

Excellus Dental Summary of Benefit

Employer Group name: Cayuga County

Plan D01

Plan Features

Plan Year: 1/1/2024	Type of Tier:
Network: In and Out of Network	Dependent / student age limit: 19/25
Reimbursement In network: Dental Blue Options	
Reimbursement Out-of-network (In & Out of Area): Custom Fee Schedule	
Annual Plan Deductible: \$50/\$150	Annual Plan Maximum per member: \$1250
Deductible applies to: III	Annual Max applies to: I, II, III
Ortho Age Limit: Dependents under age 19/Student to age 25	
Lifetime Orthodontia Maximum: \$2000	
Timely Filing: 180 Days from Date of Service	Coordination of Benefit: Make Whole

Plan Benefits

Type of Care	Benefits Included	Excellus BCBS Pays: 100% of Plan Allowance for In & Out of Network
Class I Preventive & Diagnostic	<ul style="list-style-type: none"> Comprehensive or Periodic Oral Examination – Two per plan year Prophylaxis (Cleanings) – Two per plan year Periodontal Maintenance – Two per plan year (separate from routine cleanings) Fluoride treatments – Four per plan year, under age 19 Bitewing x-rays – (Any 2 bitewing services) - Two per plan year Full mouth – once every 36 months Panoramic x-rays – once every 36 months Diagnostic Pulp Vitality Test Palliative treatment Emergency exam Sealants – one per posterior tooth per 36 months, under age 19 X-rays 	
Type of Care	Benefits Included	Excellus BCBS Pays: 80% of Plan Allowance for In & Out of Network
Class II Basic & Minor	<ul style="list-style-type: none"> Space maintainers – once per lifetime, under age 19 Fillings – amalgam & composite Simple Extractions Oral surgery Endodontics Impacted teeth Anesthesia – General and IV Sedation Occlusal Adjustments 	
Type of Care	Benefits Included	Excellus BCBS Pays: 80% of Plan Allowance subject to Deductible for In & Out of Network

Class III Major	<ul style="list-style-type: none"> • Inlays / Onlays - eligible for replacement every 5 years • Stainless Steel Crowns • Repair/Re-cement (Crowns) • Repair/Re-cement (Prosthetics) - Must be 6 months after initial • Tissue conditioners – one per arch every 2 years • Periodontal surgery –gingivectomy, gingivoplasty, gingival flap procedure • Periodontics – Scaling and Root planing • Osseous surgery – one per quadrant every 2 years • Implants - eligible for replacement every 5 years • Prosthodontics (removable/fixed) – Full or Partial Dentures, Crowns eligible for replacement every 5 years • Relines / rebases – once every 24 months
Type of Care	Benefits Included <div> Excellus BCBS Pays: 80% of Plan Allowance for In & Out of Network </div>
Class IV Orthodontia	<ul style="list-style-type: none"> • Initial banding & monthly follow-up treatment • Diagnostic Photograph/Facial Images • Orthodontic harmful habits • Additional Panoramic X-ray – once every 36 months
Type of Care	Non-Covered
	<ul style="list-style-type: none"> • Prosthetic Appliance • Dental Consultation • Anesthesia – Local, Regional Inhalation • Diagnostic Caries Susceptibility Test • Diagnostic Cast • Diagnostic Test and Exams • Diagnostic Oral Pathology and Lab • Restorative – gold foil • Occlusal Guard • Dental Charges – Drugs • Dental veneers • TMJ

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.

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 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.

Dental Customer Service — for members and dentists

1-800-724-1675

Hours: Monday — Thursday 8:00 am — 5:30 pm

Friday 9:00 am — 5:30 pm

Mailing address for claims

Excellus BCBS

P.O. Box 21146

Eagan, MN 55121

Group Administrator

Date