

Copayment Plan

Copayment plans are our lowest-cost plan design. Your covered employees will pay a specific copayment for in-network services and standard coinsurance for out-of-network services. Your covered employees will know exactly what the plan pays before having their dental procedure.

SAMPLE BENEFITS	MEMBER IN-NETWORK COPAYMENT*	OUT-OF-NETWORK COINSURANCE
Periodic Oral Evaluation	\$0	80%
Limited Oral Evaluation	\$0	80%
Bitewings - Three Films	\$0	80%
Radiographs - Bitewings - Four Films	\$0	80%
Prophylaxis - Adult	\$20	80%
Topical Fluoride Varnish	\$0	80%
Topical Application Of Fluoride	\$0	80%
Sealant - Per Tooth	\$13	60%
Amalgam Filling - One Surface, Permanent	\$33	60%
Resin - One Surface, Anterior	\$38	60%
Periodontal Maintenance Procedures	\$30	60%
Adjust Complete Denture - Upper	\$17	60%
Extraction, Erupted Tooth Or Exposed Root	\$33	60%
Crown - Porcelain Fused To High Noble Metal	\$537	40%
Crown - Porcelain Fused To Predominantly Base Metal	\$525	40%
Endodontic Therapy, Anterior Tooth	\$381	40%
Root Amputation - Per Root	\$248	40%
Gingivectomy - Four Or More Contiguous Per Quadrant	\$219	40%
Complete Lower Dentures	\$450	40%
Surgical Removal Of Erupted Tooth	\$123	40%
Removal Of Impacted Tooth - Soft Tissue	\$138	40%
Deductible (applies to out-of-network Basic and Major Services)	\$50 per Member	
Maximum Payment	\$1,000 or \$1,500 per Member per Benefit Year	

* The Participating Dental Agreement (PDA) Fee is a negotiated arrangement with network providers. Out-of-network reimbursement is based on the 50th percentile of charges filed.

For more information, please contact your BlueChoice representative.

Focus on life. Focus on health. *Stay focused.*



Blue DentalSM
For Groups With 51 Or More Employees



BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.

BlueChoiceSC.com



Why Choose Blue Dental From BlueChoice HealthPlan?

Blue Dental can offer your employees a whole-health approach to their dental care. By choosing BlueChoice HealthPlan for both your medical and dental coverage, your covered employees get an integrated approach that provides a complete picture of their overall health. Oral health is intrinsically linked to general health. The mouth can act as an early warning system for trouble in other parts of the body. Proper dental care can help your employees spot issues early on like diabetes, heart disease, osteoporosis, oral cancer and kidney disease. And that can help with your bottom line!

Our comprehensive dental offerings allow you to build a flexible dental benefit design that fits the needs of you and your employees. We have pre-built plans, or, if those don't meet your needs, we can help you customize a plan. Plus, by offering your medical and dental through BlueChoice®, administering your dental benefits just became easier! We stay focused on helping you. Let BlueChoice help you build the best dental plan for your employees.

A Trusted Partner

Continue to work with a health insurance company you trust. Blue Dental is another product offering from BlueChoice, which has been an insurance partner to hundreds of South Carolina businesses since 1984.

Flexible plan designs

Choose one of our Preferred Provider Organization (PPO) plan options:

- | | |
|----------------|-------------------------------------|
| 1) Open Access | 4) Copayment |
| 2) Select | 5) Customize your own plan offering |
| 3) Tiered | |

Simplicity in administration

You will work with a single source that consolidates eligibility and enrollment through one account team. Your covered employees will also enjoy coordination of benefits with our company.

Comprehensive dental network

Blue Dental gives your covered employees access to one of the industry's largest national dental PPO networks. Your covered employees can choose from more than 2,400 access points in South Carolina and more than 263,000 nationally. Referrals are not required before your covered employee sees a specialist.

Visit www.BlueChoiceSC.com/DocFinder for a comprehensive list of dental providers.

In-network advantages

To encourage regular dental visits and help members maintain proper oral health, we offer two main advantages when they choose an in-network provider:

- There is no deductible for any dental service.
- The costs of preventive services (Class I) do not accumulate toward the member's annual maximum. This means that preventive services, such as cleanings and exams, are always available during the year, regardless of whether your covered employees have met their annual maximums.

Orthodontia

Orthodontia can be added to any plan design. You can choose to offer coverage for children under the age of 19 or for children and adults.

Waiting periods and contribution levels

You have the option of contributing 0-100 percent toward the single employee premium. However, if the contribution is less than 50 percent, the following is required:

- 1) 20 percent minimum participation
- 2) 12-month waiting period for Class III and orthodontia services (waiting period waived for your covered employees with prior dental coverage through your company).

However, if you contribute 50 percent or more toward the single employee premium, you won't have the 12-month waiting period for Class III and orthodontia services.

Plan Designs

Choose from one of the following plan options, OR we can help you customize a plan of your choice. You can add orthodontia for children under the age of 19 or for adults to any of our plans, too!

Open Access And Select Plans

Choose from Open Access and Select plans. The sample plans give you an idea of the coverage. You can tailor the percentage covered, the deductible and out-of-pocket maximums. Please note: The difference between Option 1 and Option 2 is the services that are covered in each class.

Tiered Plan Option

Tiered plans are great options if you didn't have prior dental coverage or don't want a waiting period. They are designed for employers that want to contribute less than 50 percent of the single premium and don't want to have a waiting period for certain services.

You can choose either the Open Access 1 or Open Access 2 plan with a three-year tiered schedule to build up to your preferred benefit. Tiered plans offer:

- No waiting periods
- Coinsurance percentages for preventive (Class I), basic (Class II) and major (Class III) services
- Dental services increase over a three-year period (everyone starts at year one)
 - Year one – 90/50/20
 - Year two – 100/65/35
 - Year three – 100/80/50

	OPEN ACCESS OPTION 1 SAMPLE PLAN	SELECT OPTION 1 SAMPLE PLAN	
	In-network/Out-of-network coverage	In-network coverage	Out-of-network coverage
Class I — Preventive Exams, cleanings, bitewing X-rays, fluoride treatment, sealants, complete series X-rays, space maintainers, periodontal maintenance	100%	100%	80%
Class II — Basic Fillings, periodontal scalings, simple extractions, periodontal surgery, oral surgery, endodontic (root canal) treatment and general anesthesia	80%	80%	60%
Class III — Major Crowns, inlays and onlays, dentures, partials and fixed bridges	50%*	50%*	40%*
Deductible	Employer choice starting at \$25		
Annual Maximum	Employer choice starting at \$1,000		
<small>*Benefits paid to non-participating providers are subject to the plan's maximum allowable fees. Standard out-of-network reimbursement is based on the 90th percentile. You have the option to choose the 50th or 80th percentile.</small>			

	OPEN ACCESS OPTION 2 Sample Plan	SELECT OPTION 2 Sample Plan	
	In-network/Out-of-network coverage	In-network coverage	Out-of-network coverage
Class I — Preventive Exams, cleanings, bitewing X-rays, fluoride treatment, sealants	100%	100%	80%
Class II — Basic Complete series X-rays, space maintainers, periodontal maintenance, fillings, periodontal scaling and simple extractions	80%	80%	60%
Class III — Major Periodontal surgery, oral surgery, endodontic (root canal) treatment and general anesthesia, crowns, inlays and onlays, dentures, partials and fixed bridges	50%*	50%*	40%*
Deductible	Employer choice starting at \$25		
Annual Maximum	Employer choice starting at \$1,000		
<small>*Benefits paid to non-participating providers are subject to the plan's maximum allowable fees. Standard out-of-network reimbursement is based on the 90th percentile. You have the option to choose the 50th or 80th percentile.</small>			