

# GROUP DENTAL COVERAGE

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Blue Cross and Blue Shield of Louisiana has a dental contract option for employers with two or more full-time employees. The program features six plans that include these dental services:

- **PREVENTIVE AND DIAGNOSTIC** — examinations, fluoride treatment and cleaning
- **ORAL SURGERY** — extractions and root recovery
- **PROSTHODONTICS** — crowns and dentures
- **PERIODONTICS** (treatment of the gums) — gingivectomy and/or gingivoplasty, periodontal scaling and root planing
- **SIMPLE RESTORATIVE** — filling of cavities and root canal
- **COMPLEX RESTORATIVE** — crowns and jackets, inlays, and prosthodontics (fixed bridges, complete and partial dentures)
- **ORTHODONTICS** — correction of bite problems, braces to age 19

### Choose the plan that is right for your group:

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Deductible per benefit period*	\$50	\$50	\$100	\$50	\$50	\$100
Maximum benefits per benefit period*	\$1,500	\$1,000	\$1,000	\$1,500	\$1,000	\$1,000
Oral surgery	80%	80%	80%	80%	80%	80%
Diagnostic & Preventive (deductible waived)	100%	100%	100%	100%	100%	100%
Simple Restorative	80%	80%	80%	80%	80%	80%
Complex Restorative	60%	50%	50%	60%	50%	50%
Prosthodontics	60%	50%	50%	60%	50%	50%
Periodontics	80%	80%	80%	80%	80%	80%
Orthodontics (not subject to benefit period* maximum)	Not covered	Not covered	Not covered	60% up to \$1,500 lifetime ortho. max	50% up to \$1,000 lifetime ortho. max	50% up to \$1,000 lifetime ortho. max

Class of Coverage	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Employee Only	\$27.20	\$23.70	\$21.10	\$27.50	\$23.90	\$21.30
Employee & Minor	\$51.60	\$45.10	\$40.10	\$56.30	\$49.10	\$43.70
Employee & Spouse	\$54.30	\$47.40	\$42.20	\$55.00	\$47.90	\$42.60
Family	\$86.90	\$75.90	\$67.50	\$95.10	\$82.80	\$73.80

\*based on calendar year

Optional dental contract refers to contract #40XX0541.



**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

## KEY DENTAL NETWORK

The Key Dental Network is a network of dentists linked together through a business relationship with Blue Cross to bring our members a more cost-effective dental plan.

- The Key Dental Network continues to give members the freedom to choose their own dentist.
- All participating dentists have agreed to accept the Blue Cross payment, plus the member's deductible and coinsurance, as payment in full for covered services. They will not bill for any balance over that amount. All claims payments go directly to the participating dentist for covered services rendered.
- If a member chooses a non-participating dentist, he or she may have to file their own claims and may be responsible for paying the dentist for all charges, including any difference between the Blue Cross allowable charge and the fee charged by the dentist. All claims payments for covered services of non-participating dentists will be paid to the member.
- All benefits are based on allowable charges for covered services.

Members have predictable and manageable out-of-pocket expenses when they use the services of a participating dentist. Additionally, they can be assured of efficient claims filing by the participating dentists and prompt claims payment by Blue Cross.

## DENTAL WAITING PERIOD

There is no waiting period for diagnostic and preventive benefits. All other benefits are usually subject to a 90-day waiting period (except for services rendered for treatment of accidental injuries.) When replacing another group plan, this waiting period may be waived for initial enrollees who had dental coverage under the previous plan. Credit may be given for time served under a previous carrier. Subsequent enrollees must serve the waiting period.

Please refer to your contract for your waiting period.

## DENTAL EXCLUSIONS AND LIMITATIONS

- dental care in progress before the effective date
- transplants or implants or services of a doctor of medicine (M.D.)

Please refer to the contract for a complete listing of other dental exclusions and limitations.



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