BLUECARE DENTAL℠ 60
WITH ORTHODONTIA

BlueCross BlueShield of Montana
www.bcbsmt.com

To learn more, call Blue Cross and Blue Shield of Montana at 1-800-447-7828 or your local agent.

Certain terms in the Outline of Coverage and Member Guide are listed in the Definitions section. Defined terms are capitalized.

Outline of Coverage | 2025

Benefit Period	Plan Year	
Annual Maximum Benefit Amount	$1,000 per Participant, per benefit period (Does not include Diagnostic Evaluations, Preventive Services, Diagnostic Radiographs and Miscellaneous Preventive Services)	
Orthodontia Lifetime Maximum	$1,000 per Participant	
Deductible	Individual: $50	Family: $150

BCBSMT Contracting Provider Networks

Contracting Dentists (In-Network) – Dentists in the BCBSMT participating dental network accept the BCBSMT allowable fee, in addition to the Deductible and Coinsurance Amount, as payment in full for covered services. These Dentists will submit claims for you.

Non-Contracting Dentists (Out-of-Network) – Non-Contracting Dentists have not contracted with BCBSMT and are under no obligation to submit claims for you. They may also bill you the difference between the allowable fee and their charge (balance billing), in addition to any Deductible and Coinsurance Amount.

Finding Contracting Dentists – To locate Contracting Dentists in Montana, check our on-line Provider directory at www.bcbsmt.com, or contact Customer Service at 1-866-739-4090.

Participants Rights: When requested by the Participant or the Participant's agent, BCBSMT is required to provide a summary of a Participant's coverage for a specific dental care service or Course of Treatment when an actual charge or estimate of charges by a dental care Provider exceeds $500.

Covered Services	The Plan will pay Contracting Dentists	The Plan will pay Non-Contracting Dentists
Diagnostic Evaluations *(Deductible Waived)*	100%	100%
Preventive Services *(Deductible Waived)*	100%	100%
Diagnostic Radiographs *(Deductible Waived)*	100%	100%
Miscellaneous Preventive Services	80%	80%
Basic Restorative Services	80%	80%
Non-Surgical Extractions	80%	80%
Non-Surgical Periodontal Services	80%	80%
Adjunctive Services	80%	80%
Endodontic Services	50%	50%
Oral Surgery Services	50%	50%
Surgical Periodontal Services	50%	50%
Major Restorative Services	50%	50%
Prosthodontic Services	50%	50%
Miscellaneous Restorative and Prosthodontic Services	50%	50%
Implants	Not Covered	Not Covered
Orthodontic Services *(Deductible Waived)* Limiting Age: 19	50%	50%

Important Information

Annual Maximum Benefit Amount: The maximum amount the Plan will pay in one benefit period. Any balance owed above this amount is the Participant's responsibility.

Deductible: The dollar amount each Participant must pay for covered dental expenses incurred during the benefit period before BCBSMT will make payment for any covered dental expense to which the Deductible applies.

Coinsurance Amount: The percentage of the allowable fee payable by the Participant.

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 coinsurance 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: 2020 – 5%, 2021 – 0%, 2022 – 0%, 2023 – 6.9%, 2024 - 5%

Your estimated premium will be _____.

This information is only a summary of benefits. For more detailed information, refer to your Certificate of Coverage/Member Guide. Benefits and general provisions described herein are subject to the terms of the Group Contract and Certificate of Coverage/Member Guide.

BlueCross BlueShield of Montana

Health care coverage is important for everyone.

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984. We provide free communication aids and services for anyone with a disability or who needs language assistance.

We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms: https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

	To receive language or communication assistance free of charge, please call us at 855-710-6984.
Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجانًا، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	**如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。**
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કૉલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jį' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.