



Benefit Summary (Effective: 01/01/2012) (Version Updated: 11/01/2011)

DBOC-5-26/26		Dental Blue Options	
Rating Region: Rochester		Small Group	Sole Proprietor
Rate			
2-Tier- Ind/Family			
Single	\$23.65		
Sub w/Spouse	\$65.72		
Sub w/Child	\$65.72		
Sub w/Children	\$65.72		
Sub w/Spouse and one or more Children	\$65.72		
4-Tier- Ind/Subscriber Spouse/Subscriber Child(ren)/Family			
Single	\$23.65		
Sub w/Spouse	\$57.99		
Sub w/Child	\$55.34		
Sub w/Children	\$55.34		
Sub w/Spouse and one or more Children	\$69.43		
We are quoting these rates on the express condition that, if the rates actually approved by the New York State Insurance Department are different than the rates quoted above, your rates for the effective date will change			
The Sales Representative providing this quote is a New York State licensed insurance producer employed by Excellus Health Plan. The individual represents Excellus Health Plan in this transaction and will be compensated by Excellus Health Plan in part based on this sale. The amount of compensation is based on a number of factors, including the contract selected and the volume of sales. You may request information about the expected compensation from your Sales Representative.			

Signature: _____

Title:

Date:

Group Name:

Total Employees:

Total Eligible:

Coverage Effective Date:

Rating Tier Selected:

(if more than one available)

Broker:

DBOC-5-26/26		Dental Blue Options	
Plan Overview			
Package ID	DBOC-5-26/26		
Plan Name	Dental Blue Options		
Plan Type	Passive PPO %		
Package Status	Existing		
Effective Date	01/01/2012		
Activity Status	Active		
Dental Plan Features			
Dependents and students	Qualified dependents are covered to age 26. Qualified students are covered to age 26.		
In Network	Coverage provided through Excellus BlueCross BlueShield dental provider network		
Annual Deductible	\$50 Single/\$150 Family; applies to classes II, IIA & III		
Annual Maximum	\$1,000 applies to classes II, IIA and III		
Out of network	Covered		
Orthodontia Lifetime Maximum includes dependents to age 19	\$1,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.		
Out of area	Covered at fee schedule, subject to balance billing		
Domestic partner	Covered		
Waiting periods & other limitations	Does not apply		
Plan Benefits			
Class I - Preventive	In-Network	Out Of Network	
Class I - Coinsurance	Covered at 100%	Covered at 100%, subject to balance billing	
Cleanings & exams	Covered at 100%	Covered at 100%, subject to balance billing	
Fluoride treatments covered to age 16	Covered at 100%	Covered at 100%, subject to balance billing	
Sealants	Covered at 100%	Covered at 100%, subject to balance billing	
Bitewing x-rays	Covered at 100%	Covered at 100%, subject to balance billing	
Full mouth and panorex x-rays	Covered at 100%	Covered at 100%, subject to balance billing	
Space maintainers	Covered at 100%	Covered at 100%, subject to balance billing	
Emergency palliative treatment	Covered at 100%	Covered at 100%, subject to balance billing	
Dental Prophylaxis	Covered at 100%	Covered at 100%, subject to balance billing	
Class II - Basic Restorative	In-Network	Out Of Network	
Class II - Coinsurance	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing	
Fillings	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing	
Simple Extraction Oral Surgery	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing	
Class II A - Basic Restorative	In-Network	Out Of Network	
Class II A - Coinsurance	Covered at 50%, subject to deductible	Covered at 50% subject to deductible and balance billing	
Oral surgery	Covered at 50%, subject to deductible	Covered at 50% subject to deductible and balance billing	
Endodontics	Covered at 50%, subject to deductible	Covered at 50% subject to deductible and balance billing	
Periodontal surgery	Covered at 50%, subject to deductible	Covered at 50% subject to deductible and balance billing	
Periodontal scaling and root planing	Covered at 50%, subject to deductible	Covered at 50% subject to deductible and balance billing	
Periodontal maintenance following surgery	Covered at 50%, subject to deductible	Covered at 50% subject to deductible and balance billing	
Class III - Major Restorative	In-Network	Out Of Network	
Class III - Coinsurance	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing	
Fixed prosthetics	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing	
Removable prosthetics	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance	

DBOC-5-26/26	Dental Blue Options	
		billing
Inlays / Onlays / Crowns	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Relines / rebases	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Implants	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Class IV - Orthodontia Group must have 10 contracts enrolled	In-Network	Out Of Network
Class IV - Coinsurance	Covered at 50% subject to orthodontia lifetime maximum	Covered at 50%, subject to balance billing and orthodontia lifetime maximum
Braces	Covered at 50% subject to orthodontia lifetime maximum	Covered at 50%, subject to balance billing and orthodontia lifetime maximum

This is not a contract or binding agreement, but a summary of benefits and services.

You should rely on the subscriber contract as the complete description of member rights, responsibilities, benefits available under the benefit plan, and the definition of contract year as it applies to any benefit limitations.

In the event of a dispute between this summary and your member contract, the member contract will prevail. Benefits and rates quoted herein are subject to change as a result of the implementation of federal health care reform.

Certain services require pre-certification. Please refer to your contract for additional information regarding applicable services and penalties charged if pre-certification is not obtained.