

# Look, Listen and Smile

special discounts on

## VISION, HEARING and DENTAL



**BlueCross BlueShield  
of Louisiana**

An independent licensee of the Blue Cross and Blue Shield Association.



**HMO  
Louisiana, Inc.**

A subsidiary of Blue Cross and Blue Shield of Louisiana,  
independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. are pleased to offer you special discounts on dental, vision and hearing services. We bring you these discounted services as an added feature of your policy.

While Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. do not insure or provide contract benefits for these dental, vision and hearing services, we've arranged for discounted fees with certain providers. This is an informational brochure only and is not a contract nor intended to be construed as a contract.

We are committed to providing our customers with a wide selection of choices to meet your healthcare needs. As part of this commitment, we believe that wellness and preventive care ensures better health for you and reduced medical costs for everyone.

That's why we've made available a special network of **DENTAL, VISION** and **HEARING** providers to bring you the extra care you deserve at a fraction of the cost.



## automatic membership

As a Blue Cross or HMO Louisiana subscriber, you and your covered family members are automatically eligible for these discounted fees. Simply present a valid member ID card to one of the providers in our discount network, and you will immediately receive significant savings!

To find a discount provider near you, go to [www.bcbsla.com](http://www.bcbsla.com).

## freedom from paperwork

You can take advantage of these discounts at the time of service. Since this is a discount program only, there are no claim forms, no deductibles and no waiting for reimbursement.

We're helping our members see clearer, hear better and smile brighter!



# vision *and* hearing



## **SEEING IS BELIEVING!**

You and your covered family members can save on all your eye care needs through the Vision Discount Program. Visit one of the participating optical providers and save anywhere from 25 to 40 percent on all eyewear, contact lenses, eye exams and all other services.

## **HAVE YOU HEARD THE NEWS?**

We're bringing you discounts on hearing services and products through our Hearing Discount Program. You and your covered family members can save up to 30 percent on hearing screenings, hearing aids and other related products and services from our participating discount providers.



## **EASY TO USE**

When you and your covered family members receive services from any one of the participating providers, simply present your ID card and take advantage of immediate savings. There are no claim forms to file and no waiting for reimbursement!

Vision and hearing discounts begin on the effective date of your Blue Cross and Blue Shield of Louisiana or HMO Louisiana, Inc. policy. Discounts and prices vary at participating providers. Discounts will not apply in conjunction with advertised specials. Please contact your provider directly for fee information.

# discount programs

## SAVINGS FOR THE ENTIRE FAMILY . . .

Because you and your covered family members can use these vision and hearing services as often as you like, there is no limit to your savings. We encourage you to take advantage of the Vision and Hearing Discount Programs to get the professional care you and your family deserve, at prices you can afford.

Please contact our Customer Service Department at



**1 - 800 - 495 - BLUE**  
( 2 5 8 3 )

with any questions on the Dental, Vision and Hearing Discount Programs. To find discount network providers near you, go to [www.bcbsla.com](http://www.bcbsla.com).



# discount dental plan



**Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. have contracted with Louisiana dentists to bring you discounted fees for services through a special dental network. These discounts aren't available to policyholders with dental contracts.**

## HOW IT WORKS

As a Blue Cross and Blue Shield of Louisiana or HMO Louisiana, Inc. member, discounted fees for dental services are automatically available to you. Savings begin on the effective date of your policy. Please refer to the fee schedule in this brochure outlining dental services available and the discounted fees you pay directly to your participating dentist for these services. There are no claims to file.

You will receive a list of participating dentists. When you need dental care, select any dentist on the list and call to schedule an appointment. Tell them you are a Blue Cross and Blue Shield of Louisiana or HMO Louisiana, Inc. member and present your ID card at your appointment.

## WHO IS ELIGIBLE?

As a Blue Cross and Blue Shield of Louisiana or HMO Louisiana, Inc. member, you and your covered family members are eligible for these discounted fees.

## SERVICES

You pay the participating dentist directly when services are rendered.

## FEES

For services not listed on the discount fee schedule, our providers agree to give plan subscribers a 10 percent discount from the provider's usual fees that are ordinarily charged to other patients for the same or similar services.

If long-term treatment is necessary, you should discuss treatment and payment arrangements with your dentist.

## PROGRAM HIGHLIGHTS

- **full spectrum of dental services**
- **discounts for all covered family members**
- **no limit on the number of dental visits**



## LIMITATIONS AND EXCLUSIONS

Participating dentists will not provide any treatment the attending dentist deems unnecessary for the patient's dental health and any treatment that cannot be performed because of the general health of the patient.

The discounted fees do not apply to treatment for injuries or conditions covered under Workers' Compensation or employer liability laws, automobile, medical, no-fault or similar types of insurance services provided without cost to the patient by any parish, municipality or other political subdivision.

Discounts apply only when treatment is performed at a participating dentist's office. Discounts do not apply to services performed by a non-participating dentist or in a hospital. In these cases, patients are responsible for the regular fees.

Discounted fees do not apply to dental treatments already in progress, although participating dentists may opt to make special arrangements to assume treatment in progress. Fees for assumption of treatment should be negotiated by dentist and patient.

Discounted fees are available as long as your Blue Cross and Blue Shield of Louisiana or HMO Louisiana, Inc. policy is valid and this program is still in place. If your policy lapses or expires, these discounts no longer apply.

If you select a non-participating dentist, you are responsible for the non-participating dentist's regular fees. Any licensed dentist is eligible to participate in the Discount Dental Network, and can apply directly to the Blue Cross and Blue Shield of Louisiana office. Participation is contingent on acceptance and notification by Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.



# discount providers

To find a **discount provider** near you,

- 1 log onto [www.bcbsla.com](http://www.bcbsla.com)
- 2 click on “Find a Doctor or Hospital”
- 3 click “Search Our Directory”
- 4 select “Discount Dental, Vision & Hearing”





# dental fee schedule

BCBSLA  
DISCOUNTED  
FEE

	CODES	DESCRIPTIONS	
<b>DIAGNOSTIC</b>	120	Periodic Oral Examination	\$20
	140	Limited Oral Examination - Problem-Focused	35
	150	Comprehensive Oral Examination	33
	160	Detailed and Extensive Oral Evaluation	65
	180	Comprehensive Periodontal Evaluation	35
	210	Intraoral - Complete Series (Including Bitewings)	60
	220	Intraoral - Periapical - First Film	12
	230	Intraoral - Periapical - Each Additional Film	8
	240	Intraoral - Occlusal Film	15
	250	Extraoral - First Film	25
	260	Extraoral - Each Additional Film	20
	270	Bitewing - Single Film	11
	272	Bitewings - Two Films	18
	274	Bitewings - Four Films	26
	277	Vertical Bitewings - 7 to 8 Films	36
	330	Panoramic Film	50
	470	Diagnostic Casts	44
	1110	Prophylaxis - Adult	40
	1120	Prophylaxis - Child	30
	1201	Topical Application of Fluoride (Including Prophylaxis) - Child	35
	1203	Topical Application of Fluoride (Prophylaxis Not Included) - Child	15
	1204	Topical Application of Fluoride (Prophylaxis Not Included) - Adult	15
	1205	Topical Application of Fluoride (Including Prophylaxis) - Adult	45
	1351	Sealant - Per Tooth	22
	1510	Space Maintainer-Fixed Uni	160
	1515	Space Maintainer-Fixed Bilat	200
	<b>RESTORATIVE</b>	2140	Amalgam Restorations - One Surface, Permanent
2150		Amalgam Restorations - Two Surfaces, Permanent	73
2160		Amalgam Restorations - Three Surfaces, Permanent	87
2161		Amalgam Restorations - Four or More Surfaces, Permanent	100
2330		Resin Restorations - One Surface, Anterior	65
2331		Resin Restorations - Two Surfaces, Anterior	80
2332		Resin Restorations - Three Surfaces, Anterior	100
2335		Resin Restorations - Four or More Surfaces or Involving Incisal	115
2390		Resin-based Composite Crown, Anterior	115
2391		Resin-based Composite - One Surface, Posterior	70
2392		Resin-based Composite - Two Surfaces, Posterior	100
2393		Resin-based Composite - Three Surfaces, Posterior	125
2394		Resin-based Composite - Four or More Surfaces, Posterior	130
<b>CROWN AND BRIDGE BASE FEES</b>	2710	Crown - Resin (Indirect)	250
	2720	Crown - Resin With High Noble Metal	500

# dental fee schedule

	CODES	DESCRIPTIONS	BCBSLA DISCOUNTED FEE
<b>CROWN AND BRIDGE BASE FEES</b>	2721	Crown - Resin With Predominantly Base Metal	\$475
	2722	Crown - Resin With Noble Metal	450
	2740	Crown Restorations - Porcelain/Ceramic Substrate	580
	2750	Crown Restorations - Porcelain Fused to High Noble Metal	550
	2751	Crown Restorations - Porcelain Fused to Predominantly Base Metal	495
	2752	Crown Restorations - Porcelain Fused to Noble Metal	510
	2780	Crown - 3/4 Cast High Noble Metal	550
	2781	Crown - 3/4 Cast Predominantly Base Metal	480
	2782	Crown - 3/4 Cast Noble Metal	475
	2783	Crown - 3/4 Porcelain/Ceramic	550
	2790	Crown Restorations - Full Cast High Noble Metal	550
	2791	Crown-Full Cast Predominantly Base Metal	475
	2792	Crown-Full Cast Noble Metal	525
	2920	Recement Crown	45
	2930	Prefabricated Stainless Steel Crown - Primary Tooth	140
	2931	Prefabricated Stainless Steel Crown	160
	2932	Prefabricated Resin Crown	150
	2933	Prefabricated Stainless Steel Crown With Resin Window	155
	2940	Sedative Filling	48
	2950	Core Build-Up, Including Any Pins	128
2951	Pin Retention - Per Tooth, in Addition to Restoration	25	
2952	Cast Post and Core in Addition to Crown	175	
2954	Prefabricated Post and Core in Addition to Crown	162	
<b>ENDODONTICS</b>	3110	Pulp Cap - Direct (Excluding Final Restoration)	32
	3120	Pulp Cap - Indirect (Excluding Final Restoration)	31
	3220	Therapeutic Pulpotomy (Excluding Final Restoration)	85
	3310	Root Canal Therapy, Anterior (Excluding Final Restoration)	357
	3320	Root Canal Therapy, Bicuspid (Excluding Final Restoration)	424
3330	Root Canal Therapy, Molar (Excluding Final Restoration)	545	
<b>PERIODONTICS</b>	4341	Periodontal Scaling and Root Planing - Per Quadrant	105
	4355	Full Mouth Debridement - Comprehensive Periodontal Evaluation	75
	4910	Periodontal Maintenance Procedures (Following Active Therapy)	68
<b>PROSTHO- DONTICS</b>	5110	Complete Denture - Maxillary Exclude Extract	664
	5120	Complete Denture - Mandibular Exclude Extract	664
	5130	Immediate Denture - Maxillary	688
	5140	Immediate Denture - Mandibular	688
	5211	Maxillary Partial Denture - Resin Base	550
	5212	Mandibular Partial Denture - Resin Base	600
	5213	Maxillary Partial Dentures - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	760

# dental fee schedule

BCBSLA  
DISCOUNTED  
FEE

	CODES	DESCRIPTIONS	
<b>PROSTHO- DONTICS</b>	5214	Mandibular Partial Dentures – Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$760
	5281	Metal (Including Clasps & Teeth)	455
	5510	Repair Broken Complete Denture Base	80
	5520	Replace Missing or Broken Teeth – Complete	70
	5610	Repair Resin Denture Base Dental	85
	5650	Add Tooth to Existing Partial Denture	95
	5660	Add Clasp to Existing Partial Denture	125
	5710	Rebase – Complete Maxillary Denture	265
	5711	Rebase – Complete Lower	280
	6240	Pontic – Porcelain Fused to High Noble Metal	550
	6241	Bridge Pontic – Porcelain Fused to Predominantly Base Metal	500
	6242	Bridge Pontic – Porcelain Fused to Noble Metal	520
	6750	Bridge Retainer – Crown – Porcelain Fused to High Noble Metal	575
	6751	Crown – Porcelain Fused to Predominantly Base Metal	500
6752	Bridge Retainer – Crown – Porcelain Fused to Noble Metal	525	
6930	Recement Fixed Partial Denture	60	
<b>ORAL SURGERY</b>	7111	Coronal Remnants – Deciduous Tooth	50
	7140	Extraction, Erupted Tooth or Exposed Root	65
	7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	135
	7220	Removal of Impacted Tooth – Soft Tissue	160
	7230	Removal of Impacted Tooth – Partially Bony	180
	7240	Removal of Impacted Tooth – Completely Bony	225
	7510	Incision & Drainage of Abscess – Intraoral Soft Tissue	80
	<b>ADJUNCTIVE GENERAL SERVICES</b>	9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure
9310		Consultation (Diagnostic Service Provided by Dentist or Physician Other Than Practitioner Providing Treatment)	45
9910		Application of Desensitizing Medicament	22
9951		Occlusal Adjustment – Limited	45
<b>ORTHODONTICS</b>		Class I Treatment	3,185
		Class II Treatment	3,185
		Class III Treatment	3,325

(The orthodontist will explain the length of treatment, all fees and the payment schedule. The orthodontics fees apply to subscribers of all ages and includes cost of initial exam, records, placement of appliances, treatment of two years (24 months), removal of appliances and placement of retainer. These fees do not include the cost of retainer, which is to be paid by the subscriber. These fees are not available to any subscriber currently in treatment. Any orthodontic treatment that requires surgery or unusual services may require additional charges.)

**TOLL-FREE CUSTOMER SERVICE**

800.495.BLUE (2583)

**E-MAIL**

help@bcbsla.com

**ON THE WEB**

www.bcbsla.com



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