

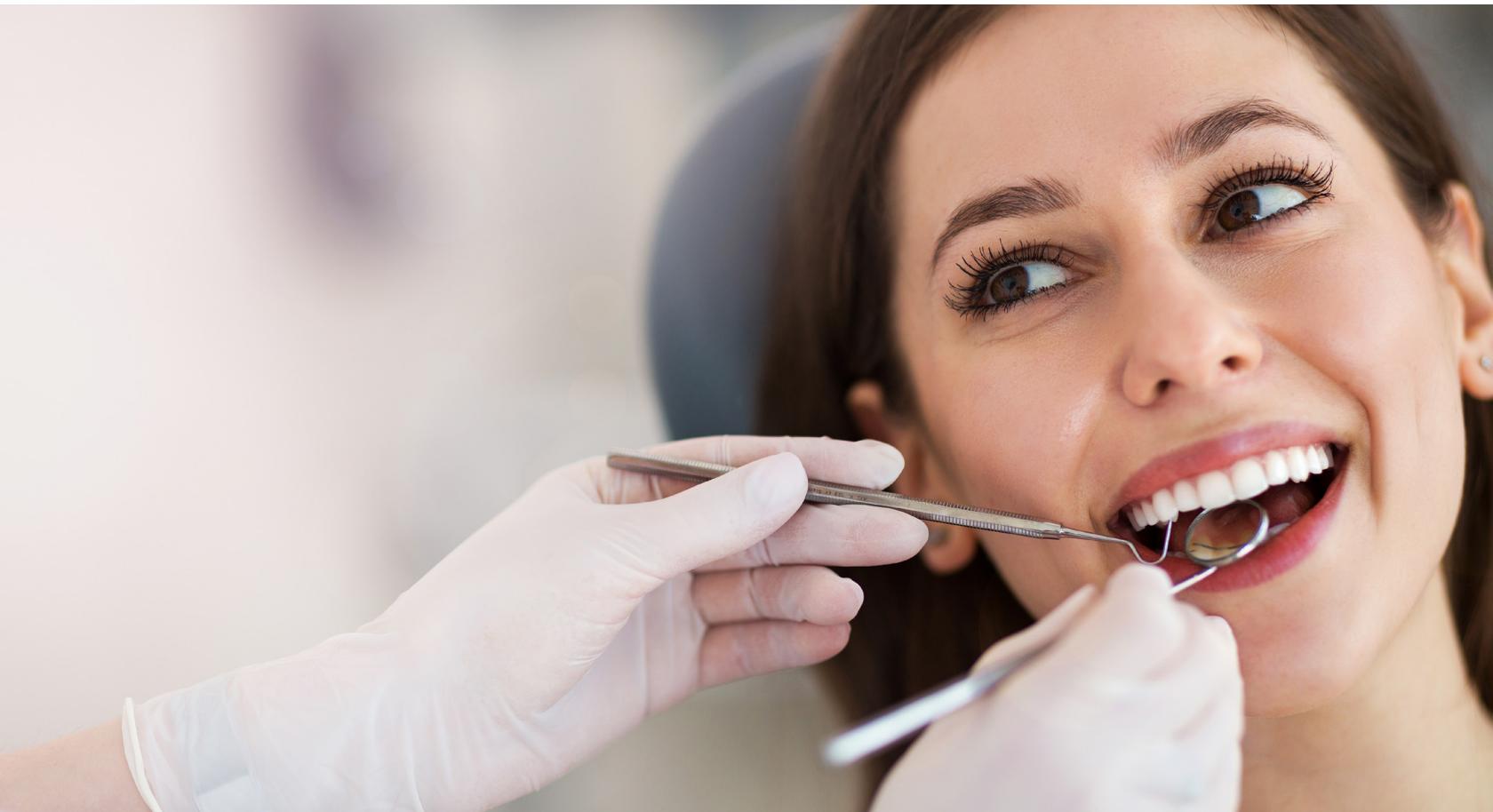
BLUE DENTALSM BENEFIT SOLUTIONS

Product brief

Customized Solutions

Quality dental coverage requires whole-health solutions — like Blue Dental, offered by BlueCross BlueShield of South Carolina. It's increasingly clear that a person's dental health affects his or her overall health. Proper dental care, including regular cleanings, can limit inflammation, improve control of diabetes and may lower the risk of heart disease.

When you choose BlueCross to administer your medical and dental benefits, this integrated approach gives providers a better picture of members' overall health. Your administration is easier. And when they use in-network dentists, your employees benefit from lower costs for the dental services that can help them get and stay healthy.



BLUE DENTAL: A BENEFIT THAT WILL MAKE YOU SMILE

Coverage that reflects our commitment to whole-health care.

Our Plans Offer These Benefits:

Flexible plan designs

Choose one of our PPO plans: Open Access, Select, Share Copay or Tiered plans.

Array of options

Blue Dental plans are available on a dual option basis, providing a broad selection of benefits and affordability.

Easy to administer

Single-source placement consolidates billing, eligibility and enrollment through a single account team.

Comprehensive dental networks

Members choose from more than 4,400 access points in South Carolina and 312,000 nationally. Referrals are not required before a member sees a specialist.

In-network advantages

To encourage regular dental visits and help members maintain their oral health, we now offer two important advantages when they choose in-network providers:

- ◆ There is no deductible for any dental services.
- ◆ Costs for preventive services do not accumulate toward the member's annual maximum. So preventive services, such as cleanings and exams, are always available during the year regardless of whether the member has met his or her annual maximum.

Plans for all contribution levels

Our plans are available on either a true group or voluntary basis.



	Open Access Option 1	Open Access Option 2	Select Option 1		Select Option 2	
	In-network/ Out-of-network coverage	In-network/ Out-of-network coverage	In-network coverage	Out-of-network coverage	In-network coverage	Out-of-network coverage
Exams, cleanings, bitewing X-rays, fluoride treatment, sealants	100%	100%	100%	80%	100%	80%
Complete series X-rays, space maintainers, periodontal maintenance	100%	80%	100%	80%	80%	60%
Fillings, periodontal scaling and simple extractions	80%	80%	80%	60%	80%	60%
Periodontal surgery, oral surgery, endodontic (root canal) treatment and general anesthesia	80%	50%*	80%	60%	50%*	40%*
Crowns, inlays and onlays, dentures, partials, fixed bridges and implants	50%*	50%*	50%*	40%*	50%*	40%*
Deductible	Employer choice of \$25, \$50 or \$100					
Annual maximum	Employer choice of \$1,000, \$1,500 or \$2,000					

Benefits paid to non-participating providers are subject to the plan's maximum allowable fees.

*When the employer contribution to the employee rate is less than 50 percent, there is a 12-month waiting period for members who have had no prior dental coverage with the employer.

Plan design options and advantages

Based upon the group’s needs, orthodontia benefits are available to both children and adults. And the Open Access and Select plans let employers customize benefits among service categories to make their dental offerings more affordable. Another plus: Preventive services do not count toward the annual maximum — and deductibles are waived — when members see an in-network dentist.

Open Access

This plan offers maximum flexibility. Members can choose any licensed dentist for their oral health needs, and benefits are paid at the same rate. The Open Access plan pays 100 percent for preventive care, 80 percent for basic care and 50 percent for major services to both network and non-network dentists.

Select

Members can choose any licensed dentist with this plan; however, when members use network providers, their services will be covered at a higher rate. For example, for in-network providers, the plan pays 100 percent for preventive care services like cleanings and X-rays, versus 80 percent for out-of-network providers.

Share Copay

With this PPO plan, members have the freedom to choose any licensed dentist. They also know their exact out-of-pocket costs when they use a participating network dentist. If members use in-network providers, they pay a \$20 copay for a dental cleaning, exam and bitewing X-rays.

Sample coverage	Copay plan member responsibility	
	In network	Out of network
Periodic oral exams, bitewing X-rays, two films, fluoride treatment and sealants	\$0	20%
Adult and child cleanings	\$20	20%
Intra-oral complete series X-rays, amalgam one filling surface, extraction of erupted tooth	\$33	40%
Space maintainers	\$74	40%
Periodontal maintenance	\$30	40%
Periodontal scaling*	\$84	60%
Gingivectomy per quad*	\$219	60%
Root canal anterior*	\$381	60%
General anesthesia*	\$180	60%
Crown fused to high noble metal*	\$537	60%
Complete denture upper*	\$525	60%
Deductible	\$50	
Annual maximum	Employer choice of \$1,000 or \$1,500	

Note: Benefits paid to non-participating providers are subject to the plan’s maximum allowable fees.

Voluntary Blue Dental Plan features

To ensure that all employers have access to our dental plan portfolio, employers can offer these plans on a voluntary basis by contributing 0 – 49 percent of the employee premium. And we only require 20 percent participation of eligible employees. Employers can enhance their benefits — helping them attract and retain employees — as their budgets allow.

Waiting periods are only applied to groups when the employer contributes less than 50 percent of the employee rate, and

they are waived on major and orthodontic services for members who had previous coverage with the employer.

With Tiered plans, there are no waiting periods. Coinsurance percentages for preventive/basic/major dental services increase over three years:

Year one – 90/50/20

Year two – 100/65/35

Year three – 100/80/50



*When the employer contribution to the employee rate is less than 50 percent, there is a 12-month waiting period for members who have had no prior dental coverage with the employer.

How We Compare With Other Dental Carriers

	Blue Dental plan	Dental-only carriers
Comprehensive dental networks		
South Carolina	Yes	Yes
National	Yes	Yes
Product designs		
Flexible PPO plan designs	Yes	Yes
Copay plans	Yes	Not standard
Preventive services do not accumulate to the annual maximum when performed by a network dentist	Yes	Not standard
Administration — medical and dental		
One enrollment process and form	Yes	No
One monthly consolidated medical and dental bill	Yes	No
One service representative contact for medical and dental	Yes	No
Customer experience — medical and dental		
No balance billing	Yes	Yes
No claim forms	Yes	Yes
No referrals necessary	Yes	Yes
One customer-service number	Yes	No
My Health Toolkit® for all medical and dental benefits information	Yes	No
Health incentive account (HIA) deductible credits	Yes	No
One member ID card	Yes	No
Coordination of benefits between medical and dental benefits	Yes	No
Disease management — medical and dental integration		
Whole-health approach to members' overall health care	Yes	N/A
Targeted outreach/education program to high-risk medical members to encourage preventive care visits	Yes	N/A
Measurement and follow-up of outreach efforts	Yes	N/A

Contact your account consultant to learn more about Blue Dental and our flexible plan designs.



South Carolina

Blue DentalSM