



Contracted and Non-contracted Dentists

Calendar Year Deductible	\$50/member; maximum of \$150 family
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.

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The following amounts represent what BCBSGA pays for covered services.

Procedure	BCBSGA Pays
Preventive and Diagnostic Care	
Initial Oral Exam	\$16
Periodic Oral Exam – limited to 2 exams per member per year	\$16
Bitewing X-rays – single film	\$9
Bitewing X-rays – two films	\$16
Single (periapical) X-rays	\$9
Single X-rays – additional films	\$9
Bitewing X-rays – four films	\$23
Full Mouth X-rays – limited to one set every 3 years	\$47
Routine Cleaning – limited to 2 per adult per year	\$37
Routine Cleaning – limited to 2 per child per year	\$26
Cleaning with Fluoride – limited to 2 per child per year	\$37
Topical Fluoride Only – limited to 2 per child per year	\$14
<ul style="list-style-type: none"> ➤ Coverage begins upon approval of your application. ➤ 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. ➤ Total benefit for single and bitewing X-rays not to exceed benefit of full mouth - \$47. 	

Procedure	BCBSGA Pays
Basic Dental Care	
Filling – one surface, primary	\$35
Filling – one surface, permanent	\$42
Filling – two surfaces, primary	\$47
Filling – three surfaces, permanent	\$52
Filling – three surfaces, primary	\$55
Filling – three surfaces, permanent	\$62
Filling – four or more surfaces, primary	\$68
Filling – four or more surfaces, permanent	\$76
Extraction – single tooth (simple)	\$43
Extraction – each additional tooth (simple)	\$43
Surgical Extraction	\$72
Removal of Impacted Tooth – soft tissue	\$100
Removal of Impacted Tooth – partial bony	\$126
Removal of Impacted Tooth – complete bony	\$150
<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	
Scaling/Root Planing per Quadrant	\$48
Gingivectomy – per tooth	\$30
Gingivectomy – per quadrant	\$140
Root Canal – 1 canal	\$150
Root Canal – 2 canals	\$180
Root Canal – 3 canals	\$230
Crown (except stainless steel)	\$250
Stainless Steel Crown	\$60
Pontic	\$250
Complete Denture (upper or lower)	\$300
Partial Denture (upper or lower)	\$275
Denture Reline (chair-side)	\$65
Denture Reline (lab)	\$85
<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. 	