

# Excellus Dental Summary of Benefit

Employer Group name: Cortland County

## Plan Features

Plan Year: 11/1/2020	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): Dental Blue Options	
Annual Plan Deductible: N/A	Annual Plan Maximum per member: \$1000
Deductible applies to: N/A	Annual Max applies to: I, II
Ortho Age Limit: N/A	
Lifetime Orthodontia Maximum: N/A	
Timely Filing: 180 days from Date of Service	Coordination of Benefit: Made Whole

## Plan Benefits

Type of Care	Benefits Included	Excellus BCBS Pays: 100% Plan Allowance for In & Out of Network
<b>Class I Preventive &amp; Diagnostic</b>	<ul style="list-style-type: none"> <li>Cleanings – 2 per plan year</li> <li>Periodontal cleaning – 2 per plan year</li> <li>Fluoride treatments – 4 per plan year under 19</li> <li>Comprehensive or Periodic Oral Examination – 2 per plan year</li> <li>X-rays</li> <li>Bitewing x-rays – 2 per plan year</li> <li>Full mouth/Panoramic x-rays – 1 per 36 months</li> <li>Diagnostic Pulp Vitality Test</li> <li>Palliative treatment</li> <li>Emergency exam</li> <li>Sealants – 1 per 36 months (under age 19)</li> <li>Space maintainers</li> <li>Dental consultation – Limited to House/Extended Care Facility Call or Hospital/Ambulatory Surgical Center Call</li> </ul>	
Type of Care	Benefits Included	Excellus BCBS Pays: 100% Plan Allowance for In & Out of Network
<b>Class II Basic</b>	<ul style="list-style-type: none"> <li>Extraction</li> <li>Fillings – amalgam &amp; composite</li> <li>Oral surgery</li> <li>Endodontics</li> <li>Impacted teeth</li> <li>Anesthesia – General</li> </ul>	
Type of Care	Benefits Included	Not Covered
<b>Class III Major</b>	<ul style="list-style-type: none"> <li>Not Covered</li> </ul>	
Type of Care	Benefits Included	Not Covered
<b>Class IV Orthodontia</b>	<ul style="list-style-type: none"> <li>Not Covered</li> </ul>	

Type of Care	Non-Covered
	<ul style="list-style-type: none"> <li>• Dental charges - drugs</li> <li>• Diagnostic Test and Exams</li> <li>• Restorative – gold foil</li> <li>• Tissue conditioners</li> <li>• Dental veneers</li> <li>• Diagnostic cast</li> <li>• Periodontics</li> <li>• Periodontal surgery – Osseous Surgery, gingivectomy, gingivoplasty, gingival flap procedure</li> <li>• Occlusal adjustment</li> <li>• Occlusal guard</li> <li>• Restorative Inlays/Onlays</li> <li>• Crowns – including stainless steel</li> <li>• Prosthodontics</li> <li>• Implants</li> <li>• Repair/recement crowns/prosthodontics</li> <li>• Rebases/relines</li> <li>• TMJ</li> <li>• Orthodontic services</li> <li>• Ortho harmful habits</li> <li>• Prosthetic Appliance</li> <li>• Diagnostic Photograph/Facial Images</li> <li>• Anesthesia – local, regional, inhalation</li> <li>• Diagnostic Caries Susceptibility Test</li> <li>• Diagnostic Oral Pathology and Lab</li> </ul>

## 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