

Plan Design For: Furman University  
 Plan Option: Standard Option  
 Endodontics, Periodontics and Oral Surgery in Basic Class II  
 Effective Date: January 1, 2025

*The following Benefit Summary is only a brief, non-legal outline of the benefits offered.*

<b>Benefits Highlights</b>		
	<b>In-Network*</b>	<b>Out-of-Network**</b>
<b>Class I - Preventive</b>	100%	100%
<b>Class II - Basic</b>	80%	80%
<b>Class III – Major</b>	50%	50%
<b>Class IV – Orthodontia</b>	50%	50%
<b>Deductible (Only applies to Out-of-Network Basic and Major Services)</b>		
<b>Single</b>	\$50	\$50
<b>Family</b>	\$150	\$150
<b>Annual Maximum</b>	\$750 per member per benefit year	
<b>Orthodontia Lifetime Maximum</b>	\$750 per dependent per lifetime	

\* The Participating Dental Agreement (PDA) Fee is a negotiated arrangement with network providers.

\*\* Out-of-network reimbursement is based on the 90<sup>th</sup> percentile of charges of usual and customary rates.

<b>Services Covered</b>	
<b>Class I - Preventive Services</b> <i>(No Waiting Period)</i>	
<ul style="list-style-type: none"> <li>• Exams and Cleanings (2 / benefit year)</li> <li>• Full Mouth X-Ray (1 / every 3 benefit years)</li> <li>• Bitewing X-Rays (1 / benefit year)</li> <li>• Space Maintainers for dependents under age 19</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Treatment for Pain</li> <li>• Fluoride for dependents under age 19 (2 / benefit year)</li> <li>• Sealants for dependents age 6 through 15 (1 / lifetime / tooth)</li> <li>• Pulp Vitality Test and Diagnostic Casts</li> </ul>
<i>In-Network Preventive Services do not apply to the Annual Maximum</i>	
<b>Class II – Basic Services</b>	
<ul style="list-style-type: none"> <li>• Fillings (tooth-colored synthetic or amalgam materials)</li> <li>• Periodontal Cleanings</li> <li>• Pulp Capping</li> <li>• Root Canal Therapy (1 / lifetime / tooth)</li> <li>• General Anesthesia</li> <li>• Simple Extractions</li> <li>• Oral Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Hemisection</li> <li>• Apicoectomy</li> <li>• Gingival Curettage</li> <li>• Gingivectomy and Gingivoplasty</li> <li>• Osseous Surgery</li> <li>• Biopsies of Oral Tissue</li> <li>• Repair of Removable Dentures</li> </ul>
<b>Class III – Major Services</b>	
<ul style="list-style-type: none"> <li>• Inlays (1 / 5 years)</li> <li>• Crowns (1 / 5 years)</li> <li>• Onlays (1 / 5 years)</li> <li>• Removable Dentures - complete and partial</li> <li>• Complete Dentures - relining or rebasing of removable dentures (1 / lifetime)</li> </ul>	<ul style="list-style-type: none"> <li>• Partial Dentures - relining or rebasing of removable dentures (1 / 3 years)</li> <li>• Bridges – fixed and removable (1 / 5 years)</li> <li>• Fixed Bridge Repair</li> <li>• Implants (1 / lifetime per tooth)</li> </ul>
<b>Class IV – Orthodontia</b> <i>(Dependents Under age 19)</i>	
<ul style="list-style-type: none"> <li>• Correction of Dysfunctional Malocclusion - including diagnosis, models and radiographs</li> </ul>	<ul style="list-style-type: none"> <li>• Active Treatment - including necessary appliances</li> <li>• Retention following Active Treatment</li> </ul>

## Blue Dental <sup>SM</sup> Plan Features

To ensure all employees have access to the Blue Dental <sup>SM</sup> portfolio, employers can contribute between 0% to a 100% of the employee's premium.

## Flexible Choices for you and your family

With your Blue Dental <sup>SM</sup> benefit, you have the freedom to choose a provider when you receive treatment. You do not have to choose a primary dentist ahead of time. You don't need referrals for specialty care. You also do not have to visit the same dentist as your eligible dependents.

## Do I need an ID card?

When you go to the dentist, present your ID card to make sure the dentist applies your benefits correctly. Your dentist can easily verify your coverage by calling the customer service numbers on the back of your ID card.

## Why would I want to go to an In-Network Dentist?

With BlueCross Dental benefits, you receive benefits whether or not you and your eligible dependents visit an In-Network Dentist. When you visit an In-Network Dentist, you will usually pay lower out-of-pocket cost when you choose a Blue Dental <sup>SM</sup> In-Network Dentist.

## Locating an In-Network Dentist

- > Visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)
- > Select Members at the top of the webpage - [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com)
- > Click on Find a Dentist
- > Under Find a Dentist select how you would like to search for a Dentist

## Will I have to file my own claim?

In-Network Dentists will file the claim directly to BlueCross.

With Out-of-Network Dentists, you may need to file the claim directly to BlueCross. In that case, you can get a claim form from:

- > Go to our website: [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
  - Select Members
  - Select File a Claim under Find Forms and Documents
  - Select Dental and choose the Dental Services Claim form.
  - Either mail the claim to the address on the form  
**BlueCross BlueShield of South Carolina**  
**Attn: AX-D05**  
**PO Box 100300**  
**Columbia, SC 29202**
  - Or fax the form to **1-803-264-7629**

## If you have Questions, who can you go too?

- > Call Customer Service using the number on the back of your ID card or **1-800-222-7156**
- > Our log into My Health Toolkit on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and send a question directly in the via the site.

## How do I get an estimate of coverage before treatment?

We recommend you have your Dentist submit a request for a pre-treatment estimate for services in excess of \$300. This often applies to Major Services. When your dentist suggests treatment, have your provider send an undated claim form along with the proposed treatment plan to BlueCross. We will send a pre-treatment estimate to you and your dentist detailing what services your plan will cover and how much it will pay.