

A MORE AFFORDABLE WAY TO A CONFIDENT, HEALTHY SMILE.

Blue Select Family DentalSM and
Blue Select Premier DentalSM



Excellus  
LIVE FEARLESS  

DENTAL PLANS FOR MORE COMPLETE HEALTH AND WELLBEING

When it comes to maintaining overall health and wellbeing, taking care of your teeth is just as important as taking care of the rest of your body. Along with daily brushing and flossing, regular dental visits can greatly reduce the occurrence of major oral health issues, as well as help detect a number of other medical conditions.¹

With an emphasis on no-cost preventive care, **Blue Select Family Dental & Blue Select Premier Dental** plans help you maintain complete oral health, reducing the need for more costly dental care in the future. At the same time, it helps you to minimize pain and anxiety, eat and sleep without disruption, boost self-confidence, and have an overall better quality of life.

*Now that's something
to smile about.*



WHAT'S COVERED

All of our individual and family dental plans offer comprehensive coverage that will give you the confidence you need to get care when you need it:



- Cleaning and Exams
- Routine X-Rays
- Fillings
- Select Crowns*
- Dentures*
- Endodontics and Periodontics

All plans include the mandated Pediatric Dental Essential Health Benefits in accordance with the Affordable Care Act.

*Subject to 12-month waiting period for Major services.

HOW THE PLAN WORKS:

Both plans come with a deductible, which means that for some services, you're responsible for the costs up to that amount. Once you've met your deductible, the plan starts contributing.

- Under both plans, diagnostic and preventive services are covered in full and not subject to the deductible. This means you'll have no out-of-pocket costs when visiting an in-network dentist for services like your adult oral exam or bi-annual cleanings.
- For all other covered services, like having a cavity filled and dentures, you're responsible for paying a percentage of the cost, called coinsurance.
- To limit your costs each year, the pediatric benefits come with an out-of-pocket maximum (OOPM) which is the maximum amount you'll have to pay during that plan year (excluding premiums).



TWO PLAN OPTIONS TO FIT YOUR NEEDS	Blue Select Family Dental		Blue Select Premier Dental	
	Pediatric Benefits (Up to age 19)	Adult Benefits (Age 19 and older)	Pediatric Benefits (Up to age 19)	Adult Benefits (Age 19 and older)
Deductible	Per Enrollee: \$50 2 or more enrollees: \$150 (Does not apply to diagnostic & preventive services)	Single: \$50 Family: \$150 (Does not apply to diagnostic & preventive services)	Per Enrollee: \$50 2 or more enrollees: \$150 (Does not apply to diagnostic & preventive services)	Single: \$50 Family: \$150 (Does not apply to diagnostic & preventive services)
Annual Maximum (per member)	None	\$750 (Applies to diagnostic & preventive, basic, and major services)	None	\$1,250 (Applies to diagnostic & preventive, basic, and major services)
Out-of-Pocket Maximum	Per enrollee: \$350 2 or more enrollees: \$700	None	Per enrollee: \$350 2 or more enrollees: \$700	None
COST-SHARING:				
Class I: Diagnostic & Preventive e.g. Cleanings and Adult Exams	0%	0%	0%	0%
Class II: Basic e.g. Fillings, Pediatric Exams, Adult Root Canals	50%	50%	20%	20%
Class III: Major e.g. Select Crowns, Dentures	50%	50%	50%	50%
Class IV: Orthodontic Services e.g. Medically necessary braces up to age 19	50%	Not covered	50%	Not covered
Waiting Periods	None	Major services: 12 months (Does not apply to diagnostic & preventive or basic services)	None	Major services: 12 months (Does not apply to diagnostic & preventive or basic services)

Standard exclusions apply.
 Dependents (excluding spouse) can be covered up to age 26.
 Waiting periods may be waived with proof of prior coverage.
 Service categories vary between Adult and Pediatric coverage.

THE TOP 5 THINGS TO KNOW

1 What benefits are free?

- One cleaning and preventive adult oral exam is covered every six months at no cost to you.

2 Does my plan have a deductible? If so, when does it apply?

- Yes, these plans have a deductible. Refer to the benefits table on the previous page for the individual, pediatric, and family deductibles for each plan.
- The deductible will apply to all covered services except for preventive and diagnostic services, such as oral exams and cleanings, which are covered in full and not subject to the deductible.

3 How does the money I pay toward my deductible add up (or aggregate)?

- When only covering yourself, you will pay the single deductible amount.
- When covering more than one person, the family deductible is met for everyone on the plan when one or any combination of members reaches the family deductible amount.
- Once you meet your deductible, the plan begins paying on your claims and you're only responsible for a percentage of costs, called coinsurance.

4 Is there a waiting period?

- There is no waiting period for pediatric benefits (up to age 19).
- For adult benefits (age 19 and older), there are no waiting periods on diagnostic, preventive, or basic services. Major services are subject to a 12-month waiting period. Waiting period may be waived with proof of prior dental coverage at enrollment.

5 What dentists accept this plan?

- You can see if your dentist is in network or find a new dentist by using our Find a Dentist tool at ExcellusBCBS.com/FindADentist



FIND A DENTIST TOOL

Excellus BCBS

Home Find a Plan How It Works Find a Doctor Health and Wellness

Find a Dentist

Select from the choices below to find a plan participating dentist:

Blue Select, College Blue, Dental Blue Options, FEP, Medicare Advantage, Pediatric Dental, SimplyBlue Plus Dental, SmileSaver

Search for a Dentist

It's important to find a dentist you feel comfortable with, and one with convenient locations and appointment times. Use our **Find a Dentist** tool to find one near you.

ExcellusBCBS.com/FindADentist

Why it's important to practice good oral health

**MORE THAN
1 IN 4
(26%) ADULTS**

in the United States have untreated tooth decay.²

**46%
OF ALL ADULTS**

age 30 years or older show signs of gum disease; severe gum disease affects about **9% OF ADULTS**.³

**UP TO
120
MEDICAL
CONDITIONS**

can be detected early through examination of the mouth, throat and neck.¹

**DIABETES, HEART
DISEASE, STROKE**

and other serious medical conditions can be caught early based on warning signs such as gum disease and infections.⁴



**You can manage your dental benefits online at
Member.ExcellusBCBS.com**

View and order member cards, find a dentist, access your benefits and claims information, pay your premium bill, and more.

ENROLL TODAY!

Visit ChooseExcellus.com or call 1-888-669-3913

1 Little, James W., Falace, Donald A., Miller, Craig S., & Rhodus, Nelson L., "Dental Management of the Medically Compromised Patient (8th ed.)," 2012.

2 Centers for Disease Control and Prevention. "Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016." Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2019.

3 Eke P, Thornton-Evans G, Wei L, Borgnakke W, Dye B, Genco R. Periodontitis in US adults: National Health and Nutrition Examination Survey 2009-2014. JADA. 2018;149(7):576-586.

4 CDC, "Oral Health: Preventing Cavities, Gum Disease, and Tooth Loss," 2009.

IMPORTANT TERMS TO KNOW

Deductible - The amount of money you have to pay before the health insurance company will make any payments towards dental services. The deductible amount will vary based upon your plan, so make sure you know what that amount is.

Coinsurance - Your share of the costs of a covered dental service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. For example, if your filling costs \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance company would pay the rest, or \$80.

Out-of-pocket maximum

An annual limit on the amount of money that you would have to pay for dental services, not including your monthly premium. This is also called the Out-of-Pocket Maximum (OOPM).

Schedule of Allowances/Fee

Schedule - The maximum amount the insurance company will pay for specific dental procedures or services. To obtain information on the current fee schedule, please call the Customer Care number on the back of your card, or 1 (800) 724-1675.

Participating Dentist (in-network)

These dentists agree to accept the fee schedule as payment in full for services performed and will not bill you for an additional amount.

Non-Participating Dentists

(out-of-network) - These dentists are not part of the dental network. When you receive care from a non-participating dentist it will cost you more out-of-pocket.

You can reduce your out-of-pocket costs by seeing a participating dentist. Find a participating dentist by visiting our website at ExcellusBCBS.com/FindADentist or call Customer Care at 1-844-829-8513.

Notice of Nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number: 1-800-614-6575
TTY number: 1-800-421-1220
Fax: 1-315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意: 如果您说中文, 我们可为您提供免费的语言协助。
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anvlòp la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפראך הילף אוועילעבל פאר אייך ביטע רעפערירט צום בייגעלייגטן דאקומענט צו זען אפנים זיך צו פארבינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσωκλείεται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.

