



# DentalEssentials

Dental Insurance for  
Individuals and Families

# Regular dental care is an important part of a healthy lifestyle

Blue Cross and Blue Shield of Nebraska (BCBSNE) offers a variety of options to meet the needs and budgets of individuals and families. Best of all, you can purchase DentalEssentials coverage even if you don't have health insurance coverage with us! In-network dentists are located throughout Nebraska and across the nation.

**SMALL  
CHANGES  
BIG  
DIFFERENCE**

Poor oral health can be associated with chronic conditions such as heart disease and diabetes. Good oral and dental hygiene can help keep you healthy and avoid cavities and tooth decay. Below are some tips to help prevent cavities. Ask your dentist which tips are best for you.

- 1 Brush with fluoride toothpaste.
- 2 Rinse your mouth after eating.
- 3 Visit your dentist regularly.
- 4 Consider sealants and fluoride treatments.

Source: <http://www.mayoclinic.org/diseases-conditions/cavities/basics/prevention/con-20030076>



## DECAY

One in four adults aged 20 to 64 currently has cavities



## DISEASE

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



## PREVENTION

Good oral hygiene can prevent illness and chronic health problems





# DentalEssentials

## The Value of Blue

Whatever life brings, we're there for you with coverage for the care you need, access to the dental providers you trust and support from a team that's right here in Nebraska.

## A Range of Options

With three DentalEssentials options, you can select a plan that best meets your coverage needs and your budget.

## It's Easy to Sign Up!

Even if you don't have health insurance with BCBSNE, you can purchase DentalEssentials. When signing up, you have the flexibility to select the membership type you need, from single to family coverage.

If you already have BCBSNE health insurance, you do not need to enroll the same family members under your dental plan.<sup>1</sup> (In other words, the members enrolled in your medical and dental plans don't need to match.)

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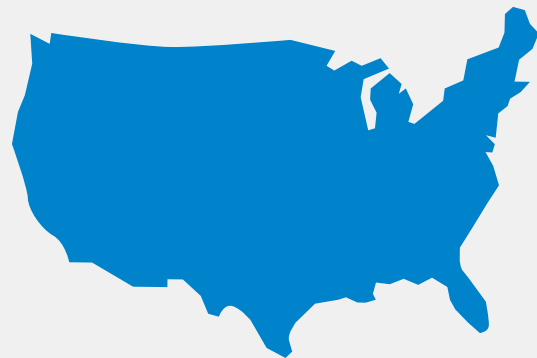
➔ Visit [NebraskaBlue.com/GetDental](https://NebraskaBlue.com/GetDental) to enroll in dental coverage today, whether for yourself or as a broker on behalf of a member.

<sup>1</sup>When applying for individual health and dental coverage at the same time, the same enrollment and effective date is required unless a separate application for individual dental is submitted.

# Keep Your Smile Healthy with One of the Largest Dental Networks

The dental network consists of multiple Blue Cross and Blue Shield plans that, when combined, offers members one of the largest dental preferred provider organization networks in the nation.

In-network dentists have agreed to accept our 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 in-network providers, under the terms of their contract with us, can't bill you for amounts over our benefit allowance. However, out-of-network dentists can bill members for amounts exceeding the benefit allowance.



NEARLY  
**1,000** DENTAL PROVIDERS<sup>1</sup>



Get the most out of your dental benefits by using in-network providers. With nearly 1,000 dental providers in Nebraska, the network has a variety of dental specialists including:

- General dental practitioners
- Periodontists
- Oral surgeons
- And more

You save when you use in-network dentists. In the example below, where the preventive care visit has a \$150 allowance, you would save \$200 by using an in-network provider!

## IN-NETWORK PREVENTIVE CARE VISIT

**\$350**

TOTAL BILLED

**\$150**

BCBSNE PAYS

**\$0**

YOU PAY

## OUT-OF-NETWORK PREVENTIVE CARE VISIT

**\$350**

TOTAL BILLED

**\$150**

BCBSNE PAYS

**\$200**

YOU PAY

Dollar amounts are for illustrative purposes only. Actual billed amounts and allowances may vary.



It's easy to find a dentist in our network.

Visit [NebraskaBlue.com/DoctorFinder](https://www.NebraskaBlue.com/DoctorFinder) and search the dental network as a guest. You may also call **888-592-8961** and a Member Services representative can assist you.

<sup>1</sup>BCBSNE data August 2023.

# DentalEssentials

## Choose from Three Plan Options

### Dental coverage that meets your needs.

Need help deciding what plan is right for you? Let us help.

- **Preventive Plus:** I don't go to the dentist a lot; I just go in for my preventive check-ups and cleanings.
- **Enhanced:** I may have cavities or a tooth that needs to be pulled.
- **Premier:** I have more complex dental issues and may require a crown or dentures.

	Preventive Plus		Enhanced		Premier	
Deductible	\$50 per person per calendar year		\$100 per person per calendar year		\$100 per person per calendar year	
Calendar Year Maximum	\$1,000 per person per calendar year		\$1,500 per person per calendar year		\$2,000 per person per calendar year	
Coinsurance (What You Pay)						
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Coverage A Services</b>	0% (deductible waived)	20%	0% (deductible waived)	20%	0% (deductible waived)	20%
<b>Coverage B Services</b> (6-Month Waiting Period <sup>1</sup> )	20%	30%	20%	30%	20%	30%
<b>Coverage C Services</b> (12-Month Waiting Period)	50%	50%	50%	50%	50%	50%
Monthly Premium Rates						
Per Adult 55+	\$42.51		\$49.27		\$54.76	
Per Adult < 55	\$33.69		\$37.11		\$40.05	
Per Dependent <sup>2</sup>	\$32.33		\$34.70		\$36.88	

<sup>1</sup>Waived when a DentalEssentials plan is purchased at the same time that a Medicare supplement, Armor Health or Nebraska HeartlandBlue policy is purchased or renewed.

<sup>2</sup>Dependents are covered up to the age of 26.

Please note: DentalEssentials does not cover services for orthodontic dentistry.

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
- Consultations with a dental consultant when medically necessary
- Two prophylaxis, including cleaning, scaling and polishing of teeth per calendar year
- Two topical fluoride applications per calendar year<sup>1</sup>
- Dental X-rays<sup>2</sup>
  - One full mouth or panorex series of X-rays in any period of three consecutive calendar years
  - One set of four supplemental bitewing X-rays in a calendar year
- Sealants, but not more than once every four calendar years<sup>1</sup>
- Space maintainers<sup>1</sup>

<sup>1</sup> Coverage available for dependents under the age of 16 only

<sup>2</sup> X-rays related to services provided under a different coverage classification are excluded under Coverage A benefits

## 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:

- Restorations of silver amalgam and/or composite materials (fillings) — limited to one tooth every two calendar years

#### Oral surgery consisting of:

- Simple and impacted extractions (extractions for orthodontia services are excluded)
- Removal of dental cysts and tumors

#### Other services:

- General anesthesia
- Palliative treatment
- 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
- Installation of permanent bridges
- Dentures – full and partial
- Denture adjustments
- Repair of dentures, bridges, crowns and cast restorations
- Core buildup

#### Periodontic services consisting of:

- Up to four periodontic cleanings per calendar year
- Gingivectomy
- Gingival curettage
- Osseous surgery
- Treatment of acute infection and oral lesions

#### Endodontic services consisting of:

- Pulp cap
- Vital pulpotomy
- Root canals (includes treatment plan, clinical procedures and follow-up care)
- Apical curettage



# Additional Plan Information

## Membership

If you have BCBSNE health insurance, you do not have to enroll the same family members under your dental plan. (In other words, the members enrolled under your medical and dental plans don't need to match.)

If you are applying for Medicare Supplement and dental coverage at the same time, your membership under both plans must match unless you complete a separate DentalEssentials application.

Nebraskans under 19 years of age are eligible when enrolled with a parent or legal guardian.

Individuals who are currently eligible for group dental insurance through BCBSNE are not eligible for DentalEssentials coverage.

## Waiting Periods

- Benefits for Coverage B services are subject to a six-month waiting period.

This waiting period is waived when a DentalEssentials plan is purchased at the same time that a Medicare supplement, Armor Health or Nebraska HeartlandBlue policy is purchased or renewed.

- Benefits for Coverage C services are subject to a 12-month waiting period.

## Calendar Year Deductible

The deductible must be met each calendar year by each covered person.

## Coinsurance and Calendar Year Maximum

After you have met the calendar year deductible, you're responsible for paying a certain percentage of covered charges (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, coverage for additional services will not be available for the remainder of the calendar year.

For all DentalEssentials options, services listed under Coverages A, B and C accumulate towards one combined calendar-year maximum.

## Noncovered Services

This brochure contains only a partial listing of the limitations and exclusions that apply to DentalEssentials coverage. A more complete list can be found in your DentalEssentials contract.

Benefits are not available for the following:

- Services not covered by the contract
- Services for orthodontic dentistry
- 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
- Replacement of the third molars with prostheses
- Implants or any procedure associated with the preparation for, maintenance of or placement or removal of implants
- 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





## ENROLL TODAY



Call us toll free at  
**844-201-0763**



Visit **NebraskaBlue.com/GetDental**  
to enroll



Contact your authorized  
BCBSNE agent

This document is a general overview of DentalEssentials dental and is not a contract. It does not provide all the details of the coverage including benefits, limitations and contract exclusions. In the event of 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 product contract.



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