



## Dental Blue Options Summary of Benefits: PPO

	Class I: Preventive & Diagnostic	Class II: Basic Restorative	Class IIIA: Basic Restorative	Class III: Major Restorative	Class IV: Orthodontia
<b>Dependents &amp; students covered to</b>	25/26				
<b>Network</b>	Excellus BC BS 31 County Network				
<b>Annual Deductible</b>		\$50 Family deduct = 3X individual (applies to classes II, IIIA and III)			
<b>Annual Maximum</b>		\$1000 Annual max is per member, no family aggregate (applies to classes II, IIIA and III)			
<b>Lifetime Maximum for Orthodontia</b>					n/a
<b>Coinsurance</b>	<input type="checkbox"/> 100%	80%	80%	50%	n/a
<b>Covered Services</b>	<b>Cleanings &amp; exams:</b> - twice per cal. year	<b>Fillings:</b> - amalgam - composite - Each surface covered once in 12 consecutive months.	<b>Oral surgery:</b> - surgical extractions, including impacted teeth - includes coverage for IV sedation for impacted wisdom teeth	<b>Fixed prosthetics:</b> - bridgework - abutments - pontics (false teeth)	
	<b>Fluoride treatments:</b> - twice per cal. year to age 16	<b>Oral surgery:</b> - simple extractions	<b>Endodontics:</b> - root canal treatment	<b>Removable prosthetics:</b> - partial dentures - complete dentures	
	<b>Sealants:</b> - unrestored 1st & 2nd permanent molars, once every 36 months up to age 16 yrs.		<b>Periodontal surgery:</b> - osseous surgery - gingivectomy - gingival flap procedure - above services allowed once per quadrant every 36 months	<b>Inlays / Onlays / Crowns:</b> - includes coverage for recementation	
	<b>Bitewing x-rays:</b> - Covered up to a combination of four bitewing films in any calendar year.		<b>Periodontal scaling &amp; root planing:</b> - once per quadrant every 24 months	<b>Refines / rebases:</b> - once every 36 months and at least 6 months following initial placement	
	<b>Full mouth / panorex x-rays:</b> - once every 36 months		<b>Periodontal maintenance following surgery:</b> - twice per cal. year	<b>Above services eligible for replacement every 5 years</b>	
	<b>Space maintainers:</b> - covered up to age 16			<b>Implant – eligible for replacement every 10 yrs</b>	
	<b>Emergency palliative treatment</b>			<b>Above services subject to alternate benefits provision</b>	

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.

### 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



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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 [excellusbchs.com](http://excellusbchs.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.

