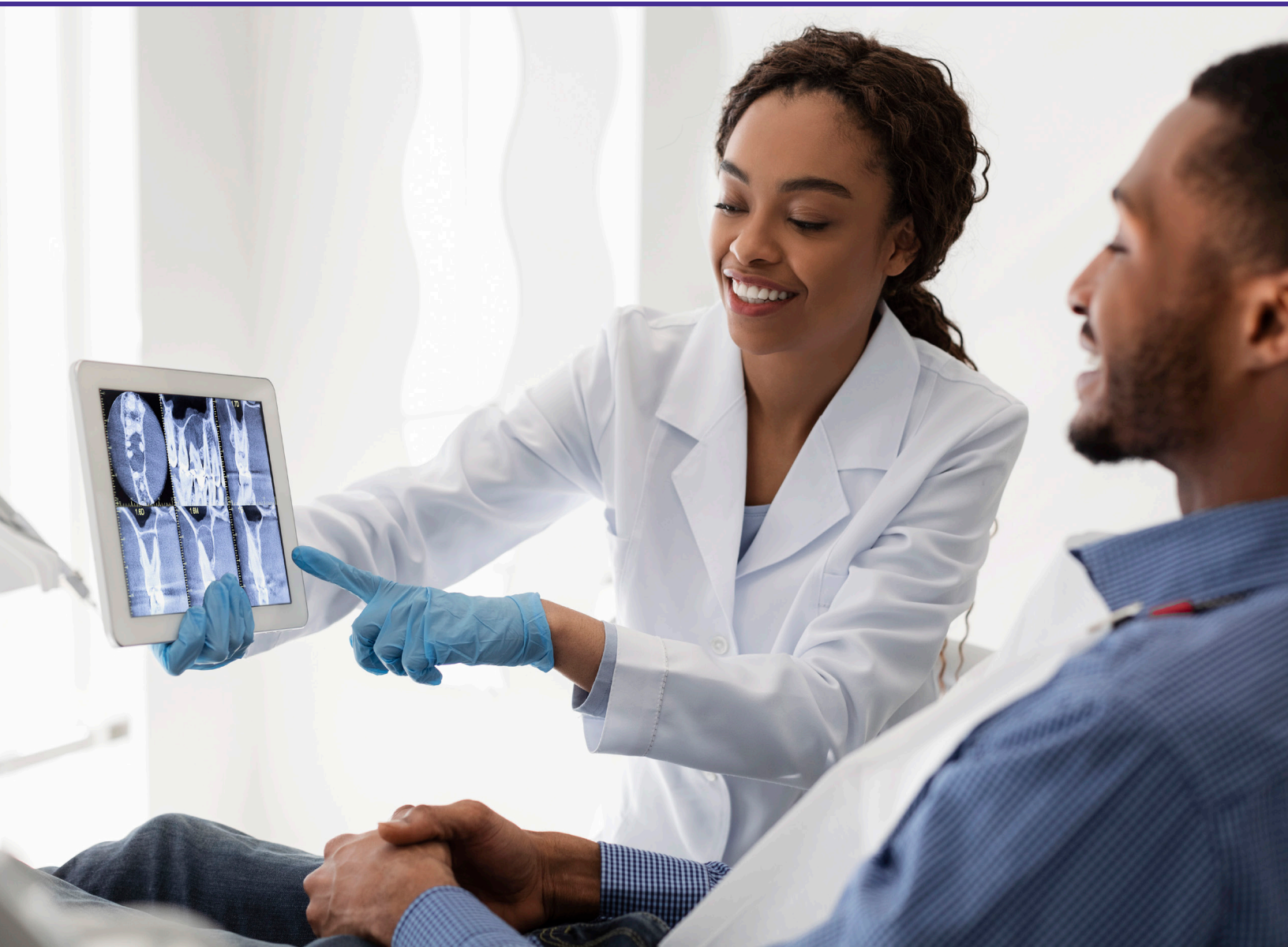


# 2024

# BlueDental

## CERTIFIED PLANS FOR INDIVIDUALS

Blue Dental Certified plans are available through your Blue Cross agent or on the Health Insurance Marketplace



# Louisiana

## RELIABLE AND CONVENIENT DENTAL COVERAGE

Certified Plans meet all of the healthcare reform rules. These plans are great if your health insurance plan doesn't offer the required pediatric dental essential health benefits and you need dental coverage for your children. Certified plans are available through a Blue Cross agent or on the Health Insurance Marketplace with a medical plan.

### CHOOSE FROM THREE DIFFERENT MONEY-SAVING BLUE DENTAL CERTIFIED PLANS: PREFERRED, ESSENTIAL AND VALUE. EACH OF THESE PLANS INCLUDES:



#### Preventive Dental Care – exams and cleanings

- Paid at 100% — meaning you pay no out-of-pocket costs and no deductible
- No waiting periods



#### Coverage for Basic Services

- Simple extractions and fillings



#### Pediatric dental coverage for children up to age 21

- Unlimited annual benefit maximum
- No waiting periods for the majority of dental services
- Out-of-pocket maximum of \$350 for one child or \$700 for two or more children

#### 21+ Coverage for adults age 21 and over



#### Coverage for medically necessary orthodontia

- For children up to age 21



#### Coverage for in-network and out-of-network services



## SAVE MONEY. USE A NETWORK DENTIST.

To take full advantage of your Blue Dental coverage, choose a dentist who participates in the Advantage Plus Network.\* Dentists in the Advantage Plus Network provide covered services at significant savings to you. Some dentists can save you even more money by accepting an allowance for non-covered services too, which includes services that go over your annual maximum. Dentists marked by the green **\$ave!** box under their names in the directory provide these discounts for non-covered services.

If you choose to visit an out-of-network dentist, you may be subject to higher fees and may be required to submit claims yourself.

## ADVANTAGE PLUS PROVIDER DIRECTORY

To find out if your dentist participates in the Advantage Plus Network, visit [www.bcbsla.com/findcare](http://www.bcbsla.com/findcare), choose Dental, then click "GO" on Blue Dental Advantage Plus Network.

If your dentist offers real time, 24 x 7 online appointment scheduling, you can schedule appointments with a click of a button. Many dentists in the Blue Dental Advantage Plus Network now offer this convenient service. Look for the blue [Schedule Online](#) button in the online provider directory.

\*Advantage Plus Network is administered by United Concordia Companies, Inc. United Concordia is an independent company that administers dental benefits on behalf of Blue Cross and Blue Shield of Louisiana.

## PREFERRED CERTIFIED

**COST: \$\$\$**

**IDEAL FOR:** Individuals and families looking for the highest level of complete coverage.

- Includes coverage for major services such as dental surgery, root canals and crowns
- Adult annual benefit maximum of \$1,000
- \$50 annual deductible per member

## ESSENTIAL CERTIFIED

**COST: \$\$**

**IDEAL FOR:** Individuals and families looking for comprehensive benefits at a lower premium cost with slightly higher out-of-pocket cost for covered services.

- Includes coverage for major services such as dental surgery, root canals and crowns
- Adult annual benefit maximum of \$1,000
- \$75 annual deductible per adult; \$50 annual deductible per child

## VALUE CERTIFIED

**COST: \$**

**IDEAL FOR:** Individuals and families wanting very affordable coverage while maintaining their oral health at maximum savings.

- Coverage for major services for adults is not included
- Adult annual benefit maximum of \$500
- \$0 annual deductible per adult; \$50 annual deductible per child

### COMPARE THE FEATURES AND BENEFITS OF EACH BLUE DENTAL CERTIFIED PLAN:

| BENEFITS  | PREFERRED CERTIFIED                               |             |                            | ESSENTIAL CERTIFIED                               |             |                            | VALUE CERTIFIED                                   |             |                            |
|---|---|-------------|----------------------------|---|-------------|----------------------------|---|-------------|----------------------------|
| Deductible (per Adult Member per calendar year) <sup>1</sup>                                    | \$50  |             |                            | \$75  |             |                            | \$0   |             |                            |
| Deductible (per Member under age 21 per calendar year) <sup>1</sup>                             | \$50  |             |                            | \$50  |             |                            | \$50  |             |                            |
| Adult Annual Benefit Maximum – Members age 21 & older   | \$1,000   |             |                            | \$1,000   |             |                            | \$500   |             |                            |
| Child Annual Benefit Maximum – Members under age 21   | Unlimited   |             |                            | Unlimited   |             |                            | Unlimited   |             |                            |
| Child Out-of-Pocket Yearly Maximum – Members under age 21 (Applies to In-Network Services Only) | \$350 for 1 Child<br>\$700 for 2 or more Children |             |                            | \$350 for 1 Child<br>\$700 for 2 or more Children |             |                            | \$350 for 1 Child<br>\$700 for 2 or more Children |             |                            |
|   | CHILD <sup>2</sup><br>NO WAITING<br>PERIOD        | ADULT       | ADULT<br>WAITING<br>PERIOD | CHILD <sup>2</sup><br>NO WAITING<br>PERIOD        | ADULT       | ADULT<br>WAITING<br>PERIOD | CHILD <sup>2</sup><br>NO WAITING<br>PERIOD        | ADULT       | ADULT<br>WAITING<br>PERIOD |
| COVERED SERVICES  | CONTRACT PAYS                                     |             |                            |   |             |                            |   |             |                            |
| Routine Oral Exams and Cleanings <sup>1</sup>   | 100%  | 100%        | None                       | 100%  | 100%        | None                       | 100%  | 100%        | None                       |
| Oral X-Rays <sup>1</sup>  | 100%  | 100%        | None                       | 100%  | 50%         | None                       | 100%  | 100%        | None                       |
| Fluoride Treatments <sup>1</sup> , Sealants <sup>1</sup> , Space Maintainers                    | 100%  | Not Covered |                            | 100%  | Not Covered |                            | 100%  | Not Covered |                            |
| Palliative Treatment (Emergency) <sup>1</sup>   | 100%  | 80%         | None                       | 100%  | 80%         | None                       | 100%  | 100%        | None                       |
| Basic Restorative (Amalgam, Resin Fillings), Endodontics  | 80%   | 80%         | 6 months                   | 80%   | 50%         | 6 months                   | 80%   | 60%         | None                       |
| Oral Surgery, Surgical Extractions  | 80%   | 80%         | 12 months                  | 80%   | 50%         | 12 months                  | 80%   | 60%         | None                       |
| Simple Extractions  | 80%   | 80%         | None                       | 80%   | 50%         | None                       | 80%   | 60%         | None                       |
| Periodontics – Surgical and Non-Surgical  | 80%   | 80%         | 12 months                  | 80%   | 50%         | 12 months                  | 80%   | Not Covered |                            |
| Crown Repairs   | 80%   | 50%         | 12 months                  | 80%   | 50%         | 12 months                  | 80%   | Not Covered |                            |
| Crowns and Prosthetics (Bridges & Dentures)   | 50%   | 50%         | 12 months                  | 50%   | 50%         | 12 months                  | 50%   | Not Covered |                            |
| Implants – Must meet Dental Necessity Requirements  | 80%   | Not Covered |                            | 50%   | Not Covered |                            | 50%   | Not Covered |                            |
| ORTHODONTICS (MEMBERS UNDER AGE 21 ONLY)  |   |             |                            |   |             |                            |   |             |                            |
| Medically Necessary   | 50%   | Not Covered |                            | 50%   | Not Covered |                            | 50%   | Not Covered |                            |

<sup>1</sup>Does not apply to Diagnostic and Preventive Services. | <sup>2</sup>Members under age 21. Certain benefits are limited to children younger than 18. See contract and schedule of benefits for coverage exclusions and limitations.

## CUSTOMER SERVICE

We're easy to find and happy to help you. If you need to reach us:



**1-866-445-5338** • We're available Monday through Friday, 8 a.m. – 8 p.m.



**www.bcbsla.com** • Find help online 24 hours a day.



**5525 Reitz Ave., Baton Rouge, LA 70809-3802**



We have multiple regional offices around the state. Contact your Blue Cross regional office for more product information and rates.

## REGIONAL OFFICES

### Alexandria

**(318) 442**

4508 Coliseum Boulevard, Suite A  
Alexandria, LA 71303

### Monroe

**(318) 398**

2360 Tower Drive, Suite 102  
Monroe, LA 71201

### New Orleans

**(504) 832**

3235 North Causeway  
Metairie, LA 70002

### Baton Rouge

**(225) 295**

5525 Reitz Avenue  
Baton Rouge, LA 70809-3802

### Lafayette

**(337) 231**

5501 Johnston Street  
Lafayette, LA 70503

**(504) 518**

Orleans Tower  
1340 Poydras Street, Suite 100  
New Orleans, LA 70112

### Houma

**(985) 223**

1437 St. Charles, Suite 135  
Houma, LA 70360

### Lake Charles

**(337) 480**

219 West Prien Lake Road  
Lake Charles, LA 70601-8450

### Shreveport

**(318) 795**

411 Ashley Ridge Boulevard  
Shreveport, LA 71106

## NOTICE

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesitarlos, por favor, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d'identification. Si vous souffrez d'une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).

### Nondiscrimination Notice

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., comply with applicable federal civil rights laws and do not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs and activities.