



# Low Option Dental Plan for Columbus Consolidated Government



**Effective Date**  
01/01/2015

**Dental coverage you can count on from a name you trust.**

With one of the largest Dental Networks in the state and more than 80,000 providers nationwide you can take advantage of balance billing protection and lower out-of-pocket costs when you see an in-network provider.

**— TO LOCATE A DENTAL PROVIDER —**

Log on to [bcbsga.com](http://bcbsga.com) and click on Find a Doctor.

Click the Locate Dental Providers link. Next, choose a specialty from the drop-down menu or select 'no preference' and then click continue. Enter your search criteria by location or name.

## YOUR DENTAL PLAN AT-A-GLANCE

**Annual Benefit Maximum per Calendar Year**

\$1,000 per each insured member

**Annual Deductible per Calendar Year:**

\$50 per insured person / up to \$150 per family

Combined In-network and Out-of-network Services  
Deductible waived for in-network Diagnostic & Preventive Services

Yes

**DENTAL SERVICES**

Following are **examples** of what is/is not covered by your plan:

**Diagnostic and Preventive Services, for example:**

- Periodic oral evaluation
- Prophylaxis (cleanings)
- Bitewing X-rays – four films
- Topical fluoride application(covered to age 19)
- Sealants(covered up to age 15)

**Basic Services**

- Filling, amalgam, e.g., silver-colored, two surfaces
- Other visits and Exams
- All Other X-rays
- Extractions

**Major Services:**

- Oral surgery, e.g., tooth extraction, simple
- Endodontics, e.g., root canal, molar
- Periodontics, e.g., scaling and root planing, per quadrant
- Prosthodontics, e.g.:  
crown, porcelain fused to high noble metal  
denture, complete, upper or lower

**Orthodontic Services**

- Child Only Coverage

Ortho Lifetime Maximum Benefits

**Save Money with SpecialOffers Discount Program!**

With SpecialOffers you can receive discounts on products and services that help promote better health and well being.

Go to [BCBSGA.com](http://BCBSGA.com) and click the **SpecialOffers** link for more info

**Benefit Waiting Periods (waived at initial enrollment)**

IN-NETWORK BCBSGA pays:	OUT-OF-NETWORK BCBSGA pays:
100% of in-network fee	100% of Scheduled Amount
70% of in-network fee	100% of Scheduled Amount
40% of in-network fee	100% of Scheduled Amount
Not covered n/a n/a	Not covered n/a n/a

Discounts range from Vision and Dental to Hearing Aids and Fitness Memberships. Find out More today!

6 months- Oral Surgery, 12 months- all other Major Services; (apply to new hires and late entrants)

This is not a contract. This summary of dental benefits is for proposal purposes only. It is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms, and provisions of the dental certificate. In the event of a discrepancy between the information contained in this benefit summary and that in the dental certificate, the dental certificate will prevail.