

SignatureBlue



PLAN OPTIONS

Dental Plans for Employer Groups
With Two or More Eligible Employees

EFFECTIVE JANUARY 1, 2015



SignatureBlue Coverage to fit your business

Dental coverage that makes a difference

Offering dental coverage increases the quality of your overall benefits package, helping you retain your most valued employees. Some researchers have observed that people with gum disease were more likely to have difficulty controlling blood sugar or develop heart disease or other health conditions.¹ Proper dental care can help improve your employees' overall health, which can help control your health care costs in the long run.

NEtwork BLUE Dental

Our local dental network is NEtwork BLUE Dental. With this network, BCBSNE members also have access to a national dental network called Dental GRID. The Dental GRID links dental networks, including the 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, even if they're out of town, with our broad, local and national network. Though your employees are free to visit any licensed dentist they choose, 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 and trouble
- Dentists in our network are credentialed and approved

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

WHAT YOU GET

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 network
- ▶ Customized plan options

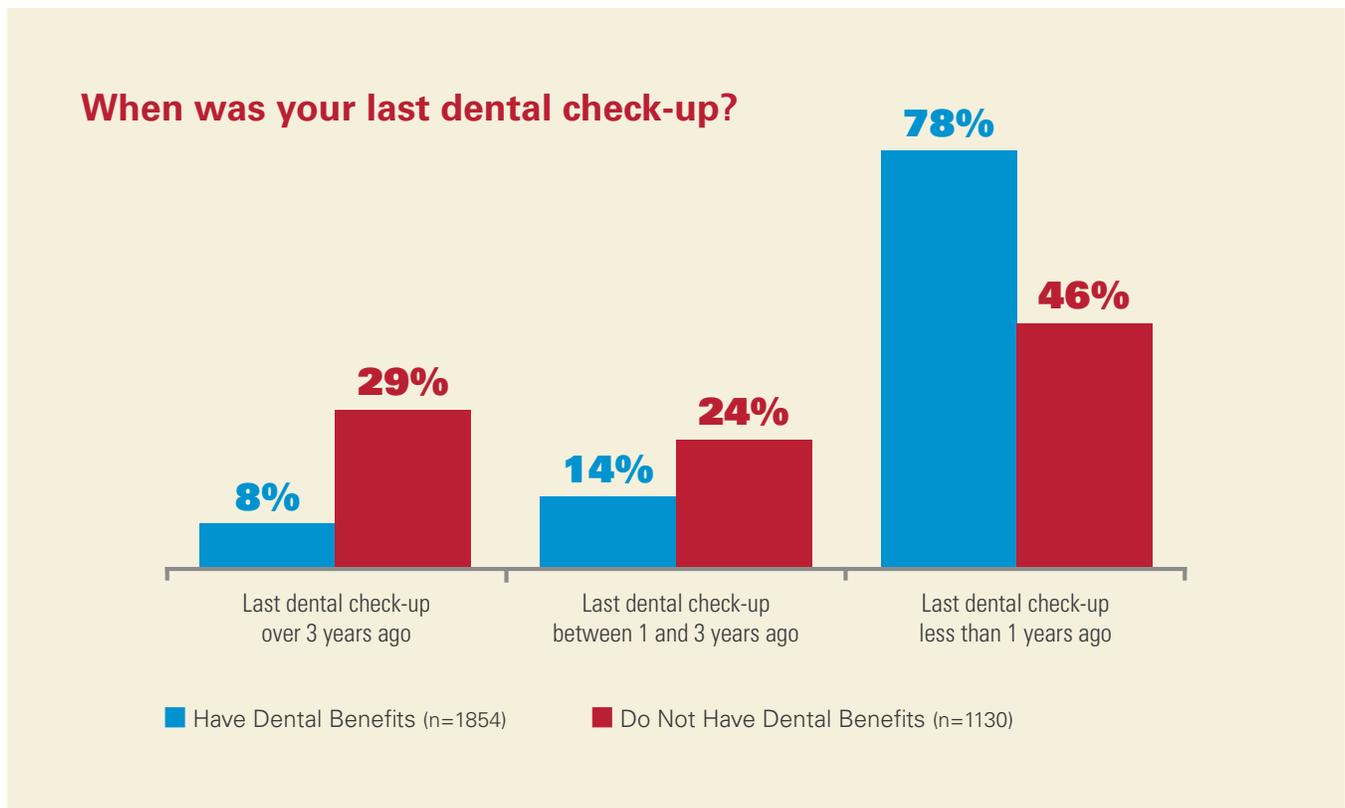
1. "Periodontal (Gum) Disease: Causes, Symptoms, and Treatments," <http://www.nidcr.nih.gov/oralhealth/topics/gumdiseases/periodontalgumdisease.htm#canPeriodontal>, NIH Publication No. 12-1142, August 2012, Accessed 9/8/2014



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

Consumers with dental benefits are far more likely to have had a dental check-up in the past year compared to those without dental benefits.

Consumers without dental benefits are nearly 4 times more likely to have not had a dental check-up in the past 3 years.



Source: NADP 2012 Consumer Survey, July 2012.
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You think about providing cost-effective dental coverage to your employees. We think our flexible, affordable options will make them smile.

Introducing Blue Cross and Blue Shield of Nebraska's New Dental Options

SignatureBlue dental plans from Blue Cross and Blue Shield of Nebraska now 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 standalone coverage, SignatureBlue advantages include:

NEW Flexible Range of Options—Affordable Pricing

With 21 SignatureBlue options, you can select a plan that best meets your coverage needs and budget.

Interchangeable Coverage and Choice of Calendar Year Maximum

- Our new dental options allow you to have endodontics and periodontics in Coverage B or C – your choice.
- You may also choose between \$1,000 and \$2,000 calendar year maximums.

Ease of Administration

Administration is simple with SignatureBlue.

- 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 to take advantage of their medical and dental coverage needs.

BluesEnroll Compatibility

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

One of the Largest National PPO Dental Networks

BCBSNE 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.

Available to Groups of Every Size

Coverage is available to groups of all sizes, including those with 2 to 9 eligible employees.

Benefits for Orthodontia Services

Orthodontia benefits are available for groups with 10 or more eligible employees.

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.

SignatureBlue offers dental benefit solutions to groups of all sizes. With 21 options to choose from, you are sure to find a plan tailored to your needs.

How to Locate In-network Dentists



By Phone:

Call the number on the back of your BCBSNE Member ID card



On the Web:

www.nebraskablue.com

Dental Network

Blue Cross and Blue Shield of Nebraska members and their covered dependents will receive in-network benefits whenever they use dentists in the NETWORK BLUE or Dental GRID network. These dentists are located in Nebraska and throughout the nation.

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 in-network providers, under the terms of their contract with us, can't bill your employees for amounts over our benefit allowance. Out-of-network providers can bill patients for amounts in excess of the amount payable under the contract.

In-network providers 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/dentaldirectory.

Calendar Year Deductible

Under a 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, he or she is 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.

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 his or her 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. So 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 his or her 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



Offering 21 Affordable Options

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, 8, 9, 12, 13, 15, 17, 19, and 21
- 2-9 eligible employees – Options 1 and 15

	Option 1 Preventive		Option 2 Premier		Option 3 Premier		Option 4 Premier	
	Available to groups of 2-9, 10-50, and 51+		Available to groups of 51+		Available to groups of 51+		Available to 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	\$1,000	\$1,000	\$2,000	\$2,000	\$1,000	\$1,000
Endodontic and periodontic services (can be Coverage B or Coverage C)								
	Not Covered	Not Covered	Coverage B	Coverage B	Coverage B	Coverage B	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 5 Premier		Option 6 Premier		Option 7 Premier		Option 8 Premier	
	Available to groups of 10-50 and 51+		Available to groups of 51+		Available to groups of 51+		Available to 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	\$50	\$100	\$50	\$100	\$50	\$100	\$50	\$100
Family	\$100	\$200	\$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	50%	50%	50%	50%	50%	50%	50%	50%
Calendar year maximum for Coverage A, B, and C								
Amount per person	\$2,000	\$2,000	\$1,000	\$1,000	\$2,000	\$2,000	\$1,000	\$1,000
Endodontic and periodontic services (can be Coverage B or Coverage C)								
	Coverage C	Coverage C	Coverage B	Coverage B	Coverage B	Coverage B	Coverage C	Coverage C
Orthodontic dentistry (child only; combined child and adult options available)								
Coverage D: Child Ortho	Not Covered	Not Covered	50%	50%	50%	50%	50%	50%
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	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500

	Option 9 Premier		Option 10 Premier		Option 11 Premier		Option 12 Premier	
	Available to groups of 10-50 and 51+		Available to groups of 51+		Available to groups of 51+		Available to 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	\$50	\$100	\$50	\$100	\$50	\$100	\$50	\$100
Family	\$100	\$200	\$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	50%	50%	50%	50%	50%	50%	50%	50%
Calendar year maximum for Coverage A, B, and C								
Amount per person	\$2,000	\$2,000	\$1,000	\$1,000	\$2,000	\$2,000	\$1,000	\$1,000
Endodontic and periodontic services (can be Coverage B or Coverage C)								
	Coverage C	Coverage C	Coverage B	Coverage B	Coverage B	Coverage B	Coverage C	Coverage C
Orthodontic dentistry (child only; combined child and adult options available)								
Coverage D: Child Ortho	50%	50%	50%	50%	50%	50%	50%	50%
Coverage D: Adult Ortho	Not Covered	Not Covered	50%	50%	50%	50%	50%	50%
Lifetime maximum per person	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$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.

	Option 13 Premier		Option 14 Basic Passive PPO	Option 15 Basic Passive PPO	Option 16 Premier Passive PPO
	Available to groups of 10-50 and 51+		Available to groups of 51+	Available to groups of 2-9, 10-50, and 51+	Available to groups of 51+
	In-Network	Out-of-Network	Basic Passive PPO	Basic Passive PPO	Premier Passive PPO
Calendar year deductible					
Individual	\$50	\$100	\$50	\$50	\$50
Family	\$100	\$200	\$100	\$100	\$100
Coinsurance benefits (% plan pays)					
Coverage A	100%	60%	80%	80%	100%
Coverage B	80%	50%	80%	80%	80%
Coverage C	50%	50%	50%	50%	50%
Calendar year maximum for Coverage A, B, and C					
Amount per person	\$2,000	\$2,000	\$1,000	\$1,000	\$1,500
Endodontic and periodontic services (can be Coverage B or Coverage C)					
	Coverage C	Coverage C	Coverage B	Coverage C	Coverage B
Orthodontic dentistry (child only; combined child and adult options available)					
Coverage D: Child Ortho	50%	50%	Not Covered	Not Covered	Not Covered
Coverage D: Adult Ortho	50%	50%	Not Covered	Not Covered	Not Covered
Lifetime maximum per person	\$1,500	\$1,500	\$0	\$0	\$0

	Option 17 Premier Passive PPO	Option 18 Premier Passive PPO	Option 19 Premier Passive PPO	Option 20 Premier Passive PPO
	Available to groups of 10-50 and 51+		Available to groups of 51+	Available to groups of 10-50 and 51+
	Premier Passive PPO		Premier Passive PPO	Premier Passive PPO
Calendar year deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$100	\$100	\$100	\$100
Coinsurance benefits (% plan pays)				
Coverage A	100%	100%	100%	100%
Coverage B	80%	80%	80%	80%
Coverage C	50%	50%	50%	50%
Calendar year maximum for Coverage A, B, and C				
Amount per person	\$1,500	\$1,500	\$1,500	\$1,500
Endodontic and periodontic services (can be Coverage B or Coverage C)				
	Coverage C	Coverage B	Coverage C	Coverage B
Orthodontic dentistry (child only; combined child and adult options available)				
Coverage D: Child Ortho	Not Covered	50%	50%	50%
Coverage D: Adult Ortho	Not Covered	Not Covered	Not Covered	50%
Lifetime maximum per person	\$0	\$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.

Option 21 Premier Passive PPO	
Available to groups of 10-50 and 51+	
Premier Passive PPO	
Calendar year deductible	
Individual	\$50
Family	\$100
Coinsurance benefits (% plan pays)	
Coverage A	100%
Coverage B	80%
Coverage C	50%
Calendar year maximum for Coverage A, B, and C	
Amount per person	\$1,500
Endodontic and periodontic services (can be Coverage B or Coverage C)	
	Coverage C
Orthodontic dentistry (child only; combined child and adult options available)	
Coverage D: Child Ortho	50%
Coverage D: Adult Ortho	50%
Lifetime maximum per person	\$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

Here is a list of many of the covered services for your reference. A complete list of covered services can be found in the master group contract.

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
- Two prophylaxis, including cleaning, scaling and polishing of teeth per calendar year
- Two topical fluoride applications per calendar year up to age 16*
- Two fluoride varnishes per calendar year*
- Dental X-rays**
 - 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
- Sealants, but not more than once every four calendar years*
- Space maintainers*
- Pulp vitality tests

* 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; 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*
 - Other services:
 - General anesthesia (medically necessary)
 - Restorations of silver and/or composite materials
 - Palliative treatment
 - Repair of dentures, bridges, crowns and cast restorations
 - Problem focused and/or emergency oral examinations
- * Extractions for orthodontia services are excluded



COVERAGE C

Complex Restorative Dentistry; Periodontics and Endodontics

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

- Crowns
- Inlays/onlays
- Installation of permanent bridges
- Dentures – full and partial
- Denture adjustments
- Core buildup

These services may be under Coverage B or Coverage C, depending on plan option:

- Periodontic services consisting of:
 - Up to four periodontic cleanings per calendar year
 - Gingivectomy
 - Gingival curettage
 - Osseous surgery
 - Treatment of acute infection and oral lesions
 - Soft tissue allografts
- Endodontic services consisting of:
 - Pulp cap
 - Vital pulpotomy
 - Root canals*
 - Apical curettage

* Includes treatment plan, diagnostic X-rays, clinical procedures and follow-up care

COVERAGE D

Orthodontic Dentistry

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

- Cephalometric X-rays
- Extractions

Noncovered Services

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

This document is a brief overview of SignatureBlue dental coverage. It is a general overview only. 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.

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