

# DENTAL

## Outline of Coverage | 2013

<b>Benefit Period</b>	Calendar Year (January 1 - December 31)
<b>Deductible</b>	None

## Covered Services

<b>Exam and Cleaning</b>	Two per benefit period, paid at 100% of the allowable fee.
<b>Full mouth x-ray</b>	One per benefit period or series in 36 months, paid at 100% of the allowable fee.
<b>Supplementary Bitewing</b>	One set per benefit period, paid at 100% of the allowable fee.
<b>Fillings/Oral Surgery</b>	Paid at 80% up to the 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.

## 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.

**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:

- 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.

**Rating Factors and Trend:** The following factors are used in setting rates: the income and claims experience for the 12 months prior to rating calculations for the category of product being rated, the benefit difference for the deductible and copayment relationship for the specific products in a product category, the projected claims, income, and enrollment for the next 12-month rating period, projected expenses for the plan of the next rating period, and/or age of the application or subscriber, industry, and risk characteristics.

The trend of premium increases during the preceding five years is 2007 - 0%, 2008 - 0%, 2009 - 0%, 2010 - 13%, 2011 - 7%, 2012-0%.

