



Contracted and Non-contracted Dentists

Calendar Year Deductible	\$50
Annual Maximum	\$1,000
Predetermination of Benefits	Recommended for charges in excess of \$350
See Certificate Booklet for Complete Details:	It is important to keep in mind that this material is a brief outline of benefits and covered service and is not a contract. Please refer to your Certificate Booklet (the Contract) for a complete explanation of covered services, limitations and exclusions.

Blue Cross and Blue Shield of Georgia (BCBSGA) Scheduled Benefit Plans save you money due to our negotiated fees with contracted dentists. The following is an EXAMPLE on how you may save with BCBSGA:

Contracting Dentist

Billed charges	\$735
BCBSGA's negotiated fee	\$575
BCBSGA will pay the amount specified in the benefit schedule	\$250*
You pay the difference between the negotiated amount and the scheduled benefit	\$325

*Assuming that your deductible has been met and your annual benefit maximum has not been exceeded, BCBSGA will pay this amount.

Noncontracting Dentist

Billed charges	\$735
BCBSGA will pay the amount specified in the benefit schedule	\$250*
You pay the difference between the billed amount and the scheduled benefit	\$485

*Assuming that your deductible has been met and your annual benefit maximum has not been exceeded, BCBSGA will pay this amount.

The following amounts represent what BCBSGA pays for covered services.

Procedure	BCBSGA Pays
Preventive and Diagnostic Care	
Initial Oral Exam	\$14
Periodic Oral Exam – limited to 2 exams per member per year	\$14
Emergency Oral Exam	\$14
Bitewing X-rays – one film	\$8
Bitewing X-rays – two films	\$14
Bitewing X-rays – four films	\$20
Single (periapical) X-rays	\$8
Single X-rays – additional films	\$8
Full Mouth X-rays – limited to one set every 3 years	\$40
Routine Cleaning – limited to 2 per adult per year	\$31
<ul style="list-style-type: none"> ➤ Coverage begins on your effective date. ➤ The benefit schedule is the same for both contracted and noncontracted dentists, but you may pay more if you choose a noncontracted dentist. ➤ Two oral examinations and two dental cleanings per member, per year. 	

Procedure	BCBSGA Pays
Basic Dental Care	
Filling – one surface, permanent	\$36
Filling – two surfaces, permanent	\$44
Filling – three surfaces, permanent	\$55
Filling – four or more surfaces, permanent	\$65
Extraction – single tooth (simple)	\$37
Extraction – each additional tooth (simple)	\$37
Surgical Extraction	\$60
Removal of Impacted Tooth – soft tissue	\$85
Removal of Impacted Tooth – partial bony	\$105
Removal of Impacted Tooth – complete bony	\$130
<ul style="list-style-type: none"> ➤ Coverage begins after the plan has been in effect for six continuous months. ➤ The benefit schedule is the same for both contracted and noncontracted dentists, but you may pay more if you choose a noncontracted dentist. 	

The following amounts represent what BCBSGA pays for covered services.

Procedure	BCBSGA Pays
Major Dental Care	
1 Root Canal – (excludes final restoration)	\$130
2 Root Canals – (excludes final restoration)	\$155
3 Root Canals – (excludes final restoration)	\$195
Gingivectomy or Gingioplasty – per tooth	\$26
Gingivectomy or Gingioplasty – per quadrant	\$120
Scaling/Root Planing per Quadrant	\$41
Complete Denture (upper or lower)	\$255
Partial Denture (upper or lower) – resin base includes conventional clasps/rests/teeth	\$235
Denture Reline Complete (upper or lower - chair-side)	\$55
Denture Reline Complete (upper or lower - lab)	\$70
Pontic	\$215
Crown (except stainless steel)	\$215
<ul style="list-style-type: none"> ➤ Coverage begins after the plan has been in effect for twelve continuous months. ➤ The benefit schedule is the same for both contracted and noncontracted dentists, but you may pay more if you choose a noncontracted dentist. 	