



Georgia Extras Packages

Dental, Vision and more

Georgia

benefits that complement your **Medicare Supplement plan**

Packaged benefits – better together

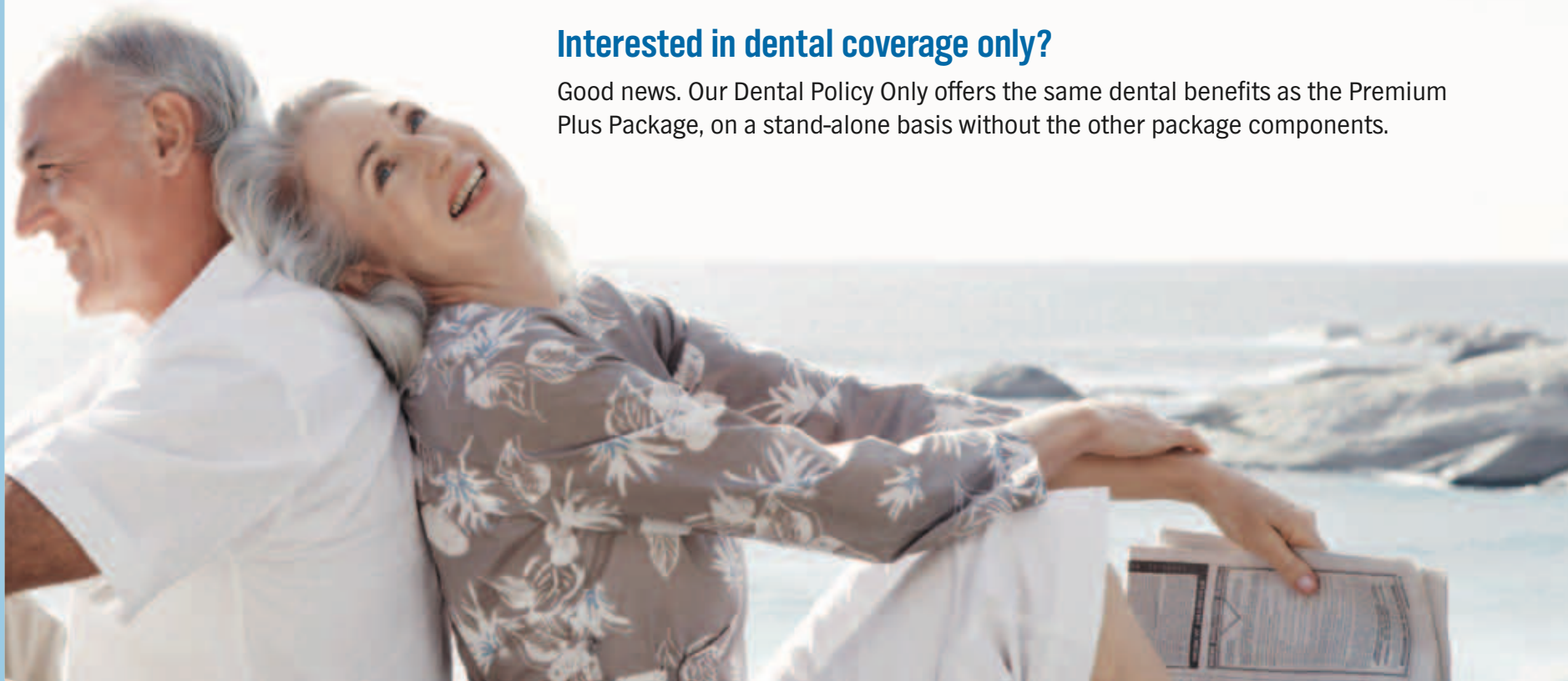
Healthy teeth and eyes help contribute to your overall well-being. That's why Blue Cross and Blue Shield of Georgia (BCBSGA) created Georgia Extras Packages – with your overall health in mind. We offer three packages to complement your Medicare Supplement plan – and help you reach for better health. Our Standard, Premium and Premium Plus packages offer valuable benefits and services, such as:

- › Packaged dental and vision coverage that offers extra preventive benefits
- › Support services and tools to help you maintain good overall health and well-being

And best of all, these packages are available for a monthly plan premium ranging from **\$17** to **\$43**. The benefits in each package will roll up to one overall premium, and you will receive one ID card for these services.

Interested in dental coverage only?

Good news. Our Dental Policy Only offers the same dental benefits as the Premium Plus Package, on a stand-alone basis without the other package components.



Dental coverage

It's important to have dental benefits that can help you look after your overall health, such as:

- › Coverage for diagnostic and preventive care – which can be key to good long-term oral health
- › Third cleaning or periodontal maintenance procedures are covered for diabetic members on all of our Georgia Extras Packages plans

And, for your convenience, you'll have:

- › Access to more than 1,785 unique dentists with more than 4,730 access points in Georgia, and more than 118,000 access points nationwide
- › Freedom from paperwork – network dentists file claims, and there are no referrals needed

Plus, you will automatically have access to the International Emergency Dental Program administered by DeCare Dental, a wholly owned subsidiary of the parent company of BCBSGA. With this feature, you have access to emergency dental care while traveling nearly anywhere in the world from our listing of credentialed dentists.

Is your dentist in the network?

To see if your dentist is in our current network, visit our website, www.bcbsga.com. When prompted, choose the Dental Blue 200 network.

If you prefer, you can contact our customer service center at **1-877-391-3897** (8 a.m. – 5 p.m. local time) for assistance.

You might pay more when you visit an out-of-network dentist

Your plan lets you choose any dentist, whether or not that dentist is in-network. But you may end up paying more for a service if you visit an out-of-network dentist.

Here's why: **In-network dentists** have agreed to payment rates for various services and cannot charge you more. On the other hand, **out-of-network dentists** don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."



Here's an example of how using in-network dental services can lower your costs

This is an example only. Your experience may be different, depending on your insurance plan, the services you get and who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills BCBSGA for that amount.

BCBSGA's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can balance bill Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- › Dentist's charge: \$1,200
- › BCBSGA's maximum allowed amount: \$800
- › BCBSGA pays 50%: \$400
- › You pay 50% (coinsurance): \$400
- › Balance you owe the provider: $\$1,200 - \$800 = \$400$
- › Your total cost:
\$400 coinsurance + \$400 provider balance = \$800

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance, because he would not have been balance billed the \$400 difference.

Vision coverage

Regular eye exams can often help detect, early on, some major health conditions like diabetes and cardiovascular disease. And early detection can mean lower health care costs, and – most importantly – a healthier you! That's why our vision plans include:

- › Access to a broad, convenient network of more than 50,000 independently contracted vision providers and provider locations across the country
- › The network is comprised mainly of independent optometrists and ophthalmologists. But for added convenience, we also offer national retail locations such as LensCrafters®, Pearle Vision®, Sears OpticalSM, Target Optical® and JCPenney® Optical
- › Prescription eyewear that is delivered quickly – in as little as an hour in some retail locations

Benefits vary by package, but all packages include eye exams, as well as allowances for eyeglass frames and lenses and contact lenses.

Save even more

Even after benefits have been exhausted, additional savings are offered for noncovered materials such as extra pairs of eyewear, a number of non-prescription sunglasses and other popular accessories. You can save 15%-40% by taking advantage of this unique option. And to add even more value, there is no limit to the number of purchases you can make using the additional savings program.

Easy-to-use benefits

Your out-of-pocket expenses may be lower, and you can avoid paperwork hassles when you visit network vision providers. In-network providers verify your benefits and get the information they need to file claims for you. All you need to do is:

- › Make an appointment with an in-network provider
- › Present your ID card at the time of service
- › Pay any applicable copays and any balance for noncovered services

Here when you need us

We are committed to providing excellent customer service. In fact, our customer service hours are among the longest in the industry. We provide customer service seven days a week, and you'll speak with well-trained representatives dedicated to your vision benefit support.

Find an in-network vision provider

To see if your vision provider is in our current network, visit our website, www.bcbsga.com. When prompted, choose Blue View Vision network.

Travel assistance



What would happen if you got sick in another country? Who would you call if you couldn't speak the native language? With travel assistance, you'll get extended service 24 hours a day, seven days a week, no matter where life takes you.

If you have an emergency medical situation while traveling abroad, simply call our assistance coordination line from any country to:

- › Coordinate and pay for medical evacuation to the nearest appropriate treatment facility or back home when medically necessary
- › Schedule a bedside visit for a family member or friend if you are hospitalized for more than seven days, or if you are in critical condition
- › Access health-related travel planning information and receive assistance in replacing lost prescription medications, eyeglasses or contact lenses while traveling

Additional services available.



Member assistance program (MAP)

Some days you just need someone to talk to. Other times you may be looking for connections to people who can help you figure things out. Whether you are sweating the small stuff or facing a major life crisis, our MAP services can help. No problem is too small (or too big) for our trained, caring MAP staff.

Older adult care services

Do you have questions about the health care system? Do you want to ensure you remain independent? Your elder care consultant can be accessed through your MAP services, and experienced care managers can help you every step of the way.

Included free with your benefit:

- › Live chat with an experienced care manager to point you in the right direction
- › Phone access to a personally assigned care manager to answer your questions
- › 24/7 access to a leading, comprehensive online senior knowledge center
- › Webinars, articles and self-help tips

Here when you need us

When you call the MAP, we will talk with you about your issue and work with you to plan your next steps. If needed, you can arrange for several visits with a licensed counselor or care manager. If you have money or legal concerns, we can put you in touch with a financial advisor or a lawyer. If you would benefit from ongoing assistance, we will help connect you with a qualified resource near your work or home.



Dental

Below is an overview of the dental plans available. See what fits your lifestyle best and enroll today.

	Standard Package	Premium Package	Premium Plus Package	Dental Policy Only
	In-Network or Out-of-Network Benefit	In-Network or Out-of-Network Benefit	In-Network or Out-of-Network Benefit	In-Network or Out-of-Network Benefit
Annual Maximum (the maximum amount BCBSGA will pay per calendar year)	\$500 per member per benefit year	\$1,000 per member per benefit year	\$1,250 per member per benefit year	\$1,250 per member per benefit year
Annual Deductible (the amount you will pay before we begin to pay for certain covered services)	No deductible	\$50 per member per benefit year. The deductible does not apply to diagnostic and preventive services for in-network and out-of-network.	\$50 per member per benefit year. The deductible does not apply to diagnostic and preventive services for in-network and out-of-network.	\$50 per member per benefit year. The deductible does not apply to diagnostic and preventive services for in-network and out-of-network.
Network	Dental Blue 200 Network	Dental Blue 200 Network	Dental Blue 200 Network	Dental Blue 200 Network
Diagnostic and Preventive Services (routine cleanings, exams and X-rays)	100% covered when using an in-network dentist Limited to 2 routine cleanings (including periodontal maintenance), 2 exams and 1 set of bitewing X-rays per year Complete X-ray series once every 5 years	100% covered when using an in-network dentist Limited to 2 routine cleanings (including periodontal maintenance), 2 exams and 1 set of bitewing X-rays per year Complete X-ray series once every 5 years	100% covered when using an in-network dentist Limited to 2 routine cleanings (including periodontal maintenance), 2 exams and 1 set of bitewing X-rays per year Complete X-ray series once every 5 years	100% covered when using an in-network dentist Limited to 2 routine cleanings (including periodontal maintenance), 2 exams and 1 set of bitewing X-rays per year Complete X-ray series once every 5 years
Minor Restorative Dental Services (fillings)	Not covered	Covered at 80% (you pay 20%) after a 6-month waiting period	Covered at 80% (you pay 20%) after a 6-month waiting period	Covered at 80% (you pay 20%) after a 6-month waiting period
Periodontal Services (scaling and root planing), Endodontics (root canals) and Oral Surgery (simple tooth extractions)	Not covered Not covered	Covered at 50% (you pay 50%) after a 12-month waiting period Covered at 50% (you pay 50%) after a 12-month waiting period	Covered at 50% (you pay 50%) after a 12-month waiting period Covered at 50% (you pay 50%) after a 12-month waiting period	Covered at 50% (you pay 50%) after a 12-month waiting period Covered at 50% (you pay 50%) after a 12-month waiting period
Prosthodontics (crowns, dentures and bridges)	Not covered	Not covered	Covered at 50% (you pay 50%) after a 12-month waiting period	Covered at 50% (you pay 50%) after a 12-month waiting period

For additional dental limitations and exclusions, please refer to your dental policy received upon enrollment.

Vision

There are several vision plans to choose from. Find the deductible and benefits that best fit your needs and enroll today.

	Standard Package		Premium
	In-Network Benefit	Out-of-Network Reimbursement Benefit	In-Network Benefit
Vision Examination Covered up to a comprehensive level exam with dilation as necessary	\$20 copayment (You pay a \$20 copayment when you receive this service from an in-network provider. Allowed once every 12 months.)	You pay amount in excess of \$30. (BCBSGA will pay up to \$30 toward this service if you visit an out-of-network provider. You will need to pay the full costs at the time of your visit and submit a claim to be reimbursed up to \$30. Allowed once every 12 months.)	\$20 copayment (You pay a \$20 copayment when you receive this service from an in-network provider. Allowed once every 12 months.)
Eyeglass Frames Once every 24 months You may select an eyeglass frame and receive the allowance toward the purchase price.	You pay amount in excess of \$100. A 20% discount applies to the balance over the Policy allowance. (BCBSGA will pay \$100 toward your eyeglass frames, then you will also receive an additional 20% off any remaining balance.)	You pay amount in excess of \$45. (BCBSGA will pay up to \$45 toward your eyeglass frames. You will need to pay the full costs at the time of your visit and submit a claim to be reimbursed.)	You pay amount in excess of \$100. A 20% discount applies to the balance over the Policy allowance. (BCBSGA will pay \$100 toward your eyeglass frames, then you will also receive an additional 20% off any remaining balance.)

For additional vision limitations and exclusions, please refer to your vision policy received upon enrollment. Discounts are subject to change without notice.

Package	Premium Plus Package	
Out-of-Network Reimbursement Benefit	In-Network Benefit	Out-of-Network Reimbursement Benefit
<p>You pay amount in excess of \$30. (BCBSGA will pay up to \$30 toward this service if you visit an out-of-network provider. You will need to pay the full costs at the time of your visit and submit a claim to be reimbursed up to \$30. Allowed once every 12 months.)</p>	<p>\$10 copayment (You pay \$10 copayment when you receive this service from an in-network provider. Allowed once every 12 months.)</p>	<p>\$30 allowance (BCBSGA will pay up to \$30 toward this service if you visit an out-of-network provider. You will need to pay the full costs at the time of your visit and submit a claim to be reimbursed up to \$30. Allowed once every 12 months.)</p>
<p>You pay amount in excess of \$45. (BCBSGA will pay \$45 toward your eyeglass frames. You will need to pay the full costs at the time of your visit and submit a claim to be reimbursed.)</p>	<p>You pay amount in excess of \$130. A 20% discount applies to the balance over the Policy allowance. (BCBSGA will pay \$130 toward your eyeglass frames then you will also receive an additional 20% off any remaining balance.)</p>	<p>You pay amount in excess of \$45. (BCBSGA will pay up to \$45 toward your eyeglass frames. You will need to pay the full costs at the time of your visit and submit a claim to be reimbursed.)</p>

Vision (continued)

	Standard Package		Premium
	In-Network Benefit	Out-of-Network Reimbursement Benefit You will need to pay the full costs at the time of your visit and submit a claim to be reimbursed.	In-Network Benefit
Eyeglass Lenses (Standard) Once every 24 months you may receive 1 set of lenses.			
Standard plastic single vision lenses (1 pair)	\$20 copayment	Up to \$25 allowance	\$20 copayment
Standard plastic bifocal lenses (1 pair)	\$20 copayment	Up to \$40 allowance	\$20 copayment
Standard plastic trifocal lenses (1 pair)	\$20 copayment	Up to \$55 allowance	\$20 copayment
Contact Lenses You may choose to receive contact lenses instead of eyeglass lenses. You will receive an allowance toward the cost of a supply of contact lenses every 24 months. Your contact lenses allowance must be used at the time of initial service. No remaining allowance may be carried forward to subsequent materials in the same or the following calendar year.			
Elective Conventional Contact Lenses	\$80 allowance then 15% off the remaining balance	Up to \$60 allowance	\$80 allowance then 15% off the remaining balance
Elective Disposable Contact Lenses	\$80 (no additional discount)	Up to \$60 allowance	\$80 (no additional discount)
Non-Elective Contact Lenses	Covered in full	Up to \$210 allowance	Covered in full
Contact Lenses Fitting and Follow-up A contact lenses fitting and 2 follow-up visits are available to you once a comprehensive eye exam has been completed.			
Standard Contact Fitting*	Up to \$55	Not covered	Up to \$55
Premium Contact Fitting**	10% off retail price	Not covered	10% off retail price

*A standard contact lenses fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include, but are not limited to, disposable and frequent replacement.

Package	Premium Plus Package	
Out-of-Network Reimbursement Benefit You will need to pay the full costs at the time of your visit and submit a claim to be reimbursed.	In-Network Benefit	Out-of-Network Reimbursement Benefit You will need to pay the full costs at the time of your visit and submit a claim to be reimbursed.
Up to \$25 allowance	\$10 copayment	Up to \$25 allowance
Up to \$40 allowance	\$10 copayment	Up to \$40 allowance
Up to \$55 allowance	\$10 copayment	Up to \$55 allowance
Up to \$60 allowance	\$80 allowance then 15% off the remaining balance	Up to \$60 allowance
Up to \$60 allowance	\$80 allowance (no additional discount)	Up to \$60 allowance
Up to \$210 allowance	Covered in full	Up to \$210 allowance
Not covered Not covered	Member cost up to \$55 10% off retail price	Not covered Not covered

** A premium contact lenses fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include, but are not limited to, toric and multifocal.

Georgia Extras Packages additional programs

	Standard Package	Premium Package	Premium Plus Package	Dental Policy Only
Travel assistance	Not available	Not available	If you have an emergency medical situation while traveling, travel assistance can help you as described on page 3.	Not available
Member assistance program	Not available	Includes emotional and behavioral health consultations; financial and legal consultations; and older adult care support resources as described on page 4.	Includes emotional and behavioral health consultations; financial and legal consultations; and older adult care support resources as described on page 4.	Not available
Your monthly premium	\$17	\$30	\$43	\$34

Other important information about Georgia Extras Packages and Dental Policy Only

Eligibility and enrollment

- › To be eligible for enrollment, you must be 65 years of age or older
- › Please note these plans are not available for purchase by individuals enrolled or enrolling in Medicare Advantage plans

Date coverage begins

The effective date of your coverage will be printed on your member ID card

How to enroll

- › Complete and sign the attached application
- › Send the completed application, along with your first payment (if desired), to your agent or:
Blue Cross and Blue Shield of Georgia, P.O. Box 5028, Denver, CO 80217-5028

Dental limitations and exclusions

► Standard Package

This is a partial list of plan limitations and exclusions. Please see the Individual Dental Policy for a complete list.

Limitations

Oral evaluations:	Limited to 2 times per year
Adult prophylaxis or periodontal maintenance:	Limited to 2 times per year – in addition, a third cleaning or periodontal maintenance cleaning is applicable to diabetic members who enroll in our clinical integration program.
Bitewing X-rays:	Limited to 1 set (up to 4 films) once per year

Exclusions

- Charges for tobacco counseling, oral hygiene instruction, dietary planning, or behavior management
- All hospital costs and any additional fees charged by the dentist for hospital treatment
- Professional visits for house/extended care facility, office visits after regularly scheduled hours, and case presentations
- Charges for missed or cancelled appointments
- Services or supplies not specifically listed in the covered services section of the Individual Dental Policy

► Premium Package, Premium Plus Package and Dental Policy Only

This is a partial list of plan limitations and exclusions. Please see the Individual Dental Policy for a complete list.

Limitations

Oral evaluations:	Limited to 2 times per year
Adult prophylaxis:	Limited to 2 times per year singly or in combination with periodontal maintenance procedure. In addition, a third cleaning or periodontal maintenance cleaning is applicable to diabetic members who enroll in our clinical integration program.
Full-mouth X-rays (complete series) or panoramic film:	Limited to 1 time every 5 years
Bitewing X-rays:	Limited to 1 series (up to 4 films) of bitewings once per calendar year
Amalgam and composite restorations:	Limited to once per tooth surface every 36 months. Benefits for composite resin restorations on posterior permanent teeth and primary teeth will be based on the Maximum Allowed Amount for the corresponding amalgam restoration.
Periodontal scaling:	Limited to once per quadrant every 24 months
Periodontal surgery:	Limited to 1 service per quadrant in any 3 years
Oral Surgery: Basic and surgical extractions. Root canal therapy and re-treatment (permanent teeth):	Limited to 1 time per tooth/root per lifetime

Exclusions

- Replacement of existing fillings for any purpose other than restoring tooth structure
- General anesthesia, intravenous sedation

The following is not covered for the Georgia Extras Premium Package, but is covered in the Premium Plus Package and Premium Plus Dental plan:

- Services for prosthodontics, for example, crowns. Prosthodontics is the branch of dentistry dealing with the construction of artificial appliances for the mouth, especially for the purpose of replacing missing teeth with bridges and dentures

► Premium Plus Package Dental Policy Only

This is a partial list of plan limitations and exclusions. Please see the Individual Dental Policy for a complete list.

Limitations

Permanent crowns and/or onlays:	Limited to 1 time per 7-year period per tooth
Tissue conditioning:	Limited to 2 times per arch in any 12-month period
Relines:	Limited to once per year for chairside reline and once in 3-5 years for laboratory reline
Removable prosthetic services (dentures and partials):	Limited to once per 7-year period
Denture adjustments:	Limited to 1 time per year
Fixed prosthetic services (bridge):	Limited to 1 time per 7-year period

Exclusions

- Replacement of an existing fixed or removable prosthesis for which benefits were paid if replacement occurs within seven years of the original placement
- Replacement of crowns, onlays and laboratory-fabricated restorations if replacement occurs within seven years of the original placement. Benefits will not be provided for a pontic or an abutment if a fixed or removable partial, crown, or onlay was placed on the affected tooth/teeth in the last seven years
- Lost or stolen dentures or appliances. Replacement of existing full or partial dentures or appliances which have been lost or stolen
- Charges for any duplicate prosthetic device or appliance, or for a “spare” set of dentures or any other duplicate appliance
- Denture adjustments, repairs and reline are not covered for a period of six months from initial placement if the denture(s) were paid for under this Policy
- Temporary and interim prosthetics (temporary crowns, bridges, partials, dentures, etc.). Temporary services are considered an integral part of the final services rather than a separate service and are therefore not eligible for benefits
- Teeth lost prior to coverage under this Policy are not eligible for prosthetic replacement unless the prosthetic replacement replaces one or more eligible natural teeth lost during the term of this coverage

Providing one source for your benefits

With Blue Cross and Blue Shield of Georgia, you get affordable coverage from one convenient, trusted source. Our products help address your overall health – from head to toe – and we do it with service and savings you will appreciate.

Enroll in one of our Georgia Extras Packages or our Dental Policy Only today. If you have any questions or need more information, call us toll free at:

1-877-391-3897

(8 a.m. – 5 p.m. local time)

TTY: 1-800-241-6834



BlueCross BlueShield
of Georgia

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

This brochure is intended to be a brief summary of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Policy; the Policy has exclusions, limitations and terms under which the Policy may be continued in force or discontinued. For costs and complete details of the coverage, call **1-877-391-3897** (8 a.m. – 5 p.m. local time) or write Blue Cross and Blue Shield of Georgia, P.O. Box 659444, San Antonio, TX 78265. In the event of a conflict between the Policy and this description, the terms of the Policy will prevail. Blue Cross and Blue Shield of Georgia is not connected with or endorsed by the U.S. Government or the federal Medicare program.

The International Emergency Dental Program is administered by DeCare Dental. No such relationship other than that of independent parties under an arrangement with each other solely for the purposes of providing dental care to Blue Cross and Blue Shield of Georgia members may be deemed to exist between DeCare Dental and participating dentists. DeCare Dental is an independent company offering dental administrative services to Blue Cross and Blue Shield of Georgia plans. DeCare Dental does not offer Blue Cross and Blue Shield of Georgia products or services. DeCare Dental is solely responsible for its products and services.

Travel assistance is provided by HTH Worldwide, HTH Worldwide is an independent company not affiliated with Blue Cross and Blue Shield of Georgia, and the services provided are not part of the insurance coverage provided by Blue Cross and Blue Shield of Georgia.

Blue Cross and Blue Shield of Georgia, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

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