

A guide to your implant coverage



Understanding how your coverage works

Q. How do I know if my dental plan covers implant treatment?

A. For a comprehensive listing of benefits and exclusions, see your plan's *Evidence of Coverage** for complete details. The member dental website will also indicate if implant benefits are included in your plan; you will need to log in as a member.

Q. Am I eligible for implant benefits if I am undergoing treatment when I join the dental plan?

A. No. Your plan does not cover treatment in progress for dental implant services received prior to your effective date of coverage.

Q. Do I need a precertification or prior authorization?

A. Yes, written precertification is necessary from Blue Shield† or claims may be denied for this benefit.

Q. How do you determine my share of costs?

A. Implant benefits are considered a major service and subject to your plan's coinsurance and calendar-year maximum.

Q. How does the implant benefit work?

A. This single-tooth implant is offered for initial replacement of any missing single tooth except second and third molars and lower front teeth. Failed implants, second and third molar, and lower anterior tooth (front tooth) replacement is not included. Benefits include the surgical implant placement, bone grafting to the site (if required), implant crown placement (if one is utilized), and the prosthetic crown that is supported by the surgical implant. Benefits are provided for the maintenance, repair, and removal of the implant but these services are limited to implants provided through this special implant benefit.

Q. Are there any plan limitations or restrictions?

A. Yes. If there are teeth missing on either side of the midline (bilaterally missing teeth), or more than three teeth missing in one side of the mouth, or more than three teeth missing in the anterior region, you will be given an alternate benefit of a partial denture. If you prefer a different procedure, payment will be based on the partial denture benefit.

Q. Is there an age requirement to be eligible for my dental implant benefit?

A. Yes, you must be at least 21 years of age to be eligible for dental implant benefits because the face and jaw continue to grow and develop until this age.

Q. Is there a waiting period for me to begin receiving implant treatment?

A. No, there is no waiting period for the small business market plans with implant benefits. In the large group market, only Voluntary PPO dental and Voluntary INO dental plans have a 12-month waiting period for major services. You still must obtain prior authorization from Blue Shield to receive this benefit.



* In the large group market, dental implant benefits are available in all dental plans. In the small business market, dental implant benefits are available in the Smile Deluxe 2000 and Smile Deluxe Plus 2000 PPO plans (underwritten by Blue Shield of California Life & Health Insurance Company).

† Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

‡ Source: American Association of Oral and Maxillofacial Surgeons. <http://myoms.org/procedures/dental-implant-surgery>.