

# 2019 BLUE CROSS DENTAL ELECT PLANS

## SMALL EMPLOYERS (2 – 50)



		ELECT	
Plan benefits		Option 1: OON MAC**	Option 2: OON UCR 90th***
<b>Calendar year deductible</b> - Deductible does not apply to preventive and diagnostic services, services covered at 100%, or orthodontia, when applicable		\$50 per member/ \$150 per family	
<b>Annual maximum per member</b>		<b>2 – 9 enrollees:</b> \$1,000 or \$1,500 <b>10 – 50 enrollees:</b> \$1,000, \$1,500 or \$2,000	
<b>Optional orthodontic lifetime maximum*</b> - Dependent children to age 19 or dependent children and adult coverage		<b>10 – 24 enrollees:</b> \$1,000 or \$1,500 <b>25+ enrollees:</b> \$1,000, \$1,500 or \$2,000	
OTHER SERVICES			
<b>Preventive Incentive</b> - Preventive services do not count toward your annual maximum		Included	
PREVENTIVE AND DIAGNOSTIC			
<b>Exams and cleanings</b> - 2 every 12 months		100%	100%
<b>Fluoride treatments</b>		100%	100%
<b>X-rays (bitewing and full mouth)</b>		100%	100%
<b>Sealants</b>		100%	100%
BASIC RESTORATIVE			
<b>Amalgam (silver) and composite (white) fillings</b>		100%	80%
<b>Space maintainers</b>		100%	100%
<b>Surgical/non-surgical periodontics</b> - Includes treatment of gum disease		100%	80%
<b>Endodontics</b> - Includes root canal		100%	80%
<b>Simple/surgical extractions</b>		100%	80%
<b>Complex oral surgery</b>		100%	80%
<b>General anesthesia</b>		100%	80%
<b>Repairs</b> - Includes bridges and dentures		100%	80%
MAJOR			
<b>Inlays, onlays, crowns</b> - Every five years for the same tooth		60%	50%
<b>Prosthetics</b> - Includes bridges and dentures		60%	50%
<b>TMD</b> (temporal mandibular disorder)		50%	50%
ORTHODONTICS – <i>Optional*</i>			
<b>Diagnostic, active, retention, treatment</b>		50%	50%

Blue Cross Dental plans include coverage for certain pediatric dental services. This plan is not exchange-certified and does not qualify as the pediatric dental essential health benefit under the Affordable Care Act.

With this plan, preventive services, like exams and cleanings, do not count toward your annual maximum. This is called Preventive Incentive.

If you see a dentist who is part of the network, choose Option 1. If your dentist is not part of the network, choose Option 2. This will lessen any out-of-pocket costs you may have.

You receive coverage for a wide range of services. In addition, you receive a discount for services not covered by your plan when you see select dentists in the network. (See details below.)

Blue Cross Dental provides access to the United Concordia Advantage Plus 2.0 national network. You can see any dentist, but choosing a dentist in the network provides significant savings.<sup>†</sup>

<sup>†</sup>Average network savings of 30 to 40 percent — United Concordia Companies, Inc., 2017.

To find participating dentists, visit [bluecrossmn.com/findadentist](http://bluecrossmn.com/findadentist). Those with a black box (■) or “Save!” symbol next to their name indicate they provide discounts for services not covered by your plan, such as when you exceed your annual maximum.

For specific coverage details, talk with your benefit administrator, sign in at [bluecrossmnonline.com](http://bluecrossmnonline.com) or call customer service at the number on your dental ID card.

\*Immediate coverage available for groups with 25 or more enrolled. Groups of 10 or more enrolled are eligible with proof of previous ortho coverage. Dependent children to age 19.

Plans with orthodontic benefits are available to groups of 10 – 24 enrolling subscribers that did not have previous orthodontic coverage after 12 months of Blue Cross Dental plan coverage.

\*\*Out-of-network (OON) services covered at MAC (maximum allowable charge) level.

\*\*\*Out-of-network services covered at 90 percent of UCR (usual, customary and reasonable), which is equal to or greater than the provider charge on 90 percent of claims for a particular service in a specific area.

There is no benefit waiting period. Your coverage begins on the first day of your plan's effective date.

When members receive services from nonparticipating providers, they are responsible for the difference between the allowed amount and the billed charge.

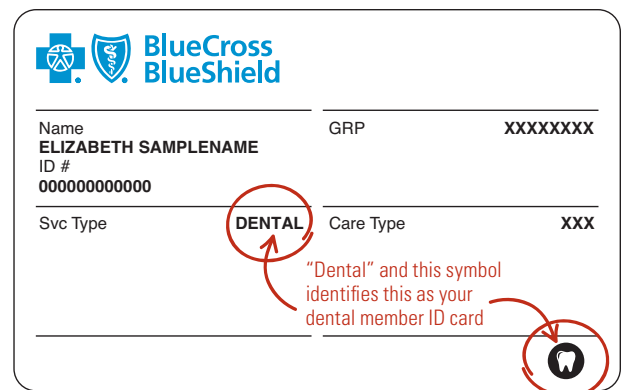
These plans provide dental coverage only. Your dental plan's benefit booklet will provide a detailed description of the coverage and contain more details on standard plan exclusions and frequency limitations. You may enroll in a Blue Cross Dental plan at any time. Coverage is generally effective the first of the month following approval of the application.

## EXCLUSIONS AND LIMITATIONS – ELECT PLANS

BENEFIT CATEGORY	STANDARD FREQUENCY LIMITATIONS
<b>PREVENTIVE AND DIAGNOSTIC</b>	
Exams	2 every 12 months
X-rays (bitewings only)	1 set every 12 months under age 19; 1 set every 18 months age 19 and over
X-rays (all others)	1 every 5 years for full mouth and panoramic X-rays
Cleanings; fluoride treatment	2 every 12 months; 1 every 12 months under age 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
Palliative treatment (emergency)	2 per 12 months in combination with pulpal debridement
<b>BASIC TREATMENT</b>	
Space maintainers	1 every 5 years under age 14
Amalgam (silver) or composite (white) fillings	Not within 24 months of previous placement
Simple extractions	Any frequency (no limitations)
Endodontics	<ul style="list-style-type: none"> <li>• Pulpal therapy; primary teeth that have no permanent tooth to replace it</li> <li>• Root canal treatment; one per tooth per lifetime</li> </ul>
Non-surgical periodontics	<ul style="list-style-type: none"> <li>• Full mouth debridement: 1 per lifetime</li> <li>• Scaling and root planning: 1 per 36 months (per area of mouth)</li> <li>• Periodontal maintenance: 2 every 12 months (in addition to routine prophylaxis following active periodontal therapy)</li> </ul>
Surgical periodontics	Surgical periodontal procedures; 1 per 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime
Complex oral surgery	May vary by procedure
General anesthesia	Limited to 60 minutes per session
<b>MAJOR TREATMENT</b>	
Inlays, onlays, crowns	Not within 5 years of previous placement
Prosthetics (bridge, dentures)	Not within 5 years of previous placement
<b>ELIGIBILITY</b>	
Dependent children covered to age 26	

## YOUR NEW MEMBER ID CARD

When you've enrolled in a Blue Cross Dental plan, you'll be sent your new Blue Cross Dental member ID card. If you also have a Blue Cross medical plan, you will have an ID card for your dental plan and a separate ID card for your medical plan. Use your dental ID card when you want to access benefits through your dental plan.



United Concordia Companies, Inc. is an independent company providing dental benefit management services and access to the Advantage Plus 2.0 network. Each dental provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Consult our online provider directory at [bluecrossmn.com/findadentist](http://bluecrossmn.com/findadentist) to search for a dentist. Dentists with a black box (■) or "Save!" symbol next to their name accept allowances for services not covered by the benefit plan, including services rendered after the annual maximum has been exceeded; not available in all areas.

## **NOTICE OF NONDISCRIMINATION PRACTICES**

***Effective July 18, 2016***

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)
- by mail at: Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
M495  
PO Box 64560  
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at:  
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကျိးဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY  
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهااتف النصي  
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមែន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jì' béesh bee hodíílnih.