

# Comprehensive Dental Care

be healthy.

Dental Coverage is available to employers with two or more full-time employees. Orthodontic Coverage includes all Comprehensive II dental services and is available to employers with 25 or more full-time employees. Groups must have Blue Cross & Blue Shield of Mississippi Medical Coverage to qualify for Dental Coverage. If a group cancels their Medical Coverage, their Dental Coverage will automatically cancel. Groups cannot have Dental Coverage only.

COMPREHENSIVE I				
COMPREHENSIVE II				
COMPREHENSIVE PLUS				
BASIC BENEFITS 100% of UCR*	ADDITIONAL BASIC BENEFIT 80% of UCR*	PERIODONTIC BENEFITS 60% of UCR* (gum and bone)	PROSTHETIC BENEFITS 60% of UCR* (teeth replacement)	ORTHODONTIC BENEFITS 50% of UCR*
<p><b>Diagnostic</b></p> <ul style="list-style-type: none"> <li>■ Oral examinations, including Treatment Plan</li> <li>■ Dental X-rays as required</li> </ul> <p><b>Preventative</b></p> <ul style="list-style-type: none"> <li>■ Fluoride treatment (members under age 19)</li> <li>■ Oral prophylaxis (cleaning), consisting of scaling and polishing</li> </ul>	<p><b>Preventative</b></p> <ul style="list-style-type: none"> <li>■ Space maintainers</li> </ul> <p><b>Diagnostic</b></p> <ul style="list-style-type: none"> <li>■ Pulp vitality tests</li> </ul> <p><b>Restorative</b></p> <ul style="list-style-type: none"> <li>■ Fillings consisting of dental amalgam and tooth colored synthetic materials</li> </ul> <p><b>Oral Surgery</b></p> <ul style="list-style-type: none"> <li>■ Fracture or dislocation treatment</li> <li>■ Diagnosis and treatment of abscesses and removal of cysts</li> <li>■ Surgical extractions including impaction</li> <li>■ Simple extractions</li> <li>■ Biopsies of oral tissue</li> </ul> <p><b>Endodontics</b> (roots and pulp)</p> <ul style="list-style-type: none"> <li>■ Root canal treatment</li> <li>■ Pulp capping</li> <li>■ Pulpotomy (removal of dental pulp and pulpal therapy)</li> <li>■ Hemisection</li> <li>■ Apicoectomy</li> </ul> <p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>■ Palliative emergency treatment</li> <li>■ General anesthesia for covered surgical services</li> </ul>	<ul style="list-style-type: none"> <li>■ Surgical periodontic examination</li> <li>■ Gingival curettage</li> <li>■ Gingivectomy and gingivoplasty</li> <li>■ Osseous surgery, including flap entry and closure</li> <li>■ Mucogingivoplastic surgery</li> <li>■ Management of acute infection and oral lesions</li> </ul>	<ul style="list-style-type: none"> <li>■ Removable dentures, full and partial bridges, fixed and removable</li> <li>■ Dentures rebase or reline</li> <li>■ Fixed bridge repairs</li> <li>■ Repair of removable dentures</li> <li>■ Crowns, inlays and onlays</li> </ul>	<ul style="list-style-type: none"> <li>■ Diagnosis (including examination, study models, radiographs and all other aids used to determine orthodontic needs)</li> <li>■ Placement of appliance</li> <li>■ Active and retention treatments</li> </ul> <p><b>Note:</b> Orthodontic Services are provided for correction of malocclusion if prescribed by a Treatment Plan approved by Blue Cross &amp; Blue Shield of Mississippi.</p> <p>Additional dollar limitations will apply to the diagnosis, placement of appliance and the monthly active and retention treatments.</p>
Groups of 2 or more				
Groups of 25 or more				
Not Subject to Deductible	\$50 Deductible per Member per Calendar Year (3 Deductible Maximum, \$150, per Family per Calendar Year)		\$100 Lifetime Deductible Per Member	
\$1000 Maximum per Member per Calendar Year				\$1000 Lifetime Maximum Per Member

\* UCR means "Usual, Customary and Reasonable" charges.

## Limitations

The following limitations will apply to all benefits available under the Dental Program:

- Benefits for complete mouth x-rays will be provided once in a three-year period unless special need is shown. Benefits for supplementary bitewings will be provided upon request once each six (6) months.
- Benefits for cleaning, scaling and polishing will be provided once each six (6) months.
- Fluoride treatment will be provided to all eligible subscribers under the age of 19 once each six (6) months.
- In the event a Subscriber transfers from the care of one dentist to that of another during the course of treatment, or if more than one dentist renders services for one procedure, Blue Cross & Blue Shield of Mississippi shall be liable for not more than the amount it would have been liable for had but one dentist rendered the services.
- In all cases involving covered services in which the dentist and patient select a more expensive course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the dental condition concerned, Blue Cross & Blue Shield of Mississippi will pay the fee allowed for the lesser procedure. The dentist may charge the patient the difference for any amount over that for which the Dental Service Plan is liable.

## Exclusions

No benefits shall be provided under the Dental Program for:

- Dental services received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, a labor union, a trustee or similar person or group.
- Dental services for which the Subscriber incurs no charge.
- Dental services for which coverage is available to the Subscriber, in whole or in part, under any Workers' Compensation Law or similar legislation whether or not the Subscriber claims compensation or receives benefits thereunder.
- Dental services with respect to congenital malformations or primarily for cosmetic or esthetic purposes.
- Dental services furnished or available to a Subscriber in whole or in part under the laws of the United States, or any state, or political subdivision thereof, or for which the Subscriber would have no legal obligation to pay in the absence of this or any similar coverage.
- Dental services to the extent coverage therefore is available to the Subscriber under any other contract.
- Charges for dental care or treatment by a person other than a dentist, unless the treatment is rendered under the direct supervision of a dentist.
- Charges for failure of the Subscriber to keep a scheduled visit with the dentist.
- Dental services or supplies which are not necessary, according to accepted standards of dental practice, or which do not meet accepted standards of dental practice, or which are not recommended by the attending dentist, or which are experimental in nature.
- Dental services rendered or furnished to the Subscriber prior to such Subscriber's effective date of coverage, or subsequent to the effective date of such Subscriber's termination.
- Dental care or treatment not specifically identified as a Covered Dental Expense.
- Appliances or restorations specifically to increase vertical dimensions.
- Any charges for the replacement and/or repair of any orthodontic appliance furnished under the Treatment Plan.
- Fixed or removable bridges to replace teeth missing prior to the effective date of this coverage.

THIS SUMMARY IS DESIGNED FOR THE PURPOSE OF PRESENTING GENERAL INFORMATION ONLY. FOR MORE COMPLETE INFORMATION, PLEASE REFER TO THE SUBSCRIBER'S CONTRACT.

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**BlueCross BlueShield  
 of Mississippi**

Blue Cross & Blue Shield of Mississippi, A Mutual Insurance Company, is an independent licensee of the Blue Cross and Blue Shield Association.