

2023 Blue Secure Dental

DENTAL COVERAGE FOR INDIVIDUALS AND FAMILIES



Choose the Coverage That's Right for You!



Access to dental services in every county of the state!



The Power of Blue

ACCESS SERVICES THROUGH OUR STATEWIDE PROVIDER NETWORK.

BlueCross BlueShield of South Carolina has been providing comprehensive health insurance for more than 75 years. Our broad menu of plans and coverage options is why more than 1 million South Carolinians choose BlueCross. That's why we continuously enhance existing offerings and create new ones to better serve the total health needs of our members.

Blue Secure Dental is the latest addition to the BlueCross health coverage portfolio.

As with all BlueCross plans, **Blue Secure Dental** gives you flexibility, affordability and choice. Designed as a standalone plan that must be purchased on the Exchange, Blue Secure Dental can enhance your total health coverage, whether you're already a BlueCross member or you currently have health insurance through another Affordable Care Act individual or family insurance plan.

Additionally, the plan offers:

- Two plan options that let you decide your annual costs for coverage.
- Four categories of dental services.
- Orthodontic services, limited to those under 19 years old. (Services must be deemed medically necessary.)
- Use of Advance Premium Tax Credit (APTC) funds to lower your premium. APTC funds must first be used to purchase primary health insurance coverage. Any remaining APTC may be used to lower costs of coverage for children under 19 years old.
- The ability to manage your plan information online with My Health Toolkit®.

Dental Coverage To Keep You Smiling

PEOPLE WHO CHOOSE A DENTAL HEALTH PLAN UNDERSTAND THAT GOOD ORAL HEALTH CAN POSITIVELY IMPACT THEIR OVERALL WELLNESS.

Regular visits to a dentist to maintain healthy teeth, mouth and gums can reduce the risk of health issues throughout the body, including diabetes and heart disease.

Blue Secure Dental provides a dental health plan that covers preventive, basic and major dental services and orthodontia needs for those under 19 years old.

CATEGORY	DENTAL SERVICES	BENEFITS
Class I — Preventive Care	Office visit, cleanings, oral exams and X-rays	No deductible and no waiting period for in-network preventive services
Class II — Basic and Restorative	Fillings, simple extractions and minor oral surgical procedures (nonperiodontal)	Six-month waiting period from effective date of coverage for restorative care for those 19 years or older
Class III — Major Restorative	Crowns, bridges, dentures, inlays, periodontics and oral surgery	12-month waiting period from effective date of coverage for major restorative care for those 19 years or older
Class IV — Orthodontia Services	Diagnosis, corrections and follow-up treatments deemed medically necessary for members under 19 years old	Require a prior authorization under this policy



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Blue Secure Dental Plans

GOLD PLAN

BLU	IE SECURE DENTAL GOLD 1	
Member Age	Under 19 Years Old	
	In-Network	Out-of-Network
Annual Deductible	\$50 per Child	\$100 per Child
Annual Maximum (Coverage Limit)	N/A	
Class I — Preventive Procedures and Exams	0% Coinsurance	20% Coinsurance
Class II — Basic and Restorative	30% Coinsurance	50% Coinsurance
Class III — Major Procedures	50% Coinsurance	60% Coinsurance
Class IV — Orthodontia Services	50% Coinsurance	
Maximum Out-of-Pocket per Child	\$375	\$750
Maximum Out-of-Pocket Total for All Children	\$750	\$1,500
Member Age	19 Years or Older	
	In-Network	Out-of-Network
Annual Deductible	\$50 Individual/\$150 Family	
Annual Maximum (Coverage Limit)	\$1,500	
Class I — Preventive Procedures and Exams	0% Coinsurance	20% Coinsurance
Class II — Basic and Restorative	30% Coinsurance (after 6 months)	50% Coinsurance (after 6 months)
Class III — Major Procedures	50% Coinsurance (after 12 months)	70% Coinsurance (after 12 months)
Class IV — Orthodontia Services	Not Covered	
Maximum Out-of-Pocket per Child	N/A	
Maximum Out-of-Pocket Total for All Children	N/A	

Blue Secure Dental Plans

SILVER PLAN

BLUE SECURE DENTAL SILVER 1				
Member Age	Under 19 Years Old			
	In-Network	Out-of-Network		
Annual Deductible	\$50 per Child	\$100 per Child		
Annual Maximum (Coverage Limit)	N/A			
Class I — Preventive Procedures and Exams	0% Coinsurance	30% Coinsurance		
Class II — Basic and Restorative	40% Coinsurance	60% Coinsurance		
Class III — Major Procedures	50% Coinsurance	60% Coinsurance		
Class IV — Orthodontia Services	50% Coinsurance			
Maximum Out-of-Pocket per Child	\$375	\$750		
Maximum Out-of-Pocket Total for All Children	\$750	\$1,500		
	19 Years or Older			
Member Age	19 Years	or Older		
Member Age	19 Years In-Network	or Older Out-of-Network		
Member Age Annual Deductible		Out-of-Network		
	In-Network	Out-of-Network		
Annual Deductible	In-Network \$50 Individua	Out-of-Network		
Annual Deductible Annual Maximum (Coverage Limit)	In-Network \$50 Individua \$1,000	Out-of-Network IV\$150 Family		
Annual Deductible Annual Maximum (Coverage Limit) Class I — Preventive Procedures and Exams	In-Network \$50 Individua \$1,000 0% Coinsurance	Out-of-Network 11/\$150 Family 30% Coinsurance		
Annual Deductible Annual Maximum (Coverage Limit) Class I — Preventive Procedures and Exams Class II — Basic and Restorative	In-Network \$50 Individua \$1,000 0% Coinsurance 50% Coinsurance (after 6 months)	Out-of-Network 1/\$150 Family 30% Coinsurance 70% Coinsurance (after 6 months) Not Covered		
Annual Deductible Annual Maximum (Coverage Limit) Class I — Preventive Procedures and Exams Class II — Basic and Restorative Class III — Major Procedures	In-Network \$50 Individua \$1,000 0% Coinsurance 50% Coinsurance (after 6 months) 70% Coinsurance (after 12 months)	Out-of-Network al/\$150 Family 30% Coinsurance 70% Coinsurance (after 6 months) Not Covered overed		

Tools To Manage Your Dental Plan

MAKING THE RIGHT HEALTH CARE DECISIONS IS EASY USING MY HEALTH TOOLKIT. AN ONLINE INFORMATION AND CUSTOMER SERVICE CENTER, MY HEALTH TOOLKIT GIVES YOU ACCESS TO IMPORTANT INFORMATION ABOUT PLAN BENEFITS AT YOUR FINGERTIPS.

With My Health Toolkit, you get access to:

- Claims, eligibility and benefits.
- Contact preferences.
- Authorization status.
- ID card save a digital version of your ID card for faster access.

Start making informed health care decisions now by visiting www.SouthCarolinaBlues.com or downloading the **free mobile app** in the App Store or Google Play.







Dental Exclusions and Limitations

Exclusions and limitations include:

- Any services or charges for services not medically necessary.
- Dental services or supplies that are investigational or experimental.
- Any service or charge for a service to the extent a member is entitled to receive payment or benefits relating to such service under any state or federal program that provides health care or dental benefits, including Medicare, but only to the extent that benefits are paid or are payable under such programs. This exclusion includes, but is not limited to, benefits provided by the Veterans Administration for care rendered for service-related disability, or any state or federal hospital services for which the member is not legally obligated to pay.
- Charges by a provider for non-dental services, such as broken appointments and completion of claim forms.
- Any service or supply rendered by a member of the patient's immediate family or by the patient, including the dispensing of drugs. A member of the patient's family means the spouse, parent, grandparent, brother, sister, child or spouse's parent of the patient.
- Illness contracted or injury sustained as a result of declared or undeclared war or any act of war or while in the military service
- Services related to teeth missing prior to a member's effective date of coverage under this plan of benefits are not eligible for payment of benefits.
- Any service for the treatment of dysfunctions or derangements of the temporomandibular joint (TMJ), including orthognathic surgery for the treatment of dysfunctions or derangements of the TMJ.
- Any illness or injury received while committing or attempting to commit a crime, felony or misdemeanor or while engaging or attempting to engage in an illegal act or occupation.
- Any dental service, supplies, charges or losses resulting from a member being legally intoxicated or under the influence of any drug or other substance, or taking some action the purpose of which is to create a euphoric state or alter consciousness. The member or member's representative must provide any available test results showing blood alcohol and/or drug/substance levels upon request by the BlueCross. If the member refuses to provide these test results, no benefits will be provided.
- Dental services or supplies received as the result of any intentionally self-inflicted injury that does not result from a medical condition or domestic violence



Have Questions?

CONTACT YOUR AGENT TODAY.







www.SouthCarolinaBlues.com

Work with your agent for a free quote.