

# Excellus Dental Summary of Benefit

Employer Group name: Chemung County (Dental Plan 2)

## Plan Features

Plan Year: 7/1/2020	Type of Tier: 2T
Network: In and Out of Network	Dependent age limit: end of year 19 Student age limit: end of month 25
Reimbursement In network: Charges Reimbursement Out-of-network (In & Out of Area): Charges	
Annual Plan Deductible: \$50–each member, \$150-maximum family deductible Deductible applies to: I, II, III	Annual Plan Maximum per member: \$1,000  Annual Maximum applies to: I, II, III
Orthodontia Age Limit: Dependent children under age 19 Lifetime Orthodontia Maximum: \$2,500 (Even if leave the plan and re-enter the plan under the same/another subscriber) Orthodontia applies to: IV	
Timely Filing: 1 year from Date of Service	Coordination of Benefit: Made whole

## Plan Benefits

Type of Care	Benefits Included	Excellus BCBS Pays: 100% of 1 <sup>st</sup> \$100 then 80% of Billed Charge subject to deductible for In & Out of Network
<b>Class I Preventive &amp; Diagnostic</b>	<ul style="list-style-type: none"> <li>• Routine Cleanings</li> <li>• Fluoride treatments</li> <li>• Space maintainer</li> <li>• Sealants</li> <li>• Comprehensive or Periodic Oral Examination</li> <li>• Bitewing x-rays</li> <li>• Full mouth/Panoramic x-rays</li> <li>• Diagnostic Cast</li> <li>• Diagnostic Pulp Vitality Test</li> <li>• Diagnostic Caries Susceptibility Test</li> <li>• Diagnostic Test and Exams</li> <li>• Palliative treatment</li> <li>• Emergency exam</li> <li>• X-rays misc</li> </ul>	
Type of Care	Benefits Included	Excellus BCBS Pays: 100% of 1 <sup>st</sup> \$100 then 80% of Billed Charge subject to deductible for In & Out of Network
<b>Class II Basic</b>	<ul style="list-style-type: none"> <li>• Basic Service</li> <li>• Fillings – amalgam &amp; composite</li> <li>• Extractions</li> <li>• Oral surgery</li> <li>• Endodontics</li> <li>• Periodontal surgery – osseous surgery, gingivectomy, gingivoplasty, gingival flap procedure</li> <li>• Periodontics</li> <li>• Periodontal cleaning</li> <li>• Occlusal adjustment</li> </ul>	

	<ul style="list-style-type: none"> <li>• Impacted teeth</li> <li>• Anesthesia-general only</li> <li>• Minor Restorations</li> </ul>	
<b>Type of Care</b>	<b>Benefits Included</b>	<b>Excellus BCBS Pays: 100% of 1<sup>st</sup> \$100 then 80% of Billed Charge subject to deductible for In &amp; Out of Network</b>
<b>Class III Major</b>	<ul style="list-style-type: none"> <li>• Inlays / Onlays</li> <li>• Repair/Re-Cements - Crowns</li> <li>• Repair/Re-cement - Prosthodontics</li> <li>• Restorative – gold foil</li> <li>• Relines / rebases</li> <li>• Prosthodontics (Fixed/Removable) – Full or Partial Dentures, Crowns</li> <li>• Stainless Steel Crowns</li> <li>• Tissue conditioners</li> <li>• Implants</li> </ul>	
<b>Type of Care</b>	<b>Benefits Included</b>	<b>Excellus BCBS Pays: 80% of Billed Charge for In &amp; Out of Network</b>
<b>Class IV Orthodontia</b>	<ul style="list-style-type: none"> <li>• Initial banding &amp; monthly follow-up treatment</li> <li>• Additional Panoramic x-ray</li> <li>• Orthodontic harmful habits</li> <li>• Diagnostic Photograph/Facial Images</li> <li>• Lifetime benefit maximum is applied monthly</li> </ul>	
<b>Type of Care</b>	<b>Non-Covered</b>	
	<ul style="list-style-type: none"> <li>• Prosthetic Appliances</li> <li>• Diagnostic Oral Pathology and Lab</li> <li>• Anesthesia – local, regional and inhalation (does not include General Anesthesia)</li> <li>• Dental consultation</li> <li>• Occlusal guard</li> <li>• Dental veneers</li> <li>• TMJ</li> <li>• Dental charges – Drugs</li> </ul>	

## How To Get The Most From Your Plan

### Pre-determination of Benefits

Pre-determination of benefits is recommended for any extensive treatment such as periodontics, orthodontics or prosthetics. A description of planned treatment and expected charges should be sent to the Plan before treatment is started. If there is a major change in the treatment, a revised pre-determination of benefits is required. When there has not been a pre-determination of benefits, your Plan will determine the expenses that will be included as Covered Expenses at the time the claim is received. Pre-determination of Benefits does not guarantee payment and expires one year from date of issue. The estimate of benefits payable may change based on the benefits, if any, for which a person qualifies at the time services are completed.

### Participating and Non-Participating Dentists

You have the freedom to see any dentist.

### Dental Customer Service – for members and dentists

1-800-724-1675

**Hours:** Monday – Thursday 8:00 am – 5:30 pm  
Friday 9:00 am – 5:30 pm

### Mailing address for claims

Excellus BCBS  
P.O. Box 21146  
Eagan, MN 55121