

Rochester Regional Health

Dental Plan

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This booklet contains a general description of the benefits available to you through your employer and Excellus BlueCross BlueShield. The benefits described are subject to all the terms, conditions, limitations and definitions in your subscriber contract, as well as all provisions required by New York State and federal law. For specific information, refer to your contract.

The Employee Retirement Income Security Act of 1974 (ERISA), gives you the right to see the entire contract.

If you have questions, contact the person in your company who handles employee benefits programs, or call the Blue Cross and Blue Shield Customer Service Department.

EXPLANATION OF TERMS

Abutment - A tooth or root that retains or supports a bridge or a fixed or removable prosthesis.

Benefit Schedule - A book on file at Blue Shield which lists each covered Dental procedure and other covered treatment.

Bitewing - Dental x-ray showing approximately the coronal (crown) halves of the upper and lower jaw.

Bridge - A prosthesis restoring the continuity of the dental arch by one or more artificial teeth suspended between and attached to abutments which furnish support and stability to the restoration.

Coinsurance - Percent of charges for which you may be liable.

Crown - That portion of a tooth that is covered by enamel and that is visible above the gum. In cases of extensive decay or injury the tooth may be so badly broken down that it cannot be restored by a simple filling. Therefore an artificial crown may be constructed to replace the natural crown of the tooth.

Deductible - Amount you pay initially before some benefit payments commence.

Denture - Artificial teeth.

Endodontic - A specialty of dentistry that is concerned with diseases of the inner portion of the tooth. Example: Root canal treatment.

Filling - Material inserted in a tooth to fill a cavity.

Fixed Bridge - A prosthetic device replacing one or more teeth. A fixed bridge is inserted permanently between sound natural teeth and cannot be removed by the patient.

Orthodontics - A branch of dentistry primarily concerned with the detection, prevention and correction of abnormalities in the positioning of the teeth in their relationship to the jaws - commonly called straightening of teeth.

Partial removable denture - A prosthetic device which replaces missing teeth and can be easily removed by the patient.

Periodontal disease - A condition which weakens and destroys the gum, bone and membrane surrounding the teeth. Commonly called Pyorrhea, Gingivitis or Vincent's Disease.

Prosthesis - Replacement of a missing part of the body. Dental specialty dealing with replacement of teeth is Prosthodontics.

Root canal therapy - A treatment of a tooth having a damaged pulp - usually performed by removing the pulp, sterilizing the chambers and root canal and filling with a sealing material.

INTRODUCTION

A PLAN OF PREVENTION

The Smile Saver Dental Plan is designed to give you the kind of dental care today that will reduce your need for costly corrective treatment in the future. It encourages a sound program of preventive care and early treatment. That means you'll have less to worry about when you visit the dentist and you'll no longer be troubled by unmanageable dental expenses.

The Smile Saver Plan also includes coverage for specialized treatment. It is the answer to a fundamental problem that has made dental care the most neglected of all health care needs.

WHY YOU NEED DENTAL COVERAGE

Virtually all Americans have some form of dental disease and over 75 percent do not receive adequate care. Twenty percent of the population never visit the dentist.

HOW THE DENTAL PLAN WORKS

You may already have Blue Shield coverage for medical expenses. The dental program essentially operates the same way. Your premium pre-pays the care you need. For services covered in the contract, the dentists who participate in the Blue Shield Dental Plan will accept Blue Shield payments for covered services according to the Blue Shield Dental Schedule of Allowances.

If the dentist is not a Blue Shield participating dentist, reimbursement will be made to you, the subscriber, according to the Schedule of Allowances.

BLUE SHIELD DENTAL PLAN BENEFITS

Preventive and Diagnostic Services - Basic Dental Plan, 100% of the Schedule of Allowances. Enhanced Dental Plan, 100% of the Schedule of Allowances.

- Oral examination (initial and semi-annual)
- Cleaning and polishing of teeth once every six months
- Dental radiographs (x-rays)
 - Full mouth series - once in three years
 - Bitewings - once in twelve months
- Topical fluoride application for members under age nineteen
- Palliative, emergency treatment to relieve pain
- Sealant-per tooth, payable once per tooth in 36 consecutive months only on first and second unrestored permanent molars. Allowed to age 16.

Basic Restorative Services - Basic Dental Plan, 50% of the Schedule of Allowances subject to the deductible. Enhanced Dental Plan, 80% of the Schedule of Allowances.

- Scaling
- Extractions
- Endodontics (including pulpotomy, pulpcapping and root canal treatment)
- Fillings (consisting of silver amalgam, plastic, silicate and composite restorations)
- Oral surgery (including fracture treatment, cyst removal, surgical extractions and impactions)
- Periodontics (including gingival curettage, gingivectomy and gingivoplasty)
- Osseous surgery (bone surgery)
- Anesthesia
- IV sedation

Major Restorative Services - Basic Dental Plan, 50% of the Schedule of Allowances subject to the deductible. Enhanced Dental Plan, 50% of the Schedule of Allowances.

- Prosthodontics (full or partial dentures, fixed or removable bridges, all necessary abutment work, all prosthetic x-rays). Replacements are covered under this contract only once in a five year period. No coverage for replacement due to loss or theft.
- Repairs of dentures
- Inlays, crowns (not part of a bridge) and space maintainers
- Orthodontic services - \$1,500.00 lifetime maximum for members under age 19
- Implants (enhanced dental plan only)

DEDUCTIBLES AND COINSURANCE

Services	Basic	Enhanced
Preventive and Diagnostic	100%	100%
Basic Restorative	50%	80%
Major Restorative	50%	50%
Orthodontia	Not Covered	50%
Annual Maximum	\$1,000/Person	\$1,500/Person
Lifetime Max	None	\$1,500 Orthodontia (per dependent child to age 19)
Deductible (does not apply to Preventive and Diagnostic Services)	Single \$50 Family \$100	Single \$25 Family \$75
Dependent Coverage <small>(including Students and Married Children)</small>	to age 26	

Description of Services:

Preventive	Basic Restorative	Major Restorative	Orthodontia
<ul style="list-style-type: none"> •Initial and Semi-Annual Oral Examination •Cleaning •Polishing •X-Rays •Fluoride •Emergency Pain Treatment •Sealants 	<ul style="list-style-type: none"> •Cavities •Extractions •Oral Surgery •Endodontics •Periodontics •Scaling •Anesthesia •IV Sedation 	<ul style="list-style-type: none"> •Inlays •Crowns •Space Maintainers •Prosthodontics •Denture Repairs •Implants (enhanced dental plan only) 	<ul style="list-style-type: none"> •Braces

PRE-TREATMENT ESTIMATES

The Dental program requires pre-treatment estimates for major treatment such as crowns and inlays, prosthetics, periodontics and orthodontics. This simply means we want the dentist to estimate and itemize what he is going to do and what he is going to charge before he begins the treatment.

In this way all parties concerned will know in advance what costs and services are covered under the group plan.

LIMITATIONS

In the event of a treatment by more than one dentist, Blue Shield will not pay more than it would have if a single dentist had performed the entire service. Blue Shield will pay for the treatment carrying the lesser fee in cases where optional techniques could be applied.

The indemnity allowance for care rendered outside the Excellus BlueCross BlueShield Plan's operating region will be the amount specified in the Schedule of Allowances or the amount charged, whichever is less.

EXCLUSIONS

The Blue Shield Dental Program does not cover:

Any condition, disease, ailment or accidental injury for which a cause of action is available under the Federal Employer's Liability Act or similar legislation, or for which coverage is available in whole or in part under a Workers' Compensation Act or similar legislation.

Services rendered in a Veteran's facility or government hospital or services which are furnished in whole or in part under the laws of the United States or any State or political subdivision thereof.

Any condition, disease or ailment resulting from a war or any act of war, after the Effective Date of this Contract.

Services of dentists if fees or charges are claimed by hospitals, clinics, laboratories or other institutions.

Any services otherwise covered by Medicare, or by any other governmental health program, except services provided under Medicaid.

Dental services received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar person or group.

Dental services for which the Member incurs no charge.

Gold foil restorations.

Dental services primarily for cosmetic or esthetic purposes, except that "cosmetic or esthetic purposes" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.

Services or supplies which do not meet the accepted standards of dental practice.

Any loss, or portion thereof, for which mandatory automobile no-fault benefits are recovered or recoverable.

This program provides no coverage for the restoration or replacement of teeth missing prior to the effective date of the contract.

COORDINATION OF BENEFITS

Coordination of Benefits is a method of limiting the cost of dental insurance by preventing duplicate payments on the same dental bill. Under Coordination of Benefits, the contract which does not have a Coordination of Benefits clause automatically becomes the primary carrier and therefore is responsible for paying benefits. (This does not apply to no-fault insurance.)

This contract provides dental insurance only. It does not provide basic hospital, basic medical or major medical insurance, as defined by the New York State Insurance Department.

FILING YOUR CLAIM

If dental care is rendered by a dentist who has an agreement with the Excellus BlueCross BlueShield Plan, the dentist will have a supply of claim forms in the office, will file the claims, and will receive payment directly from Blue Shield. The dentist must personally sign and date the claim form. A stamped signature is not acceptable.

If dental care is rendered by a dentist who does not have an agreement with Blue Shield, it will be the responsibility of the subscriber to complete and file the claim form. A dentist's itemized bill does not always contain sufficient information; a claim form should be completed to insure proper handling. Payment will be made to the subscriber, who will be responsible for payment to the dentist. A claim form for future services and complete instructions will be mailed to the subscriber with each check and/or Explanation of Dental Benefits.

THE COMPLETED CLAIM FORM MUST BE SUBMITTED TO:

Excellus BlueCross BlueShield
Attn: Blue Shield Dental Claims
P.O. Box 22999
Rochester, New York 14692

A separate claim form must be submitted for each member of the family. If you have any questions about completing the form or if you need additional forms, please call Customer Service, **(585) 325-3630**.

DENTAL CLAIM FORMS MUST BE FILED WITHIN ONE YEAR OF THE DATE OF SERVICE. CLAIMS SUBMITTED BEYOND THE FILING LIMIT WILL BE INELIGIBLE FOR PAYMENT.

SUBSCRIBER IDENTIFICATION CARD

Keep your membership card with you at all times. Give the duplicate to your spouse to carry. Having it handy when you visit the dentist will help you to get efficient service from your Blue Shield Plan.

