

Employer Group name: Diocese of Syracuse

Plan Non Clergy

## Plan Features

Plan Year: 7/1/2021	Type of Tier:
Network: In and Out of Network	Dependent / student age limit: 19/23
Reimbursement In network: Dental Blue Options Reimbursement Out-of-network (In & Out of Area): 85% UCR	
Annual Plan Deductible: N/A	Annual Plan Maximum per member: \$1000
Deductible applies to: N/A	Annual Max applies to: I, II, III
Ortho Age Limit: Dependent children under age 19	
Lifetime Orthodontia Maximum: \$1000	
Timely Filing: 2 years from Date of Service	Coordination of Benefit: Made Whole

## Plan Benefits

		<b>Excellus BCBS Pays: 100% of Plan Allowance for In &amp; Out of Network</b>
<b>Type of Care</b>	<b>Benefits Included</b>	
<b>Class I Preventive &amp; Diagnostic</b>	<ul style="list-style-type: none"> <li>• Cleanings – Twice per Plan year</li> <li>• Fluoride treatments – Four per plan year – under age 19</li> <li>• Comprehensive or Periodic Oral Examination - twice per Plan year</li> <li>• Perio cleaning – 2 per plan year (separate from routine cleaning)</li> <li>• Intraoral complete series – once every 36 months</li> <li>• Bitewing x-rays – 2 per plan year</li> <li>• Full mouth/Panoramic x-rays – once every 36 months</li> <li>• Diagnostic Photograph/Facial Images</li> <li>• Test &amp; Laboratory Examination</li> <li>• Diagnostic Cast</li> <li>• Diagnostic pulp vitality and carries susceptibility test</li> <li>• Palliative treatment/emergency exam</li> </ul>	
		<b>Excellus BCBS Pays: 75% of Plan Allowance for In &amp; Out of Network</b>
<b>Type of Care</b>	<b>Benefits Included</b>	
<b>Class II Basic</b>	<ul style="list-style-type: none"> <li>• Fillings – amalgam &amp; composite</li> <li>• Oral surgery</li> <li>• Space maintainers under age 19</li> <li>• Endodontics – root canal treatment</li> <li>• Periodontal surgery – osseous surgery, gingivectomy, gingivoplasty, gingival flap procedure</li> <li>• Impacted teeth</li> <li>• Anesthesia</li> <li>• Missing tooth</li> </ul>	
		<b>Excellus BCBS Pays: 50% of Plan Allowance for In &amp; Out of Network</b>
<b>Type of Care</b>	<b>Benefits Included</b>	

<b>Class III Major</b>	<ul style="list-style-type: none"> <li>• Fixed prosthetics – bridgework, abutments, pontics</li> <li>• Removable prosthetics – partial / complete dentures</li> <li>• Inlays / Onlays - eligible for replacement every 5 years</li> <li>• Repair/Re-cement (Crowns, Prosthodontics)</li> <li>• Restorative – gold foil</li> <li>• Relines / rebases – once every 36 months</li> <li>• Prosthodontics - Dentures, Full or Partial, Crowns (including stainless steel - eligible for replacement every 5 years</li> <li>• Dental veneers - eligible for replacement every 5 years</li> <li>• Tissue conditioners</li> <li>• Implants - eligible for replacement every 5 years</li> </ul>
<b>Class IV Orthodontia</b>	<ul style="list-style-type: none"> <li>• Initial banding &amp; monthly follow-up treatment</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>• Sealants</li> <li>• Dental Consultation</li> <li>• Occlusal Guard/Adjustment</li> <li>• Prosthetic Appliance</li> <li>• TMJ</li> <li>• Dental Charges – Drugs</li> <li>• Orthodontic harmful habits</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 predetermination of benefits is required. The expenses that will be included as Covered Expenses will be determined by your Plan and are subject to the Alternate Benefit provision. When there has not been a predetermination of benefits, your Plan will determine the expenses that will be included as Covered Expenses at the time the claim is received. Predetermination 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.

### Alternate Benefits Provision

All covered procedures are subject to an alternate benefit allowance. When there is more than one technology or material type for a dental procedure, the dental plan will reimburse for the procedure which has the lesser allowance. When alternate benefit is enforced, your benefits are not intended to interfere with the treatment plan recommended by the dentist. You and your dentist should discuss which treatment is best suited for you and may proceed with the original treatment plan regardless of benefit determination. If the more expensive treatment is chosen, you are liable for the balance up to the billed amount.

### Participating Dentists

Excellus BlueCross BlueShield offers a broad participating dental network in the Rochester, Syracuse, Utica and surrounding areas.

You have the option of receiving care from a dentist of your choice. However, choosing a participating dentist may result in savings for you because participating dentists agree to accept our Schedule of Allowances as payment in full for covered services. Aside from any coinsurance, there is no balance billing for covered services when provided by a participating dentist – that's full coverage with no out-of-pocket expense for your covered routine preventive and diagnostic services.

### Non-participating Dentists

You have the freedom to see any dentist. Non-participating dentists are not obligated to accept our Schedule of Allowances. You will be responsible for balances of non-participating dentists' charges.