



BlueCross BlueShield
of Georgia

Student **Blue**SM

BlueChoice POS

Benefit highlights for voluntary health care plan

Effective August 1, 2017



Helping to improve the health of our members

Your health plan is important. You need a plan you can rely on to deliver great value and service. BCBSGa provides a unique combination of capabilities and advantages that no competitive plan can match.

Brand value

Only Blue Cross and Blue Shield of Georgia (BCBSGa) brings you this combination of advantages:

- *Local service and commitment.* We've been serving Georgia families for over 75 years. We live and work here, too — and we understand your needs.
- *Experience and strength you can trust.* BCBSGa is the largest insurer in the state, part of the nation's second largest health benefits company and a member of the Blue Cross and Blue Shield Association. It adds up to greater choice, confidence, reliability and satisfaction.

Financial advantage

We help you control health care costs:

- *Significant network savings.* Using in-network doctors and hospitals, which offer deep network discounts, means bigger savings for you.
- *Decision-support tools.* You have access to innovative tools that help educate you about health care costs and empower you to make informed decisions. You can find quality care at a lower cost.

With BCBSGa, you get the high-quality benefits you want — without paying more than you have to.

Service excellence

Get answers and information when you want them, the way you want them — from friendly professionals or conveniently online:

- *Superior service for you.* Our service has earned a 90% satisfaction rate from members, and no one offers faster or more accurate claims service.
- *Outstanding support.* We're here for you. Your satisfaction is our #1 priority.



Eligibility

All students who are not eligible to enroll in the mandatory plan but are taking at least four credit hours per term are eligible for this plan, along with their dependents.

Eligible dependents are the spouse or domestic partner of the covered student or any dependent, unmarried child of the covered student under age 26. A child shall stop being a dependent when he or she gets married or reaches the limiting age.

To be eligible for this coverage, a student must actively attend classes for the first 31 days of the enrollment period. BCBSGa has the right to investigate student status and attendance records to verify that policy eligibility requirements have been and continue to be met. If BCBSGa discovers eligibility requirements have not been met, its only obligation is to refund the premium less any claims paid. Dependent coverage expires at the same time the covered student's coverage expires.

Enrollment

Enrollment is only allowed during the open enrollment period. Open enrollment ends September 6, 2017. The only exceptions are the following qualifying events with appropriate documentation:

- a. Adding a new spouse or dependent child (within 31 days of marriage, birth or adoption).
- b. Enrolling as a new or transfer student (within 31 days of date of enrollment at the Institution).
- c. Ineligibility under another creditable plan (within 31 days of loss of coverage).
- d. Change of status at the institution for a student moving out of one of the mandatory programs (within 31 days of change of status).
- e. For international students, arrival of eligible spouse or dependent children from home country at the institution (within 31 days of arrival).

Introducing LiveHealth Online the fast easy way to see a doctor right from your computer or mobile device.

LiveHealth Online® is a new communications tool that lets you talk to a doctor online by two-way video. Doctors can answer questions, make a diagnosis, and even prescribe basic medications, when needed.*

With LiveHealth Online, you get:

- Immediate doctor visits through live video.
- Your choice of U.S. board-certified doctors.
- Help at a cost of only \$15 per visit.
- Private, secure and convenient online visits.

You can use LiveHealth Online for nonurgent matters like:

- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions

Using LiveHealth Online is easy. Here's how:

1. Go to **livehealthonline.com** or download the free app.
2. Select **Sign Up** if you don't have an account.
3. Select **Login** if you've already registered.
4. Enter information about yourself and your health issue.
5. Select a doctor and start your visit.

And, now introducing LiveHealth Online Psychology

Visit livehealthonline.com to find out more about this program.

*Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to expand to more in the near future. Visit the home page of livehealthonline.com to view the service map by state.

Student Health Plan POS

Georgia Tech Student Health Plan benefit summary

All benefits are subject to the benefit period deductible, except those with in-network copays, unless otherwise noted. All benefit period maximums are combined between in network and out of network. In addition to copays, members are responsible for deductibles and any applicable coinsurance. Members are also responsible for all costs over plan maximums. Some services may require precertification before services are covered by the plan. Visit and day limit accumulation begins after the deductible is satisfied. There are no pre-existing condition exclusions regardless of age.

When using out-of-network providers, members are responsible for any difference between the allowed amount and actual charges, as well as any copays, deductibles and/or applicable coinsurance.

| Deductibles, coinsurance and maximums | Student health services | In-network benefit level | Out-of-network benefit level |
|--|-------------------------|----------------------------------|----------------------------------|
| Benefit period deductible* | | | |
| Individual | None | \$250 | \$300 |
| Family | None | \$750 | \$900 |
| Coinsurance | 100% for most services | Member pays 20% Plan pays 80% | Member pays 40% Plan pays 60% |
| Benefit period out-of-pocket maximum* (includes benefit period deductible) | | | |
| Individual | None | \$3,750 | \$6,000 |
| Family | None | \$11,250 | \$18,000 |
| Lifetime maximum | Unlimited | Unlimited | Unlimited |

* Deductibles and out-of-pocket maximums are added separately for in-network and out-of-network services. One family member may reach his or her Individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also goes toward the family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the family deductible is met, all family members can access coverage for health care expenses. Member copays for physician office visits, emergency room services and prescription drug copays apply toward the maximum annual out-of-pocket (stop loss) limits.

| Covered services | Student health services | In-network benefit level | Out-of-network benefit level |
|---|----------------------------------|--|--|
| Preventive care services for children and adults (preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.): <ul style="list-style-type: none"> Well-child care, immunizations Periodic health examinations Annual gynecology examinations Prostate screenings | Covered under student health fee | Member pays 0% (not subject to deductible) | Member pays 30% after deductible (deductible waived through age 5) |
| Physician office visits for illness and injury (including labs, X-rays, and diagnostic procedures): <ul style="list-style-type: none"> Primary care physician (PCP)* OB/GYN Specialist physician | Covered under student health fee | \$25 copay \$25 copay \$40 copay | Member pays 40% after deductible |
| * Also applies to services rendered at retail health clinics | | | |
| Maternity physician services: <ul style="list-style-type: none"> First prenatal visit Global obstetrical care (prenatal, delivery and postpartum services) | Not applicable | \$25 copay Member pays 20% after deductible | Member pays 40% after deductible Member pays 40% after deductible |

| Covered services | Student health services | In-network benefit level | Out-of-network benefit level |
|---|---|---|--|
| Telemedicine services | Not applicable | \$25 PCP copay or \$40 specialist copay | Member pays 40% after deductible |
| Telehealth services | Online physician visit | \$15 PCP copay | Not applicable |
| Allergy services: <ul style="list-style-type: none"> Office visits, testing and the administration of allergy injections Allergy injection serum | Covered under student health fee | \$25 PCP copay or \$40 Specialist copay Member pays 20% after deductible | Member pays 40% after deductible Member pays 40% after deductible |
| Outpatient surgery (surgery and administration of general anesthesia) | Not applicable | Member pays 20% after deductible | Member pays 40% after deductible |
| Office therapy services: <ul style="list-style-type: none"> Physical therapy and occupational therapy: 20-visit benefit period maximum combined Speech therapy: 20-visit benefit period maximum Chiropractic care/manipulation therapy: 20-visit benefit period maximum | Not applicable | \$25 copay | Member pays 40% after deductible |
| Other therapy services (chemotherapy, radiation therapy, cardiac rehabilitation [36-visit benefit period maximum] and respiratory/pulmonary therapy) | Not applicable | Member pays 20% after deductible | Member pays 40% after deductible |
| Advanced diagnostic imaging (MRI, MRA, CT scans and PET scans) | Not applicable | Member pays 20% after deductible | Member pays 40% after deductible |
| Urgent care services | Not applicable | Member pays 10% | Member pays 40% after deductible |
| Emergency room services: <ul style="list-style-type: none"> Life-threatening illness or serious accidental injury only The ER copay will be waived if admitted to the hospital | Not applicable | \$50 copay; then member pays 10% | \$50 copay; then member pays 10% |
| Outpatient facility services: <ul style="list-style-type: none"> Surgery facility/hospital charges Diagnostic X-ray and lab services Physician services (surgeon, anesthesiologist, radiologist, pathologist) | Covered under student health fee (where applicable) | Member pays 20% after deductible | Member pays 40% after deductible |

| Covered services | Student health services | In-network benefit level | Out-of-network benefit level |
|--|--|--|--|
| Inpatient facility services: <ul style="list-style-type: none"> Daily room, board and general nursing care at semiprivate room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic X-ray and lab services; newborn nursery care Physician services (surgeon, anesthesiologist, radiologist, pathologist) | Not applicable | Member pays 20% after deductible | Member pays 40% after deductible |
| Skilled nursing facility 60-day benefit period maximum | Not applicable | Member pays 20% after deductible | Member pays 40% after deductible |
| Mental health/substance abuse services: <ul style="list-style-type: none"> Inpatient mental health and substance abuse services* (facility and physician fee) Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)* (facility and physician fee) Office/outpatient mental health and substance abuse services (physician fee) * Services must be authorized by calling 1-800-292-2879. | Not applicable Not applicable Covered under student health fee | Member pays 20% after deductible Member pays 20% after deductible \$25 copay | Member pays 40% after deductible Member pays 40% after deductible Member pays 40% after deductible |
| Home health care services 120-visit benefit period maximum | Not applicable | \$25 copay | Member pays 40% after deductible |
| Hospice care services Inpatient and outpatient services covered under the hospice treatment program | Not applicable | Member pays 0% (not subject to deductible) | Member pays 30% after deductible |
| Durable medical equipment (DME) | Not applicable | Member pays 20% after deductible | Member pays 40% after deductible |
| Ambulance services (covered when medically necessary) | Not applicable | Member pays 10% after deductible and \$100 copay | Member pays 10% after deductible and \$100 copay |

For a full disclosure of all benefits, exclusions and limitations, please refer to your *Certificate Booklet*.

Prescription drugs

If a member receives a brand-name drug that falls on Tier 3 that has a generic equivalent available, the member pays the Tier 1 copay, plus the difference in cost between the brand drug and the generic drug. This applies even when the physician indicates DAW (dispense as written).

Retail and home delivery maintenance drug coverage is provided at one of four tier levels in accordance with the formulary drug list. Members must file a claim form for reimbursement when using an out-of-network pharmacy.

Specialty drugs must be obtained from a specialty pharmacy in order to be eligible for coverage.

Refer to **Prescription Drug Tier** definitions below.

Prescriptions filled at Georgia Tech Stamps Health Services \$0 copay

| Tier level | Retail drugs 30-day supply | Home Delivery Maintenance Drugs 90 day supply |
|------------|-------------------------------|--|
| Tier 1 | \$15 copay | \$15 copay |
| Tier 2 | \$30 copay | \$60 copay |
| Tier 3 | \$60 copay | \$180 copay |

Prescription drug tier definitions

Tier 1 — These drugs have the lowest copay. This tier will contain low-cost or preferred medications. This tier may include generic, single-source brand drugs, or multisource brand drugs.

Tier 2 — These drugs will have a higher copay than Tier 1 drugs. This tier will contain preferred medications that generally are moderate in cost. This tier may include generic, single-source, or multisource brand drugs.

Tier 3 — These drugs will have a higher copay than Tier 2 drugs. This tier will contain nonpreferred or high-cost medications. This tier may include generic, single-source brand drugs, or multisource brands drugs.

Tier 4 — These drugs will have a higher coinsurance or copay than those in Tier 3. This tier will contain specialty drugs.

Exclusive specialty drugs

If you need a specialty medication, it will be filled through Accredo, which offers access to enhanced clinical programs.

Preferred generics (DAW 1)

If your doctor requests a brand-name drug for you, then you pay the generic copay plus the cost difference between the brand-name and the generic drug.

Support for quitting smoking

Under health care reform, you can get certain FDA-approved prescription drugs and many over-the-counter (OTC) products to help you quit smoking and it won't cost you anything extra! Just take the following steps:

- 1. Ask your doctor** if one or more of the covered prescription drugs and/or OTC products (listed below) would be good for you. If so, you'll need to get a prescription for each one (including certain OTC products) in order to be covered at no cost to you.
- 2. Go to a pharmacy** that's in your health plan's network to fill your prescription. You can check bcbsga.com to find a network pharmacy.
- 3. Show the pharmacist proof that you're at least 18** years of age. If you're under 18, you may need to speak with your doctor or other health care professional to get your OTC product, because by law, they can only be sold to people who are over 18.

Prescription drugs and over-the-counter (OTC) products that are fully covered as part of the health care reform law:*

- Chantix
- Buproban
- Bupropion SR (generic Zyban)

OTC nicotine replacement therapy (NRT) products

| Type of NRT | Brand-name and generic products that are covered at 100% |
|---|---|
| Nicotine gum Available in 2mg and 4mg doses | CVS nicotine chewing gum EQ nicotine chewing gum GNP nicotine chewing gum HM nicotine chewing gum LDR nicotine chewing gum Nicorelief nicotine chewing gum PC nicotine chewing gum Pub Stop Smoking aid 2mg and 4mg gum PV nicotine chewing gum Quit 2 nicotine chewing gum Quit 4 nicotine chewing gum RA nicotine chewing gum SM nicotine chewing gum SW nicotine chewing gum Thrive nicotine chewing gum Please note: Nicorette is not covered |

Nicotine lozenge

Available in 2mg and 4mg doses

CVS nicotine lozenge
 EQL nicotine lozenge
 GNP nicotine lozenge
 HM nicotine lozenge
 Nicorelief nicotine lozenge
 Pub Stop Smoking aid 2mg and 4mg lozenge
 RA nicotine lozenge
 SM nicotine lozenge
 SW nicotine lozenge

Please note: Commit is not covered.

Nicotine transdermal patch

(also called a nicotine skin patch)

Available in single daily doses of 7mg, 14mg, or 21mg

CVS nicotine transdermal patch
 EQ nicotine transdermal patch
 EQL nicotine transdermal patch
 HM nicotine transdermal patch
 PV nicotine transdermal patch
 RA nicotine transdermal patch
 SM nicotine transdermal patch

Please note: Habitrol and Nicoderm are not covered.

* Some drugs are subject to a quantity limit review before they are covered.

Get even more support at bcbsga.com!

Log on and select our **Health and Wellness** section for resources, videos and even an online community for information and inspiration to help you quit!

Dental benefits

Georgia Tech dental benefits summary

August 1, 2017 effective date

Dental coverage you can count on

Your BCBSGa dental plan lets you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose a participating provider.

Savings beyond your dental plan benefits – you get more for your money

You pay our negotiated rate for covered services from participating dentists even if you exceed your annual benefit maximum.

Your dental plan at a glance

| | Participating dentist | Nonparticipating dentist |
|--|---------------------------------------|---|
| Annual benefit maximum (calendar year): <ul style="list-style-type: none"> Per insured person Annual maximum carryover: no | \$500 | \$500 |
| Orthodontic lifetime benefit maximum Per eligible insured person | Not applicable | Not applicable |
| Annual deductible (calendar year) Per insured person family maximum | \$0 3x single member deductible | \$0 3x single member deductible |
| Deductible waived for diagnostic and preventive services | Yes | Yes Nonparticipating dentist reimbursement option: 80th percentile of FAIR Health |
| Dental services | Participating dentist BCBSGa pays: | Nonparticipating dentist BCBSGa pays: |
| Diagnostic and preventive services, for example: <ul style="list-style-type: none"> Periodic oral exam Teeth cleaning (prophylaxis) Bitewing X-rays (once in 12 mos.) Intraoral X-rays | 100% | 100% |
| Basic services Fillings, for example: <ul style="list-style-type: none"> Amalgam (silver-colored) Front composite (tooth-colored) Back composite, covered as alternate to amalgam | 100% | 100% |
| Basic or major services Crowns (major service) | Not covered | Not covered |
| Prosthodontics (major service), for example: <ul style="list-style-type: none"> Dentures Bridges | Not covered | Not covered |
| Prosthetic repairs/adjustments (major service) | Not covered | Not covered |
| Endodontics (basic service), for example: Root canal | Not covered | Not covered |
| Periodontics (basic service), for example: <ul style="list-style-type: none"> Scaling and root planing Oral surgery (basic service) | Not covered Not covered | Not covered Not covered |
| Waiting period for basic services: none Waiting period for major services: none | | |
| Orthodontic services Waiting period: not applicable | Not covered | Not covered |

Child orthodontic coverage begins at age 8 and runs through age 18. This means that the child must have been banded between the ages of 8 and 19 in order to receive coverage. If children are dependents beyond age 19, they can continue to receive coverage, but they must have been banded before age 19.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your *Certificate of Coverage*. **In the event of a discrepancy between the information in this summary and the *Certificate of Coverage*, the *Certificate* will prevail.**

Emergency dental treatment for the international traveler

As a BCBSGa dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.* With this program, you may receive emergency dental care from our list of credentialed dentists while traveling nearly anywhere in the world.

Finding a dentist is easy

To select a dentist by name or location, do one of the following:

- Go to bcbsga.com/mydental.
- Call BCBSGa Dental Customer Service at 1-877-604-2158.

Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit a nonparticipating dentist (a dentist who is not in your dental plan's network).

Here's why:

Participating dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, nonparticipating 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."

How BCBSGa dental decides on maximum allowed amounts

For services from a nonparticipating dentist, the maximum allowed amount is determined in one of the following ways:

- Nonparticipating dental fee schedule/rate developed by BCBSGa, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data.
- Information provided by a third-party vendor that shows comparable costs for dental services.
- Participating dentist fee schedule.

* The International Emergency Dental Program is managed by DeCare Dental, an independent company offering dental-management services to BCBSGa.



Blue View VisionSM

Georgia Tech Student Plan

August 1, 2017 effective date

Access to a diverse national network

Blue View Vision's provider network is composed of more than 50,000 providers and provider locations nationwide, offering a generous mix of independent practitioners and retail locations including 1-800 CONTACTS®, LensCrafters®, Pearle Vision®, Sears OpticalSM, Target Optical® and JCPenney®. Having retail locations means you can take care of your vision needs when it's most convenient for you.

Freedom of choice

While benefits and savings are typically greater from in-network providers, you're free to visit an out-of-network provider. Just pay in full at the time of service and then file a claim for reimbursement. Remember, you'll usually save more by staying in network, but the choice is yours!

Outstanding customer service

We are committed to providing the best service and support possible, setting ourselves apart with:

- Some of the longest customer service hours in the industry, including extended evening and weekend hours.
- Dedicated knowledgeable representatives.
- High service metric standards that are consistently met or exceeded.

Additional savings

You can get special savings from in-network providers even after your benefits have been exhausted. You can enjoy unlimited savings on things like extra pairs of eyewear, and even noncovered items such as sunglasses and popular accessories.



Blue View Vision

Georgia Tech Student Plan

| Vision care services | | In-network | Out-of-network |
|--|---|---|--|
| Routine eye exam (once every calendar year) | | \$10 copay | \$30 allowance |
| Eyeglass frames You may select an eyeglass frame and receive the following allowance toward the purchase price (once every calendar year) | | \$130 allowance then 20% off remaining balance | \$45 allowance |
| Eyeglass lenses (standard) Factory scratch coating included. Polycarbonate lenses included for children under 19 years old. Transition lenses included for children under 19 years old. You may receive any one of the following lens options: (once every calendar year) <ul style="list-style-type: none"> Standard plastic single vision lenses (1 pair) Standard plastic bifocal lenses (1 pair) Standard plastic trifocal lenses (1 pair) | | \$10 copay, then covered in full \$10 copay, then covered in full \$10 copay, then covered in full | \$25 allowance \$40 allowance \$55 allowance |
| Eyeglass lens upgrades When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copay applies. | Contact lenses (once every calendar year) Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and get an allowance toward the cost of a supply of contact lenses. <i>The contact lens allowance can only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases made during the same benefit period, nor can any unused amount be carried over to the following benefit period.</i> | Lens options: <ul style="list-style-type: none"> UV Coating Tint (solid and gradient) Standard polycarbonate Transitions lenses Progressive lenses:¹ <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Standard anti-reflective coating² Premium Tier 1 anti-reflective coating² Premium Tier 2 anti-reflective coating² Other add-ons and services Elective conventional lenses Elective disposable lenses Nonelective contact lenses | Member cost for upgrades <ul style="list-style-type: none"> \$15 \$15 \$40 \$75 \$65 \$91 \$97 \$103 \$45 \$57 \$68 20% off retail price \$130 allowance then 15% off the remaining balance \$130 allowance (no additional discount) Covered in full Member cost up to \$55 10% off retail price Discounts on lens upgrades are not available out-of-network |
| Contact lenses fitting and follow-up A contact lens fitting and two follow-up visits are available to you once a comprehensive eye exam has been completed. | <ul style="list-style-type: none"> Standard contact fitting³ Premium contact lens fitting⁴ | Member cost up to \$55 10% off retail price | Discounts not available out-of-network |

¹ Please ask your provider for his/her recommendation, as well as the progressive brands by tier.

² Please ask your provider for his/her recommendation, as well as the coating brands by tier.

³ A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include, but are not limited to, disposable and frequent replacement.

⁴ A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include, but are not limited to, toric and multifocal.

Effective and termination dates

The policy on file at the Institution becomes effective on 12:01 a.m. August 1, 2017, and terminates 11:59 p.m. July 31, 2018. Insurance will end for the covered person on the earliest of the date he or she becomes full-time active duty in any Armed Forces,* or the end of the period for which premium was paid.

Premium refunds

Student premium refunds are not allowed unless the covered student enters full-time active duty in any Armed Forces.*

Rates

Premium is payable directly to BCBSGa.

Voluntary Core Plan

For those who are not subject to the Board of Regents insurance requirement but are eligible to purchase insurance (for example, OPT, J1 students taking at least four credit hours).

| | Fall 8/1/2017 - 12/31/2017 | Spring/Summer 1/1/2018 - 7/31/2018 |
|----------------------|-------------------------------|---------------------------------------|
| Students only | \$988 | \$1,384 |
| Spouse only | \$2,938 | \$4,113 |
| One child | \$1,527 | \$2,138 |
| Two or more children | \$2,959 | \$4,143 |

Prenotification requirement

Prenotification is required for inpatient and outpatient procedures. You must make sure your doctor gets approval from us before providing any nonemergency health care. It's best to notify our Prenotification department and receive benefits authorization before you are admitted or receive inpatient surgery or care, ambulatory or day surgery or treatment. Call us at 1-800-722-6614.



* Excludes Reserve or National Guard duty for training unless it exceeds 31 days. Submit proof of service to receive a pro-rata refund of premium for this period, less any claims paid.

Summary of limitations and exclusions for BlueChoice POS

Your *Certificate Booklet* will include complete benefit coverage information. Some key limitations and exclusions, however, are listed below:

- Routine physical examinations necessitated by employment, foreign travel or participation in school athletic programs
- Nonemergency use of the emergency room
- Removal/extraction of impacted teeth
- Private duty nursing
- Care or treatment that is not medically necessary
- Cosmetic surgery, except to restore function altered by disease or trauma
- Dental care and oral surgery; except for accidental injury to natural teeth, treatment of TMJ and radiation for head and neck cancer
- Occupational related illness or injury
- Treatment, drugs or supplies considered experimental or investigational
- Smoking cessation products

Summary of limitations and exclusions for dental

Limitations

Below is a partial listing of dental plan limitations when these services are covered under your plan.

Please see your *Certificate of Coverage* for a full list.

Diagnostic and preventive services:

- Oral evaluations (exam) limited to two per calendar year
- Teeth cleaning (prophylaxis) limited to two per calendar year
- Intraoral X-rays, single film limited to four films per 12-month period
- Complete series X-rays (panoramic or full-mouth) limited to once every 60 months; topical fluoride application limited to once every 12 months for members through age 18
- Sealants limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under diagnostic and preventive or basic services

Basic and/or major services:*

- Fillings limited to once per surface per tooth in any 24 months; space maintainers limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16
- Crowns limited to once per tooth in a seven-year period
- Fixed or removable prosthodontics – dentures, partials, bridges
- Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable
- Root canal therapy limited to once per lifetime per tooth; coverage is for permanent teeth only
- Periodontal surgery limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater
- Periodontal scaling and root planing limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater

Orthodontia is limited to one course of treatment per member per lifetime if orthodontia is included in your dental plan.

Exclusions

Below is a partial listing of noncovered services under your dental plan. Please see your *Certificate of Coverage* for a full list.

- **Services provided before or after the term of this coverage** – Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan *Certificate*
- **Orthodontics (unless included as part of your dental plan benefits)** – Orthodontic braces, appliances and all related services
- **Cosmetic dentistry** – Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist
- **Drugs and medications** – Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care
- **Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections** – Medicines or drugs for nonsurgical or surgical dental care; intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services
- **Extractions** – Surgical removal of asymptomatic, nonpathologic third molars

* Waiting periods for endodontic, periodontic and oral surgery services may differ from other basic services or major services under the same dental plan. There may be a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

Open Access POS providers

Persons insured under this plan may choose to be treated within or outside of the BCBSGa **Open Access** POS network (**OAPOS**). Reimbursement rates will vary according to the source of care as described under the *Voluntary Plan Summary of Medical Expense Benefits* herein. Assignment of a network provider does not guarantee eligibility or right to student health benefits:

- It is the covered person's responsibility to verify that a provider is a participating provider prior to services being rendered.
- Please be aware that if a covered person is treated at an **OAPOS** hospital, it does not mean that all providers at the hospital are **OAPOS** providers.
- In addition, if a covered person is referred by an **OAPOS** provider to another provider or facility, it does not mean that the provider or the facility to which the covered person is referred is also an **OAPOS** provider.

To locate a provider, please visit bcbsga.com or you may visit studentbluega.com.

Contact information

StudentBlue

Customer service
1-800-579-8022
studentbluega.com

Stamps Health Services

Student insurance office
1-404-894-1420
health.gatech.edu

Office of the Bursar

Student tuition account
1-404-894-4618
bursar.gatech.edu





BlueCross BlueShield
of Georgia

Blue View VisionSM information included in this brochure is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the *Certificate of Coverage*. Discounts are subject to change without notice.

For BlueChoice POS, see the *Certificate Booklet* for complete details.

It is important to keep in mind that this material is a brief outline of benefits and covered services and is not a contract. Please refer to your *Certificate Booklet* (the contract) for a complete explanation of covered services, limitations and exclusions.