

Outline of Coverage for 2008

Introduction

The following information is a *summary* of benefits provided for Dental. For a more comprehensive explanation of your benefits, please refer to your Member Guide or Group Contract.

Benefit Period	Calendar Year (January 1 through December 31)
Covered Services for Your Dental Benefit	
Exam and Cleaning	Two per benefit period, paid at 100%. No deductible.
Full mouth x-ray	One per benefit period or series in 36 months.
Supplementary Bitewing	One set per benefit period.
Fillings/Oral Surgery	Paid at 80% up to plan maximum of \$1,000 per benefit period.

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.

The Blue Cross and Blue Shield of Montana Participating Provider Network... An Important Feature

BCBSMT Participating Providers A BCBSMT Participating Provider is a dental provider that has contracted with BCBSMT to provide services to our members. Participating providers accept the BCBSMT allowable fee plus any coinsurance as payment in full for covered services. There's no billing to you over your coinsurance amount. BCBSMT sends payment directly to participating providers.	Nonparticipating Provider Nonparticipating providers have not contracted with BCBSMT. You will receive payment for claims received from a nonparticipating provider. These providers are under no obligation to send claims in for you. Most importantly, nonparticipating providers are subject to a 10% differential. This means that BCBSMT reduces the allowable fee by 10% before we calculate your benefits. Nonparticipating providers can bill you the difference between the allowable fee and their total charge, potentially making your out of pocket expenses significantly higher.
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Finding Participating Providers

To find the participation status of a provider, check our on-line provider directory at www.bluecrossmontana.com, or contact Customer Service at 1.800.447.7828. Be sure to have your Health Plan ID available when you call.

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.

To learn more about the Dental benefit, please call

Blue Cross and Blue Shield of Montana at 1.800.447.7828, Ext.8965 or your local BCBSMT agent.



**BlueCross BlueShield
of Montana**

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