

DentalEssentials

Dental Insurance for
Individuals and Families



Regular dental care is an important part of an overall healthy lifestyle

Blue Cross and Blue Shield of Nebraska offers a variety of options to meet the needs and budgets of singles and families. Best of all, you can purchase DentalEssentials coverage even if you don't have health insurance coverage with us! In-network dentists are located throughout Nebraska and across the nation. Read on to learn more!

**SMALL
CHANGES**

BIG



DIFFERENCE

Good oral and dental hygiene can help you avoid cavities and tooth decay. Below are some tips to help prevent cavities. Ask your dentist which tips are best for you.

- 1 Brush with fluoride toothpaste.
- 2 Rinse your mouth after eating.
- 3 Visit your dentist regularly.
- 4 Consider sealants and fluoride treatments.

Source/2014: <http://www.mayoclinic.org/diseases-conditions/cavities/basics/prevention/con-20030076>



91%

91% of Americans over age 20 have had cavities at some point in their life



27%

27% of adults over age 20 have untreated cavities



PREVENTION

Good oral hygiene can prevent adverse health and dental outcomes

DentalEssentials

Valuable Individual and Family Dental Coverage from Blue Cross and Blue Shield of Nebraska

A Range of Options

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

It's So Easy to Sign Up!

Even if you don't have health insurance coverage with Blue Cross and Blue Shield of Nebraska, you can purchase DentalEssentials coverage. When signing up, you have complete flexibility to select the membership type you need, from single adult to family coverage.

If you do have Blue Cross and Blue Shield of Nebraska health insurance, your membership on the dental plan doesn't have to match your health plan membership.¹

Billing Ease

With DentalEssentials, paying your monthly premiums is simple. If you carry health insurance with us, you'll receive a single bill for both your medical and dental benefits.² You can also visit mynebraskablue.com to view the status of your claims, find a dentist and manage your account.

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 has been the name that you have trusted for more than 75 years and represents the nation's largest and most experienced health care benefit companies.

Blue Cross and Blue Shield of Nebraska is a Nebraska-based company, well-versed in individual health benefits. We strive to provide our members with personal and local customer service, quality programs and features.

One of the Largest PPO Dental Networks in the Nation

Our DentalEssentials members and their covered dependents will receive in-network benefits whenever they use dentists in our network. Our network dentists are located in Nebraska and throughout the nation.

Our dental network consists of multiple Blue Cross and Blue Shield Plans that, when combined, offers members one of the largest PPO dental networks in the nation. It provides members with lower out-of-pocket costs and broad access to participating dentists.

In-network dentists have agreed to accept our 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 that our network of providers, under the terms of their contract with us, can't bill you for amounts over our benefit allowance.

However, out-of-network dentists can bill members for amounts in excess of the benefit allowance. For example: Susan went to an out-of-network dentist for a covered routine dental examination (a Coverage A service). Because the dentist billed more than the benefit allowance, Susan is responsible for the difference between the benefit allowance and the dentist's billed charge.

It's easy to find a dentist in our network.

Visit nebraskablue.com/find-a-doctor and select "Dental."

¹ When applying for individual health and dental coverage at the same time, the same enrollment is required unless a separate application for individual dental is submitted.

² When the primary insured for both individual health and dental is the same.

DentalEssentials

Offering Four Valuable Plan Options

Blue Cross and Blue Shield of Nebraska offers plans that allow you to take advantage of dental coverage that meets your needs.

	Plan 1	Plan 2	Plan 3	Plan 4
Deductible	\$50 per person per calendar year	\$50 per person per calendar year	\$50 per person per calendar year	\$50 per person per calendar year
Annual Benefit Maximum	\$1,000 per person per calendar year	\$1,000 per person per calendar year	\$1,000 per person per calendar year	\$1,000 per person per calendar year
Coinsurance (What You Pay)				
Coverage A Services	In-network: 0% (deductible waived) Out-of-network: 20%	In-network: 0% (deductible waived) Out-of-network: 20%	In-network and out-of-network: 0% (deductible waived)	In-network and out-of-network: 0% (deductible waived)
Coverage B Services (6-Month Waiting Period ¹)	In-network: 20% Out-of-network: 30%	In-network: 20% Out-of-network: 30%	In-network and out-of-network: 20%	In-network and out-of-network: 20%
Coverage C Services (12-Month Waiting Period)	In-network and out-of-network: 50%	Not covered	In-network and out-of-network: 50%	Not covered
Monthly Premium Rates				
Per Adult < 55	\$30.91	\$24.93	\$35.55	\$28.67
Per Adult 55+	\$41.26	\$28.68	\$47.45	\$32.98
Per Dependent	\$31.29	\$30.82	\$35.99	\$35.45

¹ Waived for seniors purchasing a Medicare Supplement plan at the same time as a DentalEssentials plan.

Please note: DentalEssentials does not cover services for orthodontic dentistry.

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

COVERAGE A SERVICES

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
- Consultations with a dental consultant when medically necessary
- Two prophylaxis, including cleaning, scaling and polishing of teeth per calendar year
- Two topical fluoride applications per calendar year¹
- Dental x-rays²
 - One full mouth or panorex series of x-rays in any period of three consecutive calendar years
 - One set of four supplemental bitewing x-rays in a calendar year
- Sealants, but not more than once every four calendar years¹
- Space maintainers¹

1 Coverage available for dependents under the age of 16 only

2 X-rays related to services provided under a different coverage classification are excluded under Coverage A benefits

COVERAGE B SERVICES

Maintenance and Simple
Restorative Dentistry and
Oral Surgery

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

- Restorations of silver amalgam and/or composite materials (fillings)

Oral surgery consisting of:

- Simple and impacted extractions (extractions for orthodontia services are excluded)
- Removal of dental cysts and tumors

Other services:

- General anesthesia
- Palliative treatment
- Problem focused and/or emergency oral examinations

COVERAGE C SERVICES

Complex Restorative
Dentistry, Periodontic
and Endodontics

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

- Crowns
 - Installation of permanent bridges
 - Dentures – full and partial
 - Denture adjustments
 - Repair of dentures, bridges, crowns and cast restorations
 - Core buildup
- Periodontic services consisting of:**
- Up to four periodontic cleanings per calendar year
 - Gingivectomy
 - Gingival curettage
 - Osseous surgery
 - Treatment of acute infection and oral lesions
- Endodontic services consisting of:**
- Pulp cap
 - Vital pulpotomy
 - Root canals (includes treatment plan, clinical procedures and follow-up care)
 - Apical curettage



ENROLL TODAY



Call us toll-free at
1-877-591-2583



Visit us online at
nebraskablue.com



Contact your authorized
BCBSNE agent

Glossary

Membership

If you have Blue Cross and Blue Shield of Nebraska health insurance, you do not have to enroll the same family members under your dental plan. (In other words, who is enrolled under your health and dental plans doesn't need to match.)

Important note about Medicare Supplement plans: When applying for Medicare Supplement and dental coverage at the same time, your membership under both plans must match unless you complete a separate DentalEssentials application.

Please note: Nebraskans who are currently eligible for group dental insurance through Blue Cross and Blue Shield of Nebraska are not eligible for DentalEssentials coverage.

Waiting Periods

- Benefits for Coverage B services are subject to a 6-month waiting period.

As a special consideration for Medicare-qualified Nebraskans, this waiting period is waived for individuals purchasing DentalEssentials and a Medicare Supplement plan at the same time.

- Benefits for Coverage C services are subject to a 12-month waiting period.

Three-month non-refundable premium

A three-month non-refundable premium must be submitted with your DentalEssentials application. However, if you are purchasing Blue Cross and Blue Shield of Nebraska health insurance (including individual Medicare Supplement coverage), this is not necessary.

Calendar Year Deductible

The deductible must be met each calendar year by each covered person.

Coinsurance and Calendar Year Maximum

After you have met the calendar year deductible, you're 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, coverage for additional services will not be available for remainder of the calendar year.

For all DentalEssentials options, services listed under Coverages A, B and C accumulate towards one combined calendar year maximum.

Noncovered Services

This brochure contains only a partial listing of the limitations and exclusions that apply to DentalEssentials coverage. A more complete list can be found in your DentalEssentials contract.

Benefits are not available for the following:

- Services not covered by the contract
- Services for orthodontic dentistry
- 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
- Replacement of the third molars with prostheses
- Implants or any procedure associated with the preparation for, maintenance of or placement or removal of implants
- 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



This document is a brief overview of DentalEssentials dental coverage. It is a general overview only and is not a contract. It does not provide all the details of the coverage including benefits, limitations and contract exclusions. In the event that 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 product contract.