

Dental Blue Options

Solid benefits, Smaller price

With Dental Blue Options, you get comprehensive dental coverage with the flexibility of choosing from a variety of coinsurance, deductible and annual maximum options. With an emphasis on preventive care, Dental Blue Options helps employees maintain their complete oral health, reducing the need for more costly dental care in the future.

Recent benefit additions include:

- Adult Orthodontics
- \$2,500 & \$3,000 annual maximum
- \$2,500 & \$3,000 orthodontics lifetime maximum
- 90% in-network option for classes II and IIA
- Additional out-of-network incentive PPO options available for groups in the Syracuse and Utica area

Medical and dental integration = happier employees and lower health care costs:

- Comprehensive dental care keeps employees healthy and helps reduce costs.
- Integrated dental and medical coverage helps us understand current disease status as well as risk for disease, ultimately reducing health care costs
- Disease prevention communications and outreach enhance benefits and help keep employees healthy

With Excellus BCBS, you get:

- One-stop shop for comprehensive medical and dental coverage
- Flexible benefit options
- Competitive rates
- Easy access to a broad network of providers
- National network options through DenteMax / National Dental Grid
- 100% employee-paid options available
- Local carrier with strong ties to the community

Dental Blue Options - Standard Variables

Product Structure				
Plan Type	Funding Arrangement	Product Type	Network	Reimbursement
<ul style="list-style-type: none"> • Contributory • Voluntary (no employer contribution) 	<ul style="list-style-type: none"> • Community (pooled experience rates) • Experience • Self-funded 	<ul style="list-style-type: none"> • Passive PPO (same benefit levels for in and out-of-network services) • Incentive PPO (reduced benefits for out-of-network services) 	Local (Blue Shield 31 counties) National (BS + DenteMax) National (BS + Dental Grid – self funded only)	Participating: <ul style="list-style-type: none"> • Blue Shield (BS) fee schedule Non-participating: <ul style="list-style-type: none"> • BS fee schedule for all providers (in and out-of-network) • BS fee schedule for all in-area providers; UCR 90 for all out-of-area non-par providers • BS fee schedule for all par providers; UCR 90 for all non-par providers (CNY and Utica areas ONLY)
Groups with 2-50 eligibles have pooled rates, 51+ eligibles are experience-rated, 100+ eligibles qualify for self-funding				

Core Benefits				
Class I	Class II	Class IIA	Class III	Class IV
Preventive & Diagnostic: <ul style="list-style-type: none"> • 100% • 80% • 50% 	Minor Restorative: Fillings, simple extractions <ul style="list-style-type: none"> • 100% • 90% • 80% • 50% • NC 	Minor Restorative: Surgical extractions, periodontics, endodontics <ul style="list-style-type: none"> • 100% • 90% • 80% • 60% • 50% • NC 	Major Restorative: Crowns, bridges, dentures, implants <ul style="list-style-type: none"> • 100% • 80% • 60% • 50% • NC 	Orthodontia: <ul style="list-style-type: none"> • 80% • 50% • NC • Riders Available: <ul style="list-style-type: none"> - To age 19 only - All eligibles on contract
<p>If Incentive PPO is chosen, reduced benefits for out-of-network services = 20% lower than in-network benefits for each class, to a minimum of 40% coinsurance. See dental sell sheet for more options.</p> <p>Benefit levels must step-down or remain equal as additional classes are added.</p> <p>Class IIA coinsurance may equal either Class II or III.</p> <p>Group must have a minimum of 10 contracts enrolled to offer orthodontics coverage.</p>				

Benefit Limits

<i>Deductible (individual)</i>	<i>Annual Maximum (per member)</i>	<i>Ortho Lifetime Maximum (per child)</i>	<i>Dep/Student Age</i>	<i>Waiting Periods for VOLUNTARY plans</i>
<ul style="list-style-type: none"> • \$0 • \$25 • \$50 • \$75 Family = 3x individual Options: Applies to Class II, IIA, and III services –or- Applies to Class I, II, IIA and III services	<ul style="list-style-type: none"> • \$500 • \$750 • \$1000 • \$1250 • \$1500 • \$2000 • \$2500 • \$3000 Options: Applies to Class II, IIA, and III services –or- Applies to Class I, II, IIA and III services	<ul style="list-style-type: none"> • \$750 • \$1000 • \$1500 • \$2000 • \$2500 • \$3000 No more than 1/2 the life maximum can be paid in any calendar year Does not apply to plan annual maximum	<ul style="list-style-type: none"> • 19/23 (East) • 19/25 (East) • 26/26 	12 months for Class IIA, III and IV services subject to credible coverage guidelines

Passive PPO: Same reimbursement in and out-of-network; out-of-network is subject to balance billing.

Incentive PPO: Lower reimbursement out-of-network and is subject to balance billing. The “incentive” is to stay in-network.

If Incentive PPO is chosen, reduced benefits for out-of-network services = 20% lower than in-network benefits for each class, to a minimum of 40% coinsurance. See dental sell sheet for more options.

Benefit levels must step-down or remain equal as additional classes are added.

Class IIA coinsurance may equal either Class II or III.

Group must have a minimum of 10 contracts enrolled to offer orthodontics coverage.