



Dental Blue Options Summary of Benefits: PPO

	Class I: Preventive & Diagnostic	Class II: Basic Restorative	Class IIA: Basic Restorative	Class III: Major Restorative	Class IV: Orthodontia
Dependents & students covered to	26/26				
Network	Excellus BC BS 31 County Network				
Annual Deductible		\$50 Family deduct = 3X individual <i>(applies to classes II, IIA and III)</i>			
Annual Maximum		\$1000 Annual max is per member, no family aggregate <i>(applies to classes II, IIA and III)</i>			
Lifetime Maximum for Orthodontia <i>(Ortho annual maximum does not apply to the plan Annual Max)</i>					\$1000 Ortho max is an individual (per member) max No more than 1/2 the lifetime max will be paid in any calendar year
Coinsurance	<input type="checkbox"/> 100%	80%	80%	50%	50%
Covered Services	Cleanings & exams: - twice per cal. year	Fillings: - amalgam - composite - Each surface covered once in 12 consecutive months.	Oral surgery: - surgical extractions, including impacted teeth - includes coverage for IV sedation for impacted wisdom teeth	Fixed prosthetics: - bridgework - abutments - pontics (false teeth)	Braces, up to age 19: - initial banding - monthly follow-up treatment
	Fluoride treatments: - twice per cal. year to age 16	Oral surgery: - simple extractions	Endodontics: - root canal treatment	Removable prosthetics: - partial dentures - complete dentures	
	Sealants: - unrestored 1st & 2nd permanent molars, once every 36 months up to age 16 yrs.		Periodontal surgery: - osseous surgery - gingivectomy - gingival flap procedure - above services allowed once per quadrant every 36 months	Inlays / Onlays / Crowns: - includes coverage for recementation	
	Bitewing x-rays: - Covered up to a combination of four bitewing films in any calendar year.		Periodontal scaling & root planing: - once per quadrant every 24 months	Relines / rebases: -once every 36 months and at least 6 months following initial placement	
	Full mouth / panorex x-rays: - once every 36 months		Periodontal maintenance following surgery: - twice per cal. year	Above services eligible for replacement every 5 years	
	Space maintainers: - covered up to age 16			Implant – eligible for replacement every 10 yrs	
	Emergency palliative treatment			Above services subject to alternate benefits provision	

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.



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Alternate Benefits Provision

All covered procedures are subject to an alternate benefit allowance. When there is more than one technique 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, the member's benefits are not intended to interfere with the treatment plan recommended by the dentist. The member and dentist should discuss which treatment is best suited for the patient, and may proceed with the original treatment plan regardless of the benefit determination. If the more expensive treatment is chosen, the member is liable for the balance up to the billed amount.

Predetermination of Benefits

Predetermination 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.

Participating Dentists

Excellus BlueCross BlueShield offers a broad participating dentist network in the Rochester, Syracuse, Utica and surrounding areas. These dental providers accept the BlueShield Dental Schedule of Allowances as payment in full.

Savings Passed on to You

You have the option of getting 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. **There is no balance billing for covered services when provided by a participating dentist.** For example, your dental plan allows 100% benefit reimbursement up to the Schedule of Allowances for cleanings and exams – that's **full coverage** with no out of pocket expense for your covered routine preventive & diagnostic services.

Non-Participating Dentists

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

Ask your dentist if he or she participates, or find a participating dentist by visiting our web site at excellusbcbs.com

Dental Customer Service

For Members and Dentists: 1-800-724-1675

Hours: Mon.-Thurs 8:00 am - 5:00 pm;
Fri 9:00 am - 5:00pm

Claim Filing – Mailing Address

Excellus BCBS
P.O. Box 22999
Rochester, NY 14692

This benefit summary contains general information of the dental benefits available to you through your employer. If you have questions regarding the Plan, call the Excellus BlueCross BlueShield Dental Customer Service Department at 1-800-724-1675.



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Rate Quote For

Rochester BusinessAlliance - DentalBlue Package 060

Rating Region - ROC

The product you have requested is called **Dental Blue Options**.

Dependents covered until age 26 as of the BEGINNING OF THE MONTH FOLLOWING

Students are covered until age 26 as of the BEGINNING OF THE MONTH FOLLOWING

	Single	Two Person	Family No Spouse	Family
Domestic Partner				
Dental Product: Dental Blue Options				
Proposed Rates	\$34.97	\$85.75	\$83.32	\$104.53

Signature: _____ Title: _____ Date: _____

Group name: _____ Total Employees: _____ Total Eligible: _____

Coverage Effective Date: _____

We are quoting these rates on the express condition that, if the rates actually approved by the New York State Insurance Department are different than the rates quoted above, your rates for the effective date will change.