

**2011 NMCMSDP
Smile Saver I
Benefit Summary**

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|--|---|--|---|---|
| In-Network Services: No balance billing | | | | |
| Out-of-Network-Services: Balance billing applies | | | | |
| Preventive and Diagnostic | Basic Restorative: Fillings, Extractions, Periodontics & Endodontics | Major Restorative: Prosthodontics: Crown, Bridge, Dentures | Orthodontia | |
| 100% | 50% | 50% | 50% | |
| No Annual Maximum No Deductible | No Annual Maximum | | Subject to Lifetime Maximum of \$750 | |
| | Annual Deductible: \$25 individual / \$50 Family | | | |
| <ul style="list-style-type: none"> ° Cleanings & exams <ul style="list-style-type: none"> - Twice per year ° Fluoride to age 19 <ul style="list-style-type: none"> - Once per year ° Sealants to age 16 <ul style="list-style-type: none"> - Unrestored, permanent molars, once per 3 years ° Bitewing x-ray <ul style="list-style-type: none"> - 2 per year ° Full mouth x-ray or Panorex <ul style="list-style-type: none"> - Once per 3 years ° Emergency palliative treatment, to relieve pain | <ul style="list-style-type: none"> ° Fillings <ul style="list-style-type: none"> - Amalgam (silver) - Anterior composite (white) ° Oral Surgery Extractions <ul style="list-style-type: none"> - Routine Extractions - Surgical & Impacted tooth removal ° Endodontics Root Canal Therapy | <ul style="list-style-type: none"> ° Periodontal Surgery: (once per quadrant per 36 months) <ul style="list-style-type: none"> - Osseous Surgery - Gingivectomy - Mucogingival Surgery ° Periodontal Scaling & Root Planing, per quadrant, (once per 24 months) ° Periodontal Maintenance, following perio surgery: (2 per year) | <p>Benefits for replacement of prosthetics are allowed once per 5 years</p> <p>Subject to Alternate Benefits</p> <p>Prosthetics include:</p> <ul style="list-style-type: none"> ° Crown or Onlay ° Removable Prosthetics: <ul style="list-style-type: none"> - Partial Dentures - Complete Dentures ° Fixed Prosthetics: <ul style="list-style-type: none"> - Bridge: abutments; pontics (false teeth) <p>Additional Limitations:</p> <ul style="list-style-type: none"> ➤ Upgrading from a partial denture to fixed bridgework is limited to the allowance for a partial denture. ➤ Replacement of bilateral or multiple missing teeth in the same arch is limited to the allowance for a partial denture. | <ul style="list-style-type: none"> ° Braces (for children up to age 19) <ul style="list-style-type: none"> - Initial banding & monthly follow up treatment - Lifetime Benefit Maximum of \$750 |
| <p><u>Alternate Benefits</u> All covered procedures are subject to an alternative 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.</p> | | | | |
| <p><u>Predetermination of Benefits</u> A Predetermination of Benefits is recommended for any extensive treatment such as periodontics, orthodontics, 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.</p> | | | | |

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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See reverse side for information regarding Participating Dentists

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BlueShield 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 www.excellusbcbs.com Select "Find a Doctor"

[New York State Provider Network; click on Find a Participating Dentist; BlueShield Dental]

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

165 Court St.

Rochester, NY 14647