

# Federal DentalBlue Standard

An affordable dental coverage supplement  
for Standard Option members

## Enhance your existing coverage

As a federal employee, you are aware that your Standard Option benefits cover many dental procedures. Blue Cross and Blue Shield of Oklahoma now has a dental supplement plan for Standard Option members, so you can make your dental coverage even better.

Federal DentalBlue Standard combines with your Standard Option to pay more of your dental bills – and includes more extensive benefits – to help keep your out-of-pocket expenses low.

## Protecting your smile and your budget

Federal DentalBlue Standard offers you greater savings on a wide range of dental services. The savings begin when you choose one of more than 400 participating network dentists in Oklahoma. Look in the “Dental” section of your 2005 Directory of Network Providers to see if your dentist is participating.

A smaller benefit applies to out-of-network services, so to receive your maximum benefits, always use preferred provider network dentists.

Federal DentalBlue Standard premiums are very affordable – only \$31 per month for “self” coverage and \$64 per month for “self and family.” Premiums can be paid by automatic withdrawal from your financial institutions or by direct billing. You can pay monthly, quarterly, semi-annually or annually.

## No hassles.

There is no paperwork – network dentists agree to file most claims for you. Enrollment is simple and takes just a few minutes to complete. The application is attached on the other side of this sheet. Simply fill it out and return it in the enclosed postage paid envelope.

*Turn the page to see the benefits provided by  
Federal DentalBlue Standard*



**BlueCross BlueShield  
of Oklahoma**

[www.bcbsok.com](http://www.bcbsok.com)

# Federal DentalBlue Standard



Federal DentalBlue Standard will cover the following diagnostic and preventive procedures in full up to the annual maximum amount, with no waiting period if received by an in-network dentist:

100%



- Oral examinations (two per calendar year)
- X-rays
- Cleanings (two per calendar year)
- Fluoride treatments (two per calendar year)
- Sealants
- Emergency pain relief
- Pulp vitality tests (as necessary for diagnosis)

Basic restorative services provided by in-network dentists are paid at 80 percent of the Maximum Allowable Charge, or the dentist's charge – whichever is less – with no deductible, up to the annual maximum.

80%



- Fillings
- Extractions
- Pin retention

Major restorative services provided by in-network dentists are paid at 50 percent of the Maximum Allowable Charge or the dentist's charge – whichever is less – with no deductible, up to the annual maximum:

50%



- Root canals
- Crowns
- Bridges
- Dentures
- Periodontal services

Federal DentalBlue Standard dental supplement insurance provides you with the coverage you need to maintain that healthy smile.

- There is a 24-month waiting period before benefits are available for services related to missing teeth.
- Orthodontics are not covered services.
- Diagnosis, correction and treatment of TMJ is not covered.
- Service or procedures rendered or commencing before your dental coverage effective date are not covered.



**Enroll today.** Your acceptance is guaranteed.  
Simply fill out the application on the attached page and mail it  
in the enclosed postage paid envelope.

Please note that this dental supplement plan is neither offered nor guaranteed under the contract with the FEHB Program, but is made available to all enrollees and family members who become members of the Blue Cross and Blue Shield Service Benefit Plan's Standard Option and live in the service area of the Oklahoma Plan.

The Federal DentalBlue Standard benefits are based upon year-long premiums. (For federal employees enrolled during the calendar year, the enrollment period and total premium liability are determined based on the effective date of enrollment.) If you cancel your Federal DentalBlue Standard coverage prior to 12 months of continuous coverage, you will not be able to re-enroll during the next three Open Seasons.

This is a summary of the features of the 2005 Federal DentalBlue Standard program. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown, nor does it contain additional benefits that may be available to you. For complete details of the Federal DentalBlue Standard benefits, definitions, limitations and exclusions, please read the FederalDental Blue Certificate of Benefits. Rates are subject to change.



BlueCross BlueShield  
of Oklahoma

# Federal DentalBlue Enrollment Form

## Mail this Form to:

Blue Cross and Blue Shield  
of Oklahoma  
P.O. Box 3283  
Tulsa, Oklahoma 74102-3283

### Questions:

1-800-722-3130  
(918) 560-2004 (Tulsa area)

**To enroll in Federal DentalBlue you must reside in the service area of Blue Cross and Blue Shield of Oklahoma. Please check the applicable box below.**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> I am a current Standard Option Subscriber requesting enrollment in the Federal DentalBlue Standard Option Program. | <input type="checkbox"/> I am a new Standard Option Subscriber requesting enrollment in the Federal DentalBlue Standard Option Program. (Please include a copy of your SF2809 form, or enrollment confirmation letter.) | <input type="checkbox"/> I am a current Basic Option Subscriber requesting enrollment in the Federal DentalBlue Basic Option Program. | <input type="checkbox"/> I am a new Basic Option Subscriber requesting enrollment in the Federal DentalBlue Basic Option Program. (Please include a copy of your SF2809 form, or enrollment confirmation letter.) |
|---|---|---|---|

## Enrollee Information

Last Name		First Name		Initial	Date of Birth		Social Security Number			
Street Address		City		State		Zip				
Home Phone Number		Work Phone Number		FEP ID Number				Enrollment Code		
Employed by				R						

## Dependent Information

Please note: You must list your spouse and/or dependent children below who are currently enrolled under your Service Benefit Plan.

Only the dependents enrolled under your Service Benefit Plan coverage are eligible to enroll in the Federal DentalBlue Program.

First Name	Initial	Date of Birth	Social Security Number	Sex (M/F)	Last Name (if different)	Relationship

If you need to list more dependents, please attach an additional sheet.

## Payment Information (please select one option below)

<input type="checkbox"/> <b>BANK DEBIT OPTION</b> (Enclose voided check or deposit slip) Blue Cross and Blue Shield of Oklahoma is authorized to charge my account for the premiums for Federal DentalBlue.	<input type="checkbox"/> <b>BILL DIRECT OPTION</b> (Please DO NOT send payment with your application. You will receive premium information after your application is processed.)
Bank Name	<b>BILLING FREQUENCY OPTIONS</b> (check one):
Routing Number	<input type="checkbox"/> MONTHLY
Account Number	<input type="checkbox"/> QUARTERLY
SIGNATURE OF ACCOUNT HOLDER	<input type="checkbox"/> SEMI-ANNUALLY
X	<input type="checkbox"/> ANNUALLY

### SEE REVERSE SIDE FOR ADDITIONAL INFORMATION AND SIGNATURE

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## **I Understand**

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These benefits are neither offered nor guaranteed under the FEHB Program, but are made available to all enrollees and dependents who are members of the Service Benefit Plan and live in the service area of Blue Cross and Blue Shield of Oklahoma. The cost of these benefits is not included in the FEHB premium, and charges for these services do not count toward any FEHB deductibles or catastrophic protection benefits. These benefits are not subject to the FEHB disputed claims procedures.

### **I acknowledge and agree:**

■ that coverage shall become effective only after this application is approved by the Plan and shall be only as stated in the certificate issued by the Plan; and

- that any health care provider having information or records pertaining to me or any covered family member is authorized to furnish such information or records at the Plan's request; and
- that each response in this application has been entered by me or at my direction and may be used by the Plan to determine eligibility of me and any family member for this coverage and that, if I have misstated or omitted any material information, the Plan may declare such coverage null and void from its issuance; and
- that I will pay premiums as stated above.

X

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Signature (Your signature is required)

Date

## **Open Season**

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The period during the year when the United States government allows federal employees to enroll and make changes to their enrollment in the Federal Employee Program.

## **Enrollment Period**

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The Federal DentalBlue benefits are based upon year-long premiums. (For federal employees enrolled during the calendar year, the enrollment period and total premium liability are determined based on the effective date of enrollment.) If you cancel your Federal DentalBlue coverage prior to 12 months of continuous coverage, you will not be able to re-enroll during the next three Open Seasons.