

# DENTAL

## Outline of Coverage | 2011

### Benefit Period

Calendar Year (January 1 - December 31)

## Covered Services

<b>Exam and Cleaning</b>	Two per benefit period, paid at 100%. No deductible.
<b>Full mouth x-ray</b>	One per benefit period or series in 36 months.
<b>Supplementary Bitewing/</b>	One set per benefit period
<b>Fillings/Oral Surgery</b>	Paid at 80%.
<b>Benefit Period Maximum for Fillings/Oral Surgery</b>	\$1000 (Does not apply to exams, cleanings or x-rays.)

Blue Cross and Blue Shield of Montana will not pay more than the amount which would have been paid to one dentist providing the same service if:

- You transfer from the care of one dentist to another during the course of treatment; or
- More than one dentist provides care to you in the course of a single procedure.

## BCBSMT Participating Provider Networks

**Traditional Network Participating Providers -** BCBSMT has a participating dental network.

**Nonparticipating Provider -** Nonparticipating Providers have not contracted with BCBSMT to provide services at negotiated rates, and your out of pocket expenses can be significantly higher. You will receive payment for claims received from a nonparticipating provider. However, these providers are subject to a differential and are under no obligation to submit claims for you.

**Finding Participating Providers -** To locate Participating Providers in Montana check our on-line provider directory at [www.bcbsmt.com](http://www.bcbsmt.com), or contact Customer Service at 1-800-447-7828. Be sure to have your subscriber identification number available when you call.

**World-Wide Networks at Your Fingertips -** With BlueCard, you have access to Participating Providers across the country and around the world. No matter where you are, you'll receive the same great benefits you get when you're at home. To find BlueCard Participating Providers, visit the BlueCross and BlueShield Association website at [www.bcbs.com/healthtravel/](http://www.bcbs.com/healthtravel/) or call 1-800-810-BLUE (2583).

**\*Nonparticipating Provider Differential:** The allowable fee for Nonparticipating Providers is reduced by 10% before deductible and coinsurance are applied. The difference between the allowable fee and the total charge is the Member's responsibility.

**Optional Treatment Methods:** When the dentist and/or the patient select a course of treatment different from that customarily provided by the dental profession for covered services, but consistent with sound professional standards of dental practice for the condition considered, Blue Cross and Blue Shield of Montana will pay the allowance for the most consistently provided procedure.

**Transferring Care:** Blue Cross and Blue Shield of Montana will not pay more than the amount which would have been paid to one dentist providing the same service if:

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