



Low Option Dental Plan for Columbus Consolidated Government

Effective Date 01/01/2014

Low Option

Semi-Monthly Rates:

- Employee Only-\$8.53
- Employee & Spouse-\$17.06
- Employee & Child(ren)-\$16.21
- Employee & Family-\$25.60

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 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 and click the SpecialOffers link for more info

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!

Benefit Waiting Periods (waived at initial enrollment)

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.