Excellus

Dental Blue Options Summary of Benefits

Employer Group name: Rochester City School Disctrict
Plan Type: Contributory (employer-sponsored) Product Type: Passive PPO (same coinsurance in & out-of-network)

MAIN PLAN

Plan Features

Network: BlueShield local network	Dependent / student age limit: 23/26
Reimbursement In network/Participating: Fee Schedule Reimbursement Out-of-network/Non-Participating: Fee Schedule, subject to balance billing	
Annual Plan Deductible: $0 Ind / $0 Fam Deductible applies to: Classes II, IIA and III services	Annual Plan Maximum per member: $1,300 per member Annual Max applies to: Classes II, IIA and III services
Ortho Age Limit: Children to age 19 Lifetime Orthodontia Maximum: $2,100 per member (does not apply toward annual plan maximum)	

Plan Benefits

Type of Care	Benefits Included	Excellus BCBS Pays: In-Network	Excellus BCBS Pays: Out-of-Network*
Class I Preventive & Diagnostic	• Cleanings & exams - twice per cal year • Fluoride treatments – twice per cal year to age 19 • Sealants – unrestored 1st and 2nd permanent molars, once every 36 months • Bitewing x-rays – up to 4 every cal year • Full mouth / panorex x-rays – once every 36 months • Space maintainers – up to age 19 • Emergency palliative treatment	100%	100%
Class II Basic Restorative	• Fillings – amalgam & composite; each surface covered once every 12 months • Oral surgery – simple extractions	100%	100%
Class IIA Basic Restorative	• Oral surgery – surgical extractions • Endodontics – root canal treatment • Periodontal surgery – osseous surgery, gingivectomy, gingival flap procedure – covered once per quadrant every 36 months • Periodontal scaling & root planing – 5 Treatments per year • Periodontal maintenance following surgery – twice per cal year	100%	100%

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.

*Out-of-Network/Non-Participating claims may be subject to balance billing

Type of Care	Plan Benefits	In-Network	Out-of-Network *
Class III Major Restorative	• Fixed prosthetics – bridgework, abutments, pontics • Removable prosthetics – partial / complete dentures • Inlays / onlays / crowns – includes coverage for re-cementation • Relines / rebases – once every 36 months and at least 6 months following initial placement • Above services eligible for replacement every 5 years • Implants – eligible for replacement every 10 years, and subject to alternate benefits provision	100%	100%
Class IV Orthodontia	• Initial banding & monthly follow-up treatment	100%	100%

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.

Alternate Benefits Provision
All covered procedures are subject to an alternate benefit allowance. When there is more than one technology 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, your benefits are not intended to interfere with the treatment plan recommended by the dentist. You and your dentist should discuss which treatment is best suited for you, and may proceed with the original treatment plan regardless of benefit determination. If the more expensive treatment is chosen, you are liable for the balance up to the billed amount.

Participating/In-Network 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/Out-of-Network 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 – 5:00 pm
Friday 9:00 am – 5:00 pm

Mailing address for claims
Excellus BCBS
P.O. Box 22999
Rochester, NY 14692

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