



# DentalEssentials

Dental insurance for individuals and families

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

Unfortunately, the cost of dental treatment, coupled with the lack of dental insurance, sometimes prevents Americans from getting the care they need. Now, with DentalEssentials, you can get valuable dental care benefits at a cost that is affordable, regardless of the size of your family.

DentalEssentials offers a variety of options to meet the needs and budgets of singles and families, large and small. Best of all, you can purchase DentalEssentials coverage even if you don't carry health insurance coverage with Blue Cross and Blue Shield of Nebraska!

And now you and your covered dependents with our dental coverage will receive in-network benefits whenever you use dentists in our dental network. Our network dentists are located in Nebraska *and* throughout the nation. Read on to learn more!



### **Many Americans Lack Dental Coverage**

- Approximately 45 million Americans under the age of 65 with private health insurance do not have dental insurance\*.
- Among adults aged 18–64, the main reason cited to forgo a dental visit for an oral health problem in the previous six months was cost.\*\*

*Source: Centers for Disease Control and Prevention*

*\* NCHS Data Brief No. 40 June 2010*

*\*\* Publication No. (PHS) 2012–1581*

# DentalEssentials

## Valuable individual and family dental coverage from Blue Cross and Blue Shield of Nebraska

### An Attractive Range of Options, with Affordable Pricing

With four DentalEssentials options, you can select a plan that best meets your coverage needs and your budget. Whether you need dental coverage for one adult, a single parent with dependent children, two adults, or an entire family, we've got you covered!

### It's So Easy to Sign Up!

Even if you don't carry health insurance coverage with Blue Cross and Blue Shield of Nebraska, you can purchase DentalEssentials coverage. When signing up, you have complete flexibility to select the membership type you need, such as single adult, single parent with children, married couple or family.

And if you do have Blue Cross and Blue Shield of Nebraska health insurance, you can choose to cover different individuals under your DentalEssentials plan.\*\*

### Billing Ease

With DentalEssentials, paying your monthly premiums is simple. If you carry health insurance with us, you'll receive a single bill for both your medical and dental benefits.\* You can make just one payment for your coverage, even if you have both medical and dental coverage.

### The Value of Blue

To millions of Americans, Blue Cross and Blue Shield represents peace of mind when it's needed the most. That's because the Blue Cross and Blue Shield brand represents the nation's largest and most experienced health care benefit companies.

### One of the Largest PPO Dental Networks in the Nation

Blue Cross and Blue Shield of Nebraska members and their covered dependents with our DentalEssentials dental insurance will receive in-network benefits whenever they use dentists in our network. Our network dentists are located in Nebraska and throughout the nation.

Our network is a provider network of multiple Blue Cross and Blue Shield Plans that, when combined, offers members one of the largest PPO dental networks in the nation. It provides patients with lower out-of-pocket costs and broad access to participating dentists.

In-network providers 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 you for amounts over our benefit allowance.

**However, out-of-network providers can bill patients for amounts in excess of the benefit allowance.** For example: Susan went to an out-of-network dentist for a covered routine dental examination (a Coverage A service). Because the dentist billed more than the benefit allowance, Susan is responsible for the difference between the benefit allowance and the dentist's billed charge.

Find dental network providers in Nebraska and anywhere in the U.S. at [dentaldirectory.nebraskablue.com](http://dentaldirectory.nebraskablue.com).

\* When the primary insured for both individual health and dental are the same.

\*\* When applying for individual health and dental coverage at the same time, the same enrollment is required unless a separate application for individual dental is submitted.

# DentalEssentials

## Offering Four Valuable Options

Regardless of the DentalEssentials option chosen, you can take advantage of a dental coverage plan that meets your needs.

Dental Essentials								
	Option 1		Option 2		Option 3		Option 4	
Deductible	\$50 per person per calendar year		\$50 per person per calendar year		\$50 per person per calendar year		\$50 per person per calendar year	
Annual Benefit Maximum	\$1,000 per person per calendar year		\$1,000 per person per calendar year		\$1,000 per person per calendar year		\$1,000 per person per calendar year	
Coinsurance	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Coverage A services	0% (deductible waived in-network)	20%	0% (deductible waived in-network)	20%	0% (deductible waived)		0% (deductible waived)	
Coverage B services (6 Month Waiting Period*)	20%	30%	20%	30%	20%		20%	
Coverage C Services (12 Month Waiting Period)	50%	50%	N/A	N/A	50%		N/A	
Premium Rates								
Option	Option 1		Option 2		Option 3		Option 4	
Single	\$26.50		\$21.00		\$30.50		\$24.50	
Member and Spouse	\$53.00		\$42.00		\$61.00		\$49.00	
Single Parent (one parent and eligible dependent children)	\$84.00		\$66.50		\$104.00		\$82.00	
Family (two parents and eligible dependent children)	\$110.50		\$87.50		\$134.50		\$106.50	

\* Waived for seniors purchasing a BlueSenior Classic Medicare Supplement plan at the same time as a DentalEssentials plan.

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.

# Regular dental care is an important part of an overall healthy lifestyle.

## Covered Services

### COVERAGE A

#### 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
- Two prophylaxis, including cleaning, scaling and polishing of teeth per calendar year
- Two topical fluoride applications per calendar year\*
- Dental x-rays\*\*
  - 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\*
- Space maintainers\*

\* Coverage available for dependents under the age of 16 only

\*\* X-rays related to services provided under a different coverage classification are excluded under Coverage A benefits

### COVERAGE B

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

##### Other services:

- General anesthesia
- Restorations of silver and/or composite materials
- Palliative treatment
- Problem focused and/or emergency oral examinations

### COVERAGE C

#### 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

This brochure contains only a brief description of the DentalEssentials coverage. A more complete list can be found in your DentalEssentials contract.

## Membership Type

Choose your type of membership from the categories below:

**Single Membership:** Covers you only.

**Member and Spouse Membership:** Covers you and your spouse.

**Single Parent Membership:** Covers you and your eligible dependent children. Does not provide coverage to a spouse.

**Family Membership:** Covers you, your spouse and eligible dependent children.

Important: The type of membership you select for dental coverage is not required to match your medical coverage plan (if you have health insurance through Blue Cross and Blue Shield of Nebraska). You have complete flexibility to select the type of membership that works best for your needs and your budget. However, when applying for individual health (including Medicare Supplement coverage) and dental coverage at the same time, the same membership type is required unless a separate application for DentalEssentials is submitted.

Please note: Nebraskans who are currently eligible for group dental insurance through Blue Cross and Blue Shield of Nebraska are not eligible for DentalEssentials coverage.

## Waiting Periods

- Benefits for Coverage B services are subject to a 6-month waiting period.\*
- Benefits for Coverage C services are subject to a 12-month waiting period.

\* As a special consideration for Medicare-qualified Nebraskans, this waiting period is waived for individuals purchasing DentalEssentials and a BlueSenior Classic Medicare Supplement plan at the same time.

## Three-month non-refundable premium

A three-month non-refundable premium must be submitted with your DentalEssentials application. However, if you are purchasing Blue Cross and Blue Shield of Nebraska health insurance (including individual Medicare Supplement coverage), this is not necessary.

## 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 (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, coverage for additional services will not be available for 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



*This document is a brief overview of DentalEssentials 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 that 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 product contract.*



Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association.

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