



SignatureBlue

Group Dental Plans



EXPERIENCE THE VALUE OF BLUE

To millions of Americans, the Blue Cross and Blue Shield signify peace of mind when it's needed most. For more than 80 years, Blue Cross and Blue Shield of Nebraska has provided members access to the providers members trust, coverage for the care they need and support from a team that's right here in Nebraska.

Dental Coverage to Fit Your Business

Offering dental coverage increases the quality of your overall benefits package, helping you retain your most valued employees. Proper dental care can help improve your employees' overall health, which can help control your health care costs in the long run.



TREAT DECAY

26% of adults have untreated tooth decay



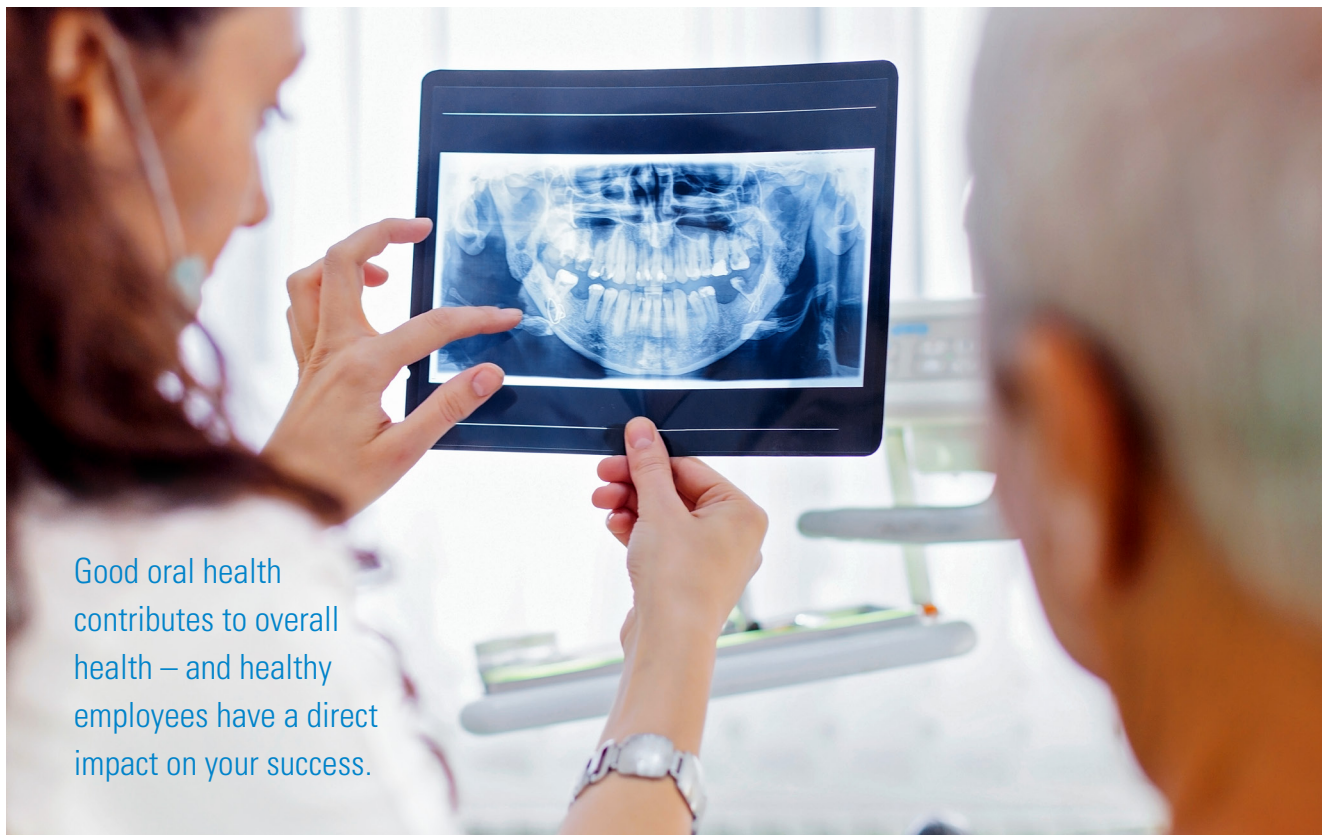
DIAGNOSE DISEASE

46% of adults over age 30 show signs of gum disease



PREVENT ILLNESS

Good oral hygiene can prevent adverse health and dental outcomes




Good oral health
contributes to overall
health – and healthy
employees have a direct
impact on your success.

NEtwork BLUE Dental

Our local dental network is NEtwork BLUE Dental. Members also have access to a national dental network called Dental GRID. The Dental GRID links dental networks of many of the nation's Blue Plans and includes dentists in all 50 states – so your employees can find a dentist wherever they live or visit.

It's easy to find a dentist your employees can trust, with our broad local and national networks. Your employees are free to visit any licensed dentist they choose, however, there are distinct advantages to visiting a dentist in our network.

- Employees are not responsible for charges in excess of our allowed amount for covered services
- Dental claims are filed for your employees, saving them time
- Dentists in our network are credentialed

 It's easy to find a dentist in our network. Just visit NebraskaBlue.com/Find-a-Doctor and select "Dental."

With each of our flexible plans, you get:

- One bill and one ID card when you combine SignatureBlue with your BCBSNE group health plan
- Broad local and national networks
- Customized options

A Range of Dental Options

SignatureBlue dental plans from Blue Cross and Blue Shield of Nebraska offer affordable, flexible and convenient coverage, with exceptional member service – from one of the most trusted names in the industry. Whether added as a complement to an existing health plan or as stand-alone coverage, SignatureBlue advantages include:

Flexible Options with Affordable Pricing

Select a plan that best meets your employees' coverage needs and budget.

Interchangeable Coverage and Choice of Calendar Year Maximum

Our dental options allow benefit flexibility.

Ease of Administration

Receive a single bill for both your medical and dental benefits and make one payment.

Members carry one ID card that displays all the information needed for both medical and dental services.

BluesEnrollSM Compatibility

You can manage your health and dental plan enrollment through BluesEnroll, our online resource for all benefit enrollment needs.

One of the Largest PPO Dental Networks in the Nation

Members have access to a leading national dental network solution, providing members with lower out-of-pocket costs and broad access to participating dentists in Nebraska and throughout the nation.

You think about providing cost-effective dental coverage to your employees.
We think our flexible, affordable options will make them smile.

BluesEnrollSM is provided by Benefitfocus®. Benefitfocus is an independent company that has contracted with Blue Cross and Blue Shield of Nebraska to provide electronic health plan enrollment services.




Dental Network

Members and their covered dependents will receive in-network benefits whenever they use dentists in the NETwork BLUE or Dental GRID networks. These dentists are located in Nebraska and throughout the nation.

In-network dentists have agreed to accept our benefit payment for covered services as payment in full, except for any deductible or coinsurance amounts and charges for noncovered services, which are the member's responsibility. That means that our network of providers, under the terms of their contract with us, can't bill your employees for amounts over our benefit allowance. However, out-of-network providers can bill patients for amounts in excess of the amount payable under the contract.

In-network dentists also file claims for Blue Cross and Blue Shield of Nebraska members, meaning your employees have less paperwork to worry about. And as an additional time-saving convenience, we send our benefit payment directly to in-network providers.

 Find in-network providers in Nebraska and anywhere in the U.S. at NebraskaBlue.com/Find-a-Doctor.

Calendar Year Deductible

Under single membership, the employee must satisfy one individual deductible each calendar year. The SignatureBlue plans require satisfaction of an **embedded** family deductible. Under family membership, the deductible is equal to two times the individual deductible. Family members may combine their covered expenses to satisfy the required deductible amount. No one family member pays more than the individual deductible amount.

Under all of the SignatureBlue options, your employees will never be required to pay a deductible for Coverage A services.

Coinsurance and Calendar Year Maximum

After the employee has met the calendar year deductible, they are responsible for paying a certain percentage of covered charges (called "coinsurance"). Covered services will be available at the applicable coinsurance percentage until the calendar year maximum is met. Once the calendar year maximum is met, no services will be available for the remainder of the calendar year.

For all SignatureBlue options, services listed under Coverages A, B and C accumulate toward one combined calendar year maximum. When Coverage D is available, there is a \$1,500 lifetime maximum per covered person.

Types of Enrollment

Members determine the desired type of enrollment from the membership categories below:

Single Membership: Covers the employee only.

Employee and Spouse Membership: Covers the employee and his or her spouse.

Single Parent Membership: Covers the employee and eligible dependent children. Does not provide coverage to a spouse.

Family Membership: Covers the employee, spouse and eligible dependent children.

The membership unit selected for dental coverage is not required to match what is selected for the medical coverage. Employees have complete flexibility to select the type of enrollment that works best for their needs and budgets.

Late Enrollment

A "late enrollee" is defined as an employee or dependent for whom coverage is not requested within 31 days of initial eligibility. For late enrollees, coverage will be limited to only Coverage A for the first 12 months following the group's annual enrollment month.



SignatureBlue

Take advantage of flexible plan designs to meet your group's needs. These PPO plans use a nationwide network of dentists, and cover preventive, basic and major dental services.

Options are available by group size:

- 51+ eligible employees – All options
- 10-50 eligible employees – Options 1, 4, 5, 9, 13, 15 and 21
- 2-9 eligible employees – Options 1 and 15

	Option 1 Preventive		Option 3 Premier		Option 4 Premier		Option 5 Premier	
	Groups of 2-9, 10-50, and 51+		Groups of 51+		Groups of 10-50 and 51+		Groups of 10-50 and 51+	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar year deductible								
Individual	\$0	\$50	\$50	\$100	\$50	\$100	\$50	\$100
Family	\$0	\$100	\$100	\$200	\$100	\$200	\$100	\$200
Coinsurance benefits (% plan pays)								
Coverage A	100%	60%	100%	60%	100%	60%	100%	60%
Coverage B	80%	50%	80%	50%	80%	50%	80%	50%
Coverage C	Not Covered	Not Covered	50%	50%	50%	50%	50%	50%
Calendar year maximum for Coverage A, B and C								
Amount per person	\$1,000	\$1,000	\$2,000	\$2,000	\$1,000	\$1,000	\$2,000	\$2,000
Endodontic and periodontic services (can be Coverage B or Coverage C)								
	Not Covered	Not Covered	Coverage B	Coverage B	Coverage C	Coverage C	Coverage C	Coverage C
Orthodontic dentistry (child only; combined child and adult options available)								
Coverage D: Child Ortho	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Coverage D: Adult Ortho	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Lifetime maximum per person	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Coinsurance is based on the allowable charge for a covered service. Generally, the allowable charge for covered services by in-network providers will be the contract amount. The allowable charge for covered services by out-of-network providers will be based on the contracted amount for Nebraska providers or an amount determined by the on-site plan for out-of-area providers.

	Option 9 Premier		Option 11 Premier		Option 13 Premier		Option 15 Basic Passive PPO
	Groups of 10-50 and 51+		Groups of 51+		Groups of 10-50 and 51+		Groups of 2-9, 10-50, and 51+
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Basic Passive PPO
Calendar year deductible							
Individual	\$50	\$100	\$50	\$100	\$50	\$100	\$50
Family	\$100	\$200	\$100	\$200	\$100	\$200	\$100
Coinsurance benefits (% plan pays)							
Coverage A	100%	60%	100%	60%	100%	60%	80%
Coverage B	80%	50%	80%	50%	80%	50%	80%
Coverage C	50%	50%	50%	50%	50%	50%	50%
Calendar year maximum for Coverage A, B and C							
Amount per person	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$1,000
Endodontic and periodontic services (can be Coverage B or Coverage C)							
	Coverage C	Coverage C	Coverage B	Coverage B	Coverage C	Coverage C	Coverage C
Orthodontic dentistry (child only; combined child and adult options available)							
Coverage D: Child Ortho	50%	50%	50%	50%	50%	50%	Not Covered
Coverage D: Adult Ortho	Not Covered	Not Covered	50%	50%	50%	50%	Not Covered
Lifetime maximum per person	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$0

	Option 18 Premier Passive PPO	Option 20 Premier Passive PPO	Option 21 Premier Passive PPO
	Groups of 51+	Groups of 51+	Groups of 10-50 and 51+
	Premier Passive PPO	Premier Passive PPO	Premier Passive PPO
Calendar year deductible			
Individual	\$50	\$50	\$50
Family	\$100	\$100	\$100
Coinsurance benefits (% plan pays)			
Coverage A	100%	100%	100%
Coverage B	80%	80%	80%
Coverage C	50%	50%	50%
Calendar year maximum for Coverage A, B and C			
Amount per person	\$1,500	\$1,500	\$1,500
Endodontic and periodontic services (can be Coverage B or Coverage C)			
	Coverage B	Coverage B	Coverage C
Orthodontic dentistry (child only; combined child and adult options available)			
Coverage D: Child Ortho	50%	50%	50%
Coverage D: Adult Ortho	Not Covered	50%	50%
Lifetime maximum per person	\$1,500	\$1,500	\$1,500

Coinsurance is based on the allowable charge for a covered service. Generally, the allowable charge for covered services by in-network providers will be the contract amount. The allowable charge for covered services by out-of-network providers will be based on the contracted amount for Nebraska providers or an amount determined by the on-site plan for out-of-area providers.

Covered Services

COVERAGE A SERVICES

Preventive and
Diagnostic Dentistry

Under Coverage A, benefits are available for (but not limited to) the following covered services:

- Two comprehensive and/or periodic oral examinations per calendar year
- Two prophylaxis, including cleaning, scaling and polishing of teeth per calendar year
- Two topical fluoride applications per calendar year up to age 16¹
- Two fluoride varnishes per calendar year¹
- Sealants, once every four calendar years¹
- Space maintainers¹
- Pulp vitality tests
- Dental X-rays²
 - One full mouth or panorex series of X-rays every three calendar years
 - One set of four supplemental bitewing X-rays in a calendar year

COVERAGE B SERVICES

Maintenance and Simple
Restorative Dentistry and
Oral Surgery

Under Coverage B, benefits are available for (but not limited to) the following covered services:

Oral surgery consisting of:

- Simple and impacted extractions¹
- Removal of dental cysts and tumors

Other services:

- General anesthesia (medically necessary)
- Restorations of silver and/or composite materials (filings)
- Palliative treatment
- Repair of dentures, bridges, crowns and cast restorations
- Problem-focused and/or emergency oral examinations

COVERAGE C SERVICES

Complex Restorative
Dentistry, Periodontic
and Endodontics

Under Coverage C, benefits are available for (but not limited to) the following covered services:

- Crowns
- Inlays/onlays
- Installation of permanent bridges

Periodontic services consisting of:¹

- Up to four periodontic cleanings per calendar year
- Gingivectomy
- Gingival curettage

Endodontic services consisting of:¹

- Pulp cap
- Vital pulpotomy

- Dentures – full and partial
- Denture adjustments
- Core buildup

- Osseous surgery
- Treatment of acute infection and oral lesions
- Soft tissue allografts

- Root canals²
- Apical curettage

COVERAGE D SERVICES

Orthodontic Dentistry

Under Coverage D, benefits are available for (but not limited to) the following covered services:

- Cephalometric X-rays
- Extractions

Noncovered Services

- 1 Coverage available for dependents under the age of 16 only
- 2 X-rays related to services provided under a different coverage classification are excluded under Coverage A benefits

- 1 Extractions for orthodontia services are excluded

- 1 Depending on plan option, these services may be under Coverage B or Coverage C (for groups with 51+ eligible employees)
- 2 Includes treatment plan, diagnostic X-rays, clinical procedures and follow-up care

This brochure contains only a partial listing of the limitations and exclusions that apply to SignatureBlue coverage. A more complete list may be found in the master group contract.

Benefits are not available for the following:

- Services not covered by this contract
- Services for treatment of Temporomandibular (jaw) joint
- Services with respect to congenital malformations (including, but not limited to missing teeth) or primarily for cosmetic or aesthetic purposes
- Magnetic resonance imaging and computed tomography (CT) scans
- Replacement of the third molars with prostheses
- Implants or any procedure associated with the preparation for, maintenance of or placement or removal of implants
- Removal of dental cysts and tumors (including biopsies and excisions of mouth lesions)
- Surgical incision and drainage of dental abscess
- Analgesia, desensitizing medicament, local anesthesia, intravenous sedation and nitrous oxide
- Enamel microabrasion
- Odontoplasty
- Whitening agents, tooth bonding and veneers
- Placement or removal of sedative filling, base or liner used under a restoration
- Coping
- Tooth transplantation
- Any service, supply or appliance, including orthodontic or dental implants, for dental treatment of naturally healthy teeth required as a direct result of an accidental injury
- Emergency tracheotomy
- Additional, elective or enhanced prosthodontic procedures including but not limited to connector bar(s), stress breakers, and precision attachments
- Services considered to be investigative, not medically necessary, experimental, cosmetic or obsolete
- Injectable drugs or drugs dispensed in a provider's office
- Charges for services provided by a hospital, ambulatory surgical facility or any other facility charge
- Reduction of a complete dislocation or fracture of the Temporomandibular Joint of the jaw

Notes

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Notes

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Learn More



Call us at
877-591-2583



Visit us online at
NebraskaBlue.com



Contact a member of your
BCBSNE sales or account
management team

This document is a brief overview of SignatureBlue dental coverage. It is a general overview only and is not a contract. It does not provide all the details of the coverage including benefits, limitations and contract exclusions. In the event there are discrepancies between this document and the contract, the terms and conditions of the contract will govern. For more information regarding benefits, limitations, exclusions and other provisions, refer to the master group contract.

The national Dental GRID is managed by the GRID Dental Corporation (GDC), a separate company that provides access to dental networks and services on behalf of Blue Cross and Blue Shield of Nebraska.



Blue Cross and Blue Shield of Nebraska is an independent
licensee of the Blue Cross and Blue Shield Association.
36-029 (04-11-22)