



# A dental plan for more complete health and wellbeing.

## Your Benefit Plan Details

### Group Name

Onondaga County

# Welcome to Excellus BlueCross BlueShield!

Good dental hygiene and care promote overall health. With an emphasis on no-cost preventive care and access to a broad network of dentists, dental plans from Excellus BCBS help you maintain complete oral health, reducing the need for more costly dental care in the future.

**You can count on your Excellus BCBS dental plan for care when and where you need it:**



Preventive dental care



Easy access to a broad network of providers



Lower out-of-pocket costs when you use the network



## Free digital support tools for answers anytime, anywhere

- Online member account
- Find a dentist, specialist or facility that accepts your plan



**Find more answers and support at [ExcellusBCBS.com](http://ExcellusBCBS.com)**

## Onondaga County

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Good oral hygiene starts with basic dental care.  
Here are helpful tips to keep in mind:

- Brush your teeth twice a day.
- Replace your toothbrush every three or four months.
- Clean between teeth daily with floss.
- Use mouthwash to keep your mouth clean and fresh.
- Eat a balanced diet and limit between-meal snacks.
- Avoid tobacco products, which can cause gum disease and cancer.
- Visit your dentist regularly for oral exams and professional cleanings.

Questions? For assistance call ,  
Call our TTYphone at 1 (800) 421-1220,

**Excellus** 



# Dental Summary of Benefits

**Employer Group name:** Onondaga County Dental Plan

**Plan Type:** Contributory (Employer-Sponsored)

**Product Type:** Incentive PPO (Reduced Coinsurance Out-of-Network)

## Plan Features

Network:	In Area In-Network: Blue Shield Schedule of Allowance/Custom In Area Out-of-Network: UCR90 Out of Area In-Network: National GRID + DenteMax Out of Area Out-of-Network: UCR90	Dependent/Student age limit: 19/26
Annual Plan Deductible:	\$50 Individual/ \$150 Family  Deductible applies to: Classes II, IIA, III services	Annual Plan Maximum: \$3,000 per member  Annual Max applies to: Classes I, II, IIA, III services
Orthodontic Age Limit:	Children to age 19  Lifetime Orthodontia Maximum: \$3,000 per member (does not apply toward annual plan maximum)	Coordination of Benefits: Make Whole

## Plan Benefits

Type of Care	Benefits Included	Excellus BCBS Pays:	
		In-Network	Out-of-Network
<b>Class I Preventive &amp; Diagnostic</b>	<ul style="list-style-type: none"><li>• Prophylaxis (Cleanings) &amp; exams - twice per calendar year</li><li>• Fluoride treatments – twice per calendar year for dependent children under age 19</li><li>• Sealants – unrestored 1<sup>st</sup> and 2<sup>nd</sup> permanent molars, once every 36 months for dependent children under age 14</li><li>• Bite wing x-rays – Up to 4 every calendar year</li><li>• Full mouth/Panoramic x-rays – once every 36 months (Combined)</li><li>• Diagnostic Photograph/Facial Images – once per calendar year</li><li>• Space maintainers – for children under age 14</li><li>• Palliative treatment/emergency exam</li></ul>	100%	80%
<b>Class II Basic Restorative</b>	<ul style="list-style-type: none"><li>• Fillings – amalgam &amp; composite; each surface covered once every 12 months</li><li>• Stainless Steel Crowns - primary teeth only</li><li>• Oral surgery – simple extractions</li></ul>	100%	80%
<b>Class IIA Basic Restorative</b>	<ul style="list-style-type: none"><li>• Oral surgery – surgical extractions</li><li>• Endodontics – root canal treatment</li><li>• Pulp vitality tests</li><li>• Periodontal surgery – osseous surgery, gingivectomy, gingival flap procedure – covered once per quadrant every 36 months</li><li>• Periodontal scaling &amp; root planing – twice per calendar year</li><li>• Periodontal maintenance following surgery – twice per calendar year</li><li>• Relines / rebases – once every 36 months and at least 6 months following initial placement</li><li>• Anesthesia – general and IV sedation</li></ul>	100%	80%

This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.

Type of Care	Plan Benefits	In-Network	Out-of-Network
<b>Class III Major Restorative</b> 12-month waiting period applies for Implants	<ul style="list-style-type: none"> <li>Fixed prosthetics – bridgework, abutments, pontics eligible for replacement every 5 years</li> <li>Removable prosthetics – partial / complete dentures eligible for replacement every 5 years</li> <li>Inlays / onlays / crowns – includes coverage for re-cementation eligible for replacement every 5 years</li> <li>Implants – eligible for replacement every 5 years</li> </ul>	80%	60%
<b>Class IV Orthodontia</b> 12-month waiting period applies to Orthodontics	<ul style="list-style-type: none"> <li>Initial banding &amp; monthly follow-up treatment</li> </ul>	50%	50%
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>Gold Foil Restorations</li> <li>TMJ</li> <li>Splinting</li> </ul>		

## How To Get The Most From Your Plan

### Pre-determination of Benefits

Pre-determination of benefits is recommended for any extensive treatment such as periodontics, orthodontics or prosthetics. A description of planned treatment and expected charges should be sent to the Plan before treatment is started. If there is a major change in the treatment, a revised predetermination of benefits is required. The expenses that will be included as Covered Expenses will be determined by your Plan and are subject to the Alternate Benefit provision. When there has not been a predetermination of benefits, your Plan will determine the expenses that will be included as Covered Expenses at the time the claim is received. Predetermination of Benefits does not guarantee payment and expires one year from date of issue. The estimate of benefits payable may change based on the benefits, if any, for which a person qualifies at the time services are completed.

### Missing Tooth Clause - Applies

### Alternate Benefits Provision

All covered procedures are subject to an alternate benefit allowance. When there is more than one technology or material type for a dental procedure, the dental plan will reimburse for the procedure which has the lesser allowance. When alternate benefit is enforced, your benefits are not intended to interfere with the treatment plan recommended by the dentist. You and your dentist should discuss which treatment is best suited for you and may proceed with the original treatment plan regardless of benefit determination. If the more expensive treatment is chosen, you are liable for the balance up to the billed amount.

### Participating Dentists

Excellus BlueCross BlueShield offers a broad participating dental network in the Rochester, Syracuse, Utica and surrounding areas. You have the option of receiving care from a dentist of your choice. However, choosing a participating dentist may result in savings for you because participating dentists agree to accept our Schedule of Allowances as payment in full for covered services. Aside from any deductible or coinsurance, there is no balance billing for covered services when provided by a participating dentist – that's full coverage with no out-of-pocket expense for your covered routine preventive and diagnostic services.

### Non-participating Dentists

You have the freedom to see any dentist. Non-participating dentists are not obligated to accept our Schedule of Allowances. You will be responsible for balances of non-participating dentists' charges.

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## **National Dental Network**

In addition to our local network, your Excellus BlueCross BlueShield dental plan gives you access to more dentists nationwide. The national dental network offers coverage in all 50 states, with access to an additional 123,000+ providers across the nation. You have the option of receiving care from a dentist of your choice. Choosing a participating dentist may result in savings for you because participating dentists agree to accept the national dental network Schedule of Allowances as payment for covered services. Aside from any deductible or coinsurance, there is no balance billing for covered services when provided by a participating dentist- that's full coverage with no out-of-pocket expense for your covered routine preventive and diagnostic services.

### **Dental Customer Service – for members**

1-800-796-6747

**Hours:** Monday – Thursday 8:00 am – 8:00 pm  
Friday 9:00 am – 6:00 pm

### **Mailing address for claims**

Excellus BCBS

P.O. Box 21146  
Eagan, MN 55121



## Dental checkups? You're covered

### Nearly 42% of adults over age 30 have gum disease\*

Checkups twice a year are included in your dental coverage. So see your dentist regularly and catch problems early, before they become serious – and more costly.

### Find a dentist

Don't have a dentist? We can help. To access a list of dentists near you, visit: [ExcellusBCBS.com/FindADentist](http://ExcellusBCBS.com/FindADentist)



**Excellus**   | **Everybody Benefits**

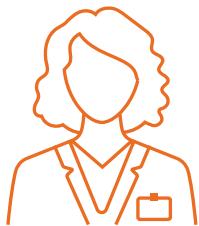


# More dentists. More savings. More *peace of mind.*



In addition to our local network, your Excellus BlueCross BlueShield dental plan gives you access to more dentists nationwide than ever before through the National Dental GRID+ DenteMax network—one of the largest national PPO dental networks in the country. So you can feel confident knowing you're covered wherever life takes you.

## Having the National Dental GRID+ DenteMax network means:



Access to more than 8,000 dentists across New York state



Coverage in all 50 states, with access to 123,000+ unique providers nationwide



Competitively negotiated rates for increased savings, value, and lower out-of-pocket costs

### With our online Find a Dentist tool, you can quickly and easily find a participating dentist in the National Dental GRID+ DenteMax network:

- Use the National Dental GRID+ DenteMax search option and enter your location to find a provider near you
- Search for a dentist by name, location, and dental specialty
- Filter results by specialty, languages spoken, handicap accessibility, if they're accepting new patients, and more
- See side-by-side comparisons and create a PDF of results to save, share, or print

Find a participating dentist today at [ExcellusBCBS.com/FindADentist](http://ExcellusBCBS.com/FindADentist)

# Dental plan terms

To help you better understand our plans and your coverage, here are a few definitions\* for frequently used dental care terms.

## **Deductible**

The amount of money you have to pay before the health insurance company will make any payments towards dental services. The deductible amount will vary based upon your plan, so make sure you know what that amount is.

## **Coinsurance**

Your share of the costs of a covered dental service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. For example, if your filling costs \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance company would pay the rest, or \$80.

## **Out-of-pocket maximum**

An annual limit on the amount of money that you would have to pay for dental services, not including your monthly premium. This is also called the Out-of-Pocket Maximum (OOPM).

## **Schedule of allowances/Fee schedule**

The maximum amount the insurance company will pay for specific dental procedures or services. To obtain information on the current fee schedule, please call the Customer Care number on the back of your member card.

## **Participating dentist (in-network)**

These dentists agree to accept the fee schedule as payment in full for services performed and will not bill you for an additional amount.

## **Non-participating dentists (out-of-network)**

These dentists are not part of the dental network. When you receive care from a non-participating dentist it will cost you more out-of-pocket.

You can reduce your out-of-pocket costs by seeing a participating dentist. Find a participating dentist by visiting our website at [ExcellusBCBS.com/FindADentist](http://ExcellusBCBS.com/FindADentist) or call Customer Care at the number on the back of your member card.

\*Some definitions may vary slightly by plan. In case of a conflict between your legal plan documents and this information, the plan documents will govern.



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