
<b>ORTHODONTICS</b>		
	Class I Treatment	3,185
	Class II Treatment	3,185
	Class III Treatment	3,325

(The orthodontist will explain the length of treatment, all fees and the payment schedule. The orthodontic fees apply to subscribers of all ages and include cost of initial exam, records, placement of appliances, treatment of two years (24 months), removal of appliances and placement of retainer. These fees do not include the cost of retainer, which is to be paid by the subscriber. These fees are not available to any subscriber currently in treatment. Any orthodontic treatment that requires surgery or unusual services may require additional charges.)

## Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. have contracted with Louisiana dentists to bring you discounted fees for services through a special dental network. These discounts aren't available to policyholders with dental contracts.

### HOW IT WORKS

As a Blue Cross and Blue Shield of Louisiana or HMO Louisiana member, discounted fees for dental services are automatically available to you. Savings begin on the effective date of your policy. Please refer to the fee schedule in this brochure outlining dental services available and the discounted fees you pay directly to your participating dentist for these services. There are no claims to file.

When you need dental care, select any dentist on the list (see below for instructions) and call to schedule an appointment. Tell them you are a Blue Cross and Blue Shield of Louisiana or HMO Louisiana member and present your ID card at your appointment.

### WHO IS ELIGIBLE?

As a Blue Cross and Blue Shield of Louisiana or HMO Louisiana member, you and your covered family members are eligible for these discounted fees.

### SERVICES

You pay the participating dentist directly when services are rendered.

### FEES

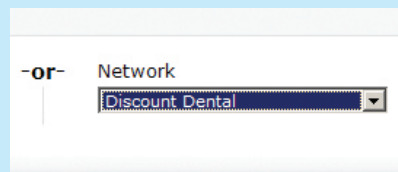
For services not listed on the discount fee schedule, our providers agree to give plan subscribers a 10 percent discount from the provider's usual fees that are ordinarily charged to other patients for the same or similar services.

If long-term treatment is necessary, you should discuss treatment and payment arrangements with your dentist.

### DISCOUNT PROVIDERS

To find a discount provider near you,

- 1 Go to [www.bcbsla.com](http://www.bcbsla.com)
- 2 Click on "FIND A DOCTOR OR DRUG"
- 3 Click Doctor & Hospital Search
- 4 Select "Discount Dental"
- 5 Enter your City, Parish or ZIP and click SEARCH



The image shows a screenshot of a search interface. On the left, there is a radio button labeled "-or-". To its right is a dropdown menu with the text "Network" above it. The dropdown menu is open, and "Discount Dental" is selected and highlighted in blue.

### LIMITATIONS AND EXCLUSIONS

Participating dentists will not provide any treatment the attending dentist deems unnecessary for the patient's dental health and any treatment that cannot be performed because of the general health of the patient.

The discounted fees do not apply to treatment for injuries or conditions covered under Workers' Compensation or employer liability laws, automobile, medical, no-fault or similar types of insurance services provided without cost to the patient by any parish, municipality or other political subdivision.

Discounts apply only when treatment is performed at a participating dentist's office. Discounts do not apply to services performed by a non-participating dentist or in a hospital. In these cases, patients are responsible for the regular fees.

Discounted fees do not apply to dental treatments already in progress, although participating dentists may opt to make special arrangements to assume treatment in progress. Fees for assumption of treatment should be negotiated by dentist and patient.

Discounted fees are available as long as your Blue Cross and Blue Shield of Louisiana or HMO Louisiana, Inc. policy is valid and this program is still in place. If your policy lapses or expires, these discounts no longer apply.

If you select a non-participating dentist, you are responsible for the non-participating dentist's regular fees. Any licensed dentist is eligible to participate in the Discount Dental Network, and can apply directly to the Blue Cross and Blue Shield of Louisiana office. Participation is contingent on acceptance and notification by Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.

While Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. do not insure or provide contract benefits for these dental, vision and hearing services, we've arranged for discounted fees with certain providers. This is an informational brochure only and is not a contract nor intended to be construed as a contract.