Dental Update

FALL 2013

NEBRASKA

GO PAPERLESS! Register to receive this newsletter electronically: nebraskablue.com/providers/newsletters

nebraskablue.com

PARTNERING WITH YOU FOR A HEALTHIER NEBRASKA

The Dental Update is a provider newsletter that contains up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for health care providers. It is published by the Health Network Management Services Department (HNS).

If you are a contracting BCBSNE health care provider, this newsletter serves as an amendment to your agreement and affects your contractual relationship with us. You are encouraged to file every issue of the Dental Update within your BCBSNE Policies and Procedures manual and reference it often. You may also view the current manual in the Provider Section at **www.nebraskablue.com**.

Each issue is also published online in the Provider section at **www.nebraskablue.com**.

For permission to reprint material published in the Dental Update, email the editor, Kimberly Vavra, at **kimberly.vavra@nebraskablue.com**.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

The Provider Solutions Team is Available to Assist You

Blue Cross and Blue Shield of Nebraska's (BCBSNE) Health Network Services department has formed a new team, named Provider Solutions, to better serve our provider community. This team will service and triage inquiries that cannot be otherwise resolved with Customer Service.

In partnership with the Health Network Consultants, Credentialing and Electronic Data Interchange (EDI), the team will now handle the following inquiries:

- Credentialing and application status
- Provider agreement inquiries
- Reimbursements and fee schedules
- Billing and coding
- EDI
- Request Electronic Funds Transfer (EFT)/ Electronic Remittance Advice (ERA)
- Escalated claim issues
- Change of name, location, tax identification number, NPI, etc.

The credentialing process with the Council for Affordable Quality Healthcare (CAQH) will remain the same. Providers are still required to fill out the "Request to Participate" form located online at **www.nebraskablue.com/providers**, in the Credentialing section.

The Health Network Consultants will still be available to assist you with provider agreement education and contract questions.

Please note that this team will not replace our Customer Service team. Customer Service will continue to assist all members and providers with customer service-related issues including, but not limited to, all claims issues including coding, BCBSNE member benefits and eligibility, questions regarding medical policy, precert/preauth and/or appeals and plan-to-plan calls to resolve BlueCard claims issues.

You can contact the team at **(800) 821-4787** (option 4), **(402) 982-7711** or **ProviderSolutions@nebraskablue.com.**

Check out pages 8 and 9 for important information regarding the Affordable Care Act and pediatric dental services!

BlueBoard

Reminder: Faxed Claims No Longer Accepted

As a reminder, BCBSNE no longer accepts faxed claims. This method of claims submission was eliminated in October 2012, due to the inefficiency of receiving reimbursement claims from multiple fax numbers and the difficulty in handling claims by fax.

Any reimbursement claims sent by fax will be returned with directions to submit the claim electronically or by mail. We encourage all providers to submit claims electronically as it is the most efficient method for claims handling and adjudication.

If you need assistance with electronic submissions, please contact our EDI Team at **EDISupport@nebraskablue.com** or **(888) 233-8351**.

Paper claims are acceptable if complete, accurate and legible. These claims must be sent to:

BCBSNE
ATTN: New Claims Area
P. O. Box 3248
Omaha, NE 68180-0001

Duplicate Claims Submission May Delay Processing

If you have submitted a claim for payment, please do not file duplicate claims. The submission of duplicate claims may actually delay the processing of the original claim. Please allow 15-20 business days before contacting Customer Service about any previously submitted claims.

BCBSNE Teams with CAQH for Credentialing

BCBSNE, in conjunction with the Council for Affordable Quality Healthcare (CAQH), has streamlined the credentialing process and allows non-participating providers to fill out a single online application to save time and paperwork.

To begin the credentialing process, complete and return our electronic "Request to Participate" form located under "Credentialing" on the Provider section of our website at **www.nebraskablue.com.**

If you are not currently enrolled in CAQH, you will be contacted directly by the organization with your next steps. If you are already enrolled in the CAQH credentialing initiative, we will attempt to retrieve your digital application as soon as we receive your Request to Participate. Please be sure to set BCBSNE as an authorized entity to access your CAQH information.

Recontracting and Recredentialing – How They Differ

Recredentialing and recontracting are two separate processes.

When BCBSNE **recontracted** our entire Dental network in 2011, Dental PPO providers were asked to sign a new Dental GRID agreement to continue their participation in our Dental PPO network. After the initial credentialing process and acceptance as a PPO Dental provider, you received your PPO effective date with BCBSNE.

Recredentialing for PPO providers begins with BCBSNE establishing a date for a three-year recredentialing cycle. This cycle assists us with keeping our dental providers' information, such as license and insurance information, current.

2014 Dental Coding Books Available for Purchase

As you prepare for 2014, the American Dental Association has two new coding books available. The "CDT 2014 Dental Procedure Codes" and "Dental Coding Made Simple: Resource Guide and Training Manual, 2013-2014," can be purchased online at **www.adacatalog.org**.

Having these books on hand will help your office stay up-to-date on proper billing codes for patient dental procedures.

Upcoming Webinar: Pediatric Dental Services

Thursday, December 5, 2013
1-2 p.m. (CST)

Join BCBSNE for a webinar on the details on 2014 pediatric dental coverage.

Register online at
www1.gotomeeting.com/register/180511224

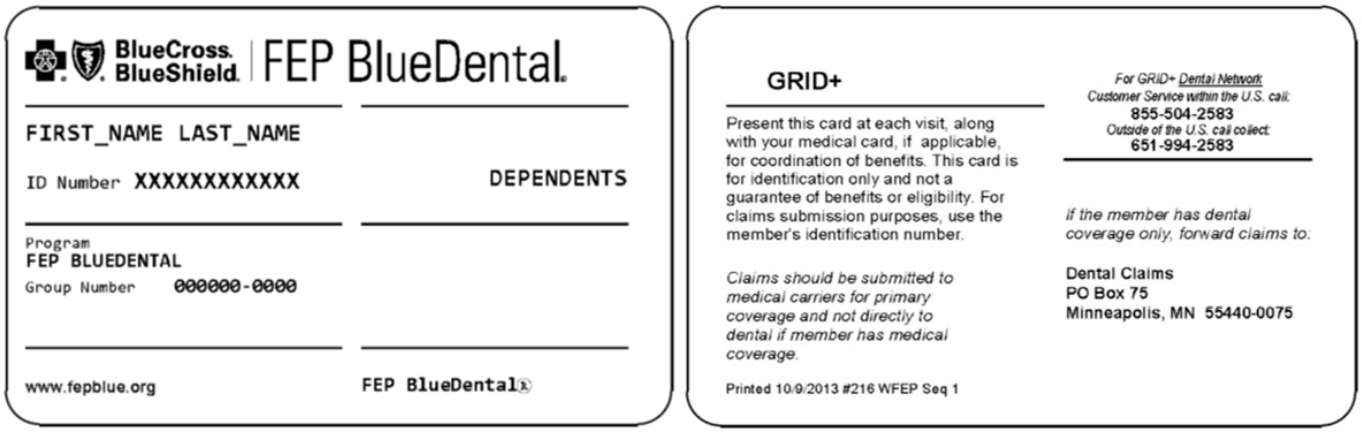
For an outline of the services, see pages 8 and 9.

FEP 2014 Dental Benefits

The Blue Cross and Blue Shield Association (BCBSA) has partnered with the GRID Dental Corporation (GDC) to administer the Federal Employee Plan's (FEP) BlueDental. All federal employees can elect to purchase FEP BlueDental coverage in addition to their medical coverage.

FEP BlueDental members will be able to utilize the GRID+ network as an in-network provider source. By participating in the GRID/GRID+ network, you will now have access to FEP BlueDental members. The member's card will be identified with FEP BlueDental, along with the claims submission address and customer service number to verify benefits.

Below is a sample of the FEP BlueDental ID card. When a member provides your office with their FEP BlueDental ID Card, it is important to also ask for their medical ID Card. The medical ID card is important, because by law the member's medical plan is the primary carrier (BCBSNE).



FEP Blue Dental Options

FEP BlueDental Members have two options when choosing benefits during open enrollment, High Option or the Standard Option. A general breakdown can be seen below. To verify benefits, please contact **(855) 504-BLUE (2583)** or visit **www.fepblue.org.**

HIGH OPTION BENEFITS	IN-NETWORK MEMBER RESPONSIBILITY	OUT-OF-NETWORK MEMBER RESPONSIBILITY
Class A (Basic) Services – preventive and diagnostic	0%	10%
Class B (Intermediate) Services – includes minor restorative services	30%	40%
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services	50%	60%
Class A, B, and C Services are subject to a $10,000 annual maximum benefit for in-network benefits and $3,000 for out-of-network benefits and a $50 deductible for out-of-network services per calendar year.		
Class D Services – orthodontic* $3,500 lifetime maximum	50%	50%

(continued on page 4)

(continued from page 3)

FEP 2014 Dental Benefits

STANDARD OPTION BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Class A (Basic) Services – preventive and diagnostic	0%	40%
Class B (Intermediate) Services – includes minor restorative services	45%	60%
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services	65%	80%
Class A, B, and C Services are subject to a $1,500 annual maximum benefit for in-network benefits and $750 for out-of-network benefits and a $75 deductible for out-of-network services per calendar year.		
Class D Services – orthodontic* $2,000 lifetime maximum for in-network, or $1,000 lifetime maximum for out-of-network	50%	50%

***Class D Services:** Orthodontics has a waiting period. To meet this requirement, the person receiving orthodontic services must be enrolled in the same plan option for the entire and continuous 12-month waiting period to receive orthodontic coverage. Any change in the plan option will result in a new 12-month waiting period. A re-enrollment into FEP BlueDental, after transferring from another FEPVIP dental carrier, will require the member to satisfy a new 12-month orthodontia waiting period for the new plan option.

Claim Filing Reference Guide

IF YOU ARE…	FILE IT TO…	AND…
Sending a pre-treatment estimate	FEP BlueDental (via direct submission)	Use the member's FEP BlueDental ID number
Filing a claim for a patient whose primary medical coverage is with Blue Cross and Blue Shield's (BCBS) Service Benefit Plan (SBP)	BCBSNE (via direct submission)	Use the member's BCBS SBP ID number
Filing a claim for a patient with other primary medical coverage under the Federal Employees Health Benefits (FEHB)	To the member's medical plan	Use the member's medical plan ID number
Filing a claim to FEP BlueDental as secondary coverage to BCBS SBP/FEP	In this case, the claim will be forwarded to FEP BlueDental, so you won't have to do anything	
Filing a claim to FEP BlueDental as secondary to other FEHB medical coverage	FEP BlueDental (via a paper claim) and attach the Explanation of Benefits (EOB) for the primary insurance	Use the member's FEP BlueDental ID number

Additional FEP Dental Information

Pre-treatment Estimates

FEP BlueDental recommends a pretreatment estimate be submitted prior to treatment for extensive oral surgery, periodontics, endodontics, major restorative, prosthodontic, and orthodontic services. FEP BlueDental will provide an explanation of benefits to both you and the member that will indicate if procedures are covered and an estimate of what we will pay for those specific services. The estimated Maximum Allowable Amount is based on the member's current eligibility and contract benefits in effect at the time of the completed services. Submission of other claims or changes in eligibility or the contract may alter the final payment. A pretreatment estimate is not a guarantee of benefits.

Pre-treatment Review and Radiograph Submission

A pre-treatment review program will not be used by FEP BlueDental; instead, a post-treatment program that monitors individual dentist utilization patterns has been implemented.

FEP BlueDental has automated the process of processional review. This process has greatly improved service to our network dentists and members because pre-estimates and claims will be processed faster and **radiographs will not be required** prior to rendering services. You may find this new process makes FEP BlueDental easy to do business with.

Post-payment review is simple and straightforward: individual dentist utilization is analyzed periodically and compared over time to determine if changes in utilization have occurred. You may be asked to periodically provide treatment information post payment as part of the post payment review process.

Submit for Cosmetic Service only if Necessary

Cosmetic dental services are not covered by the plan. If you provide cosmetic services to a member, you do not need to submit a claim to FEP BlueDental. If (for billing purposes) you need to show the member the service is not covered, it is important to understand that special handling of the claim is required. All claims for cosmetic services requiring a denial of payment from FEP BlueDental must be submitted directly to:

FEP BlueDental Claims
P.O. Box 75
Minneapolis, MN 55440-0075

Do not send cosmetic claims to the medical carrier.

Coordination of Benefits (COB)

The member's medical coverage is **always** primary, while FEP BlueDental is secondary. Submit all claims to the primary medical plan first. Refer to the back of the member's medical ID card for submission. Pre-estimates of benefits can be submitted directly to FEP BlueDental. Upon completion of the dental care, submit the claim to the Primary medical plan.

SPB Medical Member: Submit claims to the local Blue Cross and Blue Shield Plan (BCBSNE). Primary payment will be sent to you and then FEP Medical will forward the claim, along with the primary payment amount, to FEP BlueDental. The primary benefit will be coordinated on the claim received from medical carrier and upon completion of the COB; FEP BlueDental will send the secondary payment to you.

Other Medical Member: Submit claims to the other medical carrier. Primary payment will be sent. You then submit claims and primary remittance to FEP BlueDental for Secondary COB payment. Please hold secondary claim submission until you have received primary payment and remittance from the other medical plan.

Requirements for Federal Member ID's Submission

The following instructions only apply if primary submission is to Service Benefit Plan (FEP) Medical. Federal member ID numbers for FEP Medical begin with an "R" followed by eight digits (e.g. R12345678). If you do not use the correct ID format for FEP Medical, claims may be rejected. Follow all claim form instructions for the proper placement of the member ID.

Reconsiderations – Claim Dispute

If you and your FEP BlueDental patient disagree with the initial decision of how dental services were processed, please encourage your FEP BlueDental patient to refer to their FEP BlueDental Brochure on how to submit a reconsideration. FEP BlueDental Reconsiderations or claim disputes should be sent to:

FEP BlueDental Claims Appeals
P. O. Box 551
Mpls, MN 55440-0551

FEP 2014 Standard Option Fee Schedule

The following chart provides information on FEP Standard Option dental benefits for 2014. Fee schedule amounts and Maximum Allowable Charge (MAC) information are listed below.

Also note:

Not Covered – Any service not specifically listed below.

Fee Schedule Amount – The amount Standard Option pays toward a covered dental service.

MAC – The maximum amount GRID/GRID + dentists will charge for a covered dental service. This MAC may be updated periodically and is subject to change. When care is provided by a GRID/GRID + dentist, the member owes the difference between the FEP fee schedule amount and the MAC (Maximum Allowable Charge).

Benefits for general anesthesia in connection with covered extractions (D9220 + D9221 combined) are available up to the Maximum Allowable Charge (MAC) amount according to age. Up to age 13 the MAC amount is $43. Age 13 and over the MAC amount is $27.

Please note: The FEP dental benefits for 2013 have not changed.

ADA Code	Dental Service	Fee Schedule Amount Up to Age 13	FEP Fee Schedule Amount Age 13 and Over	MAC Amount
120	Periodic oral evaluation	$ 12	$ 8	$29.58
140	Limited oral evaluation	14	9	42.21
150	Comprehensive oral evaluation	14	9	45.73
160	Detailed and extensive oral evaluation	14	9	------
210	Intraoral--complete series	36	22	76.76
220	Intraoral--periapical--first film	7	5	16.88
230	Intraoral--periapical--each additional film	4	3	15.48
240	Intraoral--occlusal film	12	7	21.21
250	Extraoral--first film	16	10	26.26
260	Extraoral--each additional film	6	4	19.72
270	Bitewing--single film	9	6	16.18
272	Bitewings--two films	14	9	26.26
274	Bitewings--four films	19	12	35.35
277	Bitewings--vertical	12	7	66.83
290	Posterior-anterior or lateral skull and facial bone survey film	45	28	76.76
330	Panoramic film	36	23	69.65
460	Pulp vitality tests	11	7	31.31
9110	Palliative (emergency) treatment of dental pain--minor procedure	24	15	59.80
2940	Sedative filling	24	15	62.62
1110	Prophylaxis--adult*	--	16	55.08
1120	Prophylaxis--child*	22	14	37.37
1206	Topical application varnish	13	8	33.56
1208	Topical application of fluoride	13	8	24.24
1510	Space maintainer--fixed—unilateral	94	59	218.09
1515	Space maintainer--fixed—bilateral	139	87	370.67

**Limited to two per person per calendar year*

FEP 2014 Standard Option Fee Schedule (cont.)

Fee schedule and maximum allowable charges

ADA Code	Dental Service	Fee Schedule Amount Up to Age 13	FEP Fee Schedule Amount Age 13 and Over	MAC Amount
1520	Space maintainer--removable—unilateral	$94	$59	$317.14
1525	Space maintainer--removable—bilateral	139	87	323.87
1550	Recementation of space maintainer	22	14	43.62
2140	Amalgam--one surface, permanent	25	16	77.39
2150	Amalgam--two surfaces, permanent	37	23	94.27
2160	Amalgam--three surfaces, permanent	50	31	113.26
2161	Amalgam--four or more surfaces, permanent	56	35	132.96
2330	Resin--one surface, anterior	25	16	86.53
2331	Resin--two surfaces, anterior	37	23	106.93
2332	Resin--three surfaces, anterior	50	31	146.45
2335	Resin--four or more surfaces or involving incisal angle (anterior)	$56	$35	$157.58
2391	Resin--based composite, one surface, posterior	25	16	106.05
2392	Resin--based composite, two surfaces, posterior	37	23	149.38
2393	Resin--based composite, three surfaces, posterior	50	31	181.80
2394	Resin--based composite, four or more surfaces, posterior	50	31	217.15
2510	Inlay--metallic--one surface	25	16	253.51
2520	Inlay--metallic--two surfaces	37	23	460.56
2530	Inlay--metallic--three or more surfaces	50	31	557.52
2610	Inlay--porcelain/ceramic--one surface	25	16	445.43
2620	Inlay--porcelain/ceramic--two surfaces	37	23	490.86
2630	Inlay--porcelain/ceramic--three or more surfaces	50	31	586.95
2650	Inlay--composite/resin--one surface	25	16	227.25
2651	Inlay--composite/resin--two surfaces	37	23	335.32
2652	Inlay--composite/resin--three or more surfaces	50	31	497.93
2951	Pin Retention--per tooth, in addition to restoration	13	8	30.30
7140	Extraction, erupted tooth or exposed root	30	19	98.49
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	43	27	161.81
7250	Surgical removal of residual tooth roots (cutting procedure)	71	45	170.95
9220	General Anesthesia in connection with covered extractions	43	27	299.97

For additional information on this fee schedule, go to **www.fepblue.org/benefitplans/standard-option/dental.jsp.**

The Affordable Care Act: Pediatric Dental Benefits

Beginning January 1, 2014, the Affordable Care Act (ACA) has mandated that all individual and small group (2-50 employees) health plans be certified as a Qualified Health Plan (QHP) in order to offer coverage on the Health Insurance Marketplace. As a QHP, the insurer must offer the following 10 Essential Health Benefits (EHBs):

Outpatient services	Hospitalization	Mental health and substance use disorder services, including behavioral health treatment	Rehabilitative and habilitative services and devices	Preventive and wellness services and chronic disease management
Emergency services	Maternity and newborn care	Prescription drugs	Laboratory services	Pediatric services, including dental and vision care

One of those EHBs is **pediatric dental coverage**. This coverage will be offered to all members under the age of 19 and will terminate once the eligible member turns 19.

Pediatric dental coverage will be embedded in the QHP medical product offerings and will apply the medical deductible and coinsurance levels as outlined below:

PEDIATRIC DENTAL SERVICES **Limited to members up to age 19**	**IN-NETWORK PROVIDER**	**OUT-OF-NETWORK PROVIDER**
Type A Services – Preventive and diagnostic dentistry Under the pediatric dental benefits, type A services do not have first-dollar coverage. The applicable deductible and coinsurance levels apply.	Deductible and Coinsurance	Deductible and Coinsurance
Type B Services – Maintenance and Simple Restorative Dentistry	Deductible and Coinsurance	Deductible and Coinsurance
Type C Services – Complex Restorative Dentistry • Implant claims must have X-Rays and a narrative submitted for review for medical necessity	Deductible and Coinsurance	Deductible and Coinsurance
Type D Services – Orthodontic Dentistry Orthodontia will not be payable for cosmetic purposes. The following guidelines apply and are now required: • 24-month waiting period imposed (begins at effective date of coverage) • Requires medical necessity determination before benefits are considered (criteria listed below) • Metal braces only are covered benefits Medically Necessary Orthodontia is defined as orthodontic services in conjunction with medical treatment for the following: • Cleft Lip • Cleft Palate • Completion of Orthognathic surgery cases • Orthodontic services for patients with injury or trauma to cranial facial structures • Congenital Malformation by review Medically Necessary Orthodontia does not include the following: • Crowding of dentition in the anterior region of the Maxilla or Mandible • Crossbite in the posterior region of the Maxilla or Mandible	Deductible, then Covered Person pays 70% Coinsurance	Deductible, then Covered Person pays 70% Coinsurance

The Affordable Care Act: Pediatric Dental Benefits (cont.)

PEDIATRIC DENTAL SERVICES Limited to members up to age 19	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Type D Services – Orthodontic Dentistry (continued) All Medically Necessary Orthodontia is by report and subject to pre-authorization review (applies to pediatric dental only). This is not an exclusive list, and other services may also be excluded from the definition of Medically Necessary Orthodontia, as determined by BCBSNE in its discretion. Once the member's 24-month wait has been satisfied, orthodontic claims need to be preauthorized and the following information needs to be submitted on an ADA claim form: • X-Rays • Intraoral photographs • A narrative explaining the medical necessity If orthodontia services are deemed to be non-medically necessary, the provider will be liable. Provider may transfer liability to member via written authorization.	Deductible, then Covered Person pays 70% Coinsurance	Deductible, then Covered Person pays 70% Coinsurance

What about the Current Stand-Alone Dental Plans?

Members and their dependents may choose to be covered under a separate, stand-alone dental policy. This is in addition to maintaining pediatric dental coverage for children under the member's medical policy.

BCBSNE offers two standalone products, DentalEssentials for individuals and SignatureBlue for groups with more than two employees. Both plans feature traditional plan designs.

DENTAL ESSENTIALS	SIGNATURE BLUE
Individuals can choose one of four options that may offer the following covered services:: • Preventive and diagnostic dentistry • Maintenance and simple restorative dentistry and oral surgery • Complex restorative dentistry, periodontic and endodontics	Groups can choose one of 12 options that may include: • Preventive and diagnostic dentistry • Maintenance and simple restorative dentistry and oral surgery, periodontic and endodontics • Complex restorative dentistry • Orthodontic dentistry

Additional information about these individual and group dental products is available online at **www.nebraskablue.com/shop-plans**.

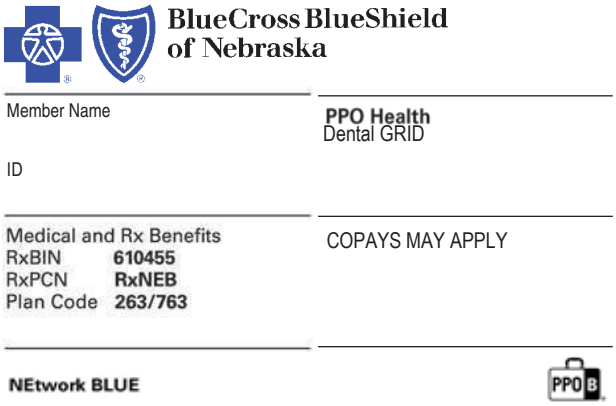
Note: All dental claims should still be submitted in the same manner as usual, using an ADA claim form.

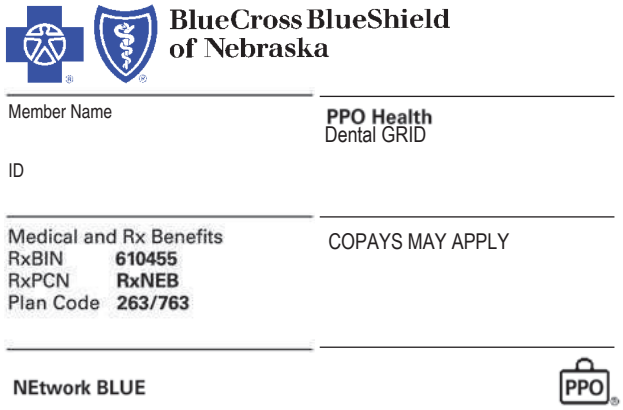
2014 ID Card Information

Note: The ID cards for 2014 will not include unique identifiers that differentiate a pediatric dental member from a stand-alone dental member. We recommend calling the Customer Service number (located on the back of the member's ID card) to determine benefits and eligibility.

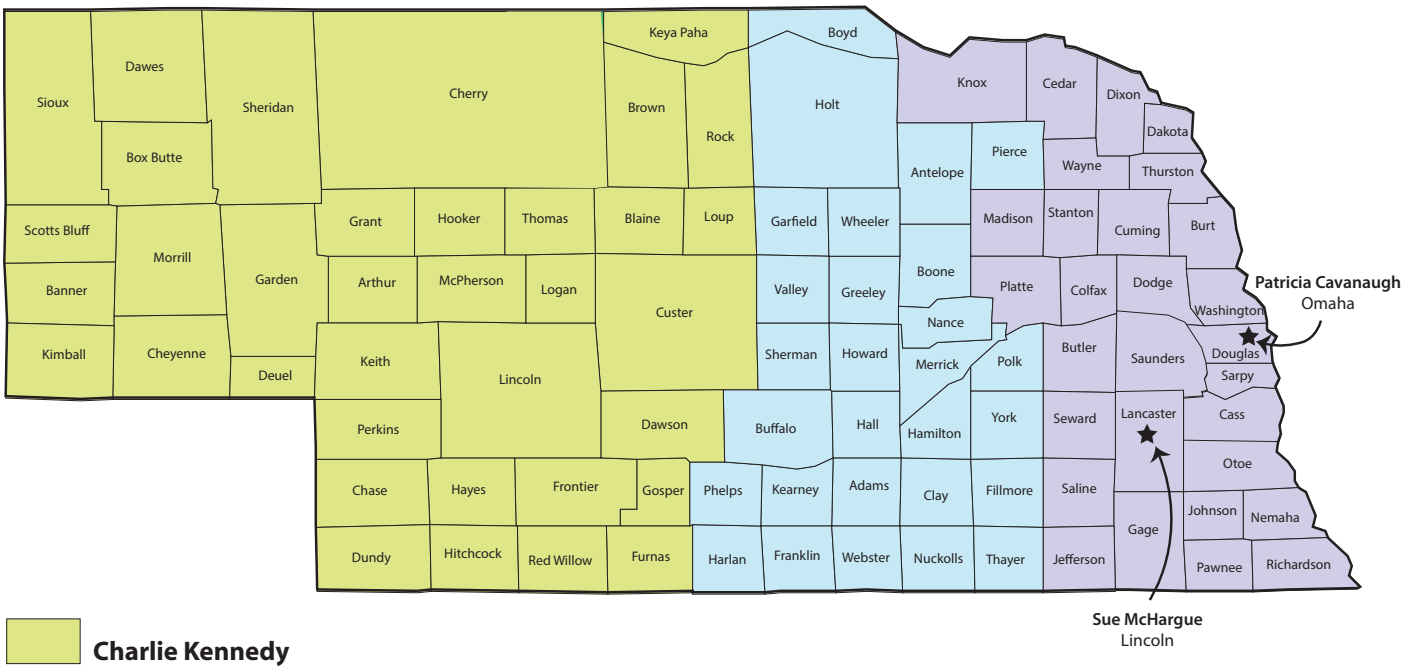
In-network benefits will apply if a member sees a Dental GRID provider. Out-of-network benefits apply for all non-participating providers.

BCBSNE members who purchase coverage through the Marketplace will have a "PPOB" within the Suitcase logo on their ID Cards. This tells providers that the member purchased coverage through an Exchange and that the member should have access to a Participating Plan's Qualified Exchange PPO network (e.g., PPO BASIC or NEtwork BLUE in Nebraska). At this time, members who purchase BCBSNE coverage on the Marketplace will use the NEtwork BLUE provider network to receive in-network benefits.





Dental Health Network Consultants



Charlie Kennedy

Loraine Miller

Angeline Ford (excluding Omaha and Lincoln)

West Region, Charlie Kennedy
PO Box 3248, Omaha, NE 68180-0001
Phone: 402-982-7638 or 1-800-821-4787
Fax: 402-398-3875
E-mail: charlie.kennedy@nebraskablue.com

Central Region, Loraine Miller
PO Box 3248, Omaha, NE 68180-0001
Phone: 402-982-8321 or 1-800-821-4787
Fax: 402-343-3404
E-mail: loraine.miller@nebraskablue.com

East Region, Angeline Ford
PO Box 3248, Omaha, NE 68180-0001
Phone: 402-458-4807 or 1-800-821-4787
Fax: 402-392-4152
E-mail: angeline.ford@nebraskablue.com

Lincoln, Sue McHargue
1233 Lincoln Mall, Lincoln, NE 68508-2802
Phone: 402-458-4806 or 1-800-821-4787
Fax: 402-477-2952
E-mail: sue.mchargue@nebraskablue.com

Omaha, Patricia Cavanaugh
PO Box 3248, Omaha, NE 68180-0001
Phone: 402-982-7639 or 1-800-821-4787
Fax: 402-343-3441
E-mail: patricia.cavanaugh@nebraskablue.com

NEBRASKA
Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

P.O. Box 3248 • Omaha, NE 68180-0001

Address Service Requested

PRESORTED
STANDARD
U.S. POSTAGE
PAID
OMAHA, NE
No. 222

If you would like to receive an e-mail each time a new issue of this newsletter is posted on the website, please go to **nebraskablue.com** and click on the Providers button. In the left column, click the Newsletters button. You can view the newsletter and request online notifications of special announcements about workshops, resources, and other information from BCBSNE.

In this issue

The Provider Solutions Team is Available to Assist You	1
BlueBoard – Reminder: Faxed Claims No Longer Accepted	2
BlueBoard – Duplicate Claims Submission May Delay Processing	2
BlueBoard – BCBSNE Teams with CAQH for Credentialing	2
BlueBoard – Recontracting and Recredentialing – How They Differ	2
BlueBoard – 2014 Dental Coding Books Available for Purchase	2
BlueBoard – Upcoming Webinar: Pediatric Dental Services	2
FEP 2014 Dental Benefits	3-5
FEP 2014 Standard Option Fee Schedule	6-7
Affordable Care Act: Pediatric Dental Benefits	8-9
2014 ID Card Information	10
Dental Consultant Map	11