

Dental Insurance

Blue Cross/Blue Shield PPO

2009-2010

Option 2

(BCBS pays 80% A&B; 50% C)

	<u>w/BCBS Health Ins.</u>	<u>w/o BCBS Health Ins.</u>
Employee	\$00.00	\$ 21.11
Employee/Child(ren)	\$17.93	\$ 39.04
Employee/Spouse	\$23.20	\$ 44.31
Employee/Spouse/Child(ren)	\$37.15	\$ 58.26

Option 4

(BCBS pay 80% A,B,C; 50%D)

Employee	\$18.64	\$ 39.75
Employee/Child(ren)	\$52.42	\$ 73.53
Employee/Spouse	\$62.36	\$ 83.47
Employee/Spouse/Child(ren)	\$88.60	\$109.71

ABC PPO Dental

OPTION 2

(80% A&B, 50% C)

In Network

Out-of-Network

COVERAGE A: Preventive & Diagnostic Dentistry:

Calendar year deductible	None	None
Coinsurance	20% of allowable charges	30% of allowable charges

COVERAGE B: Maintenance & Simple Restorative Dentistry;

Oral Surgery, Periodontic & Endodontic Services:

Calendar year deductible	None	\$50 per family
Coinsurance	20% of allowable charges	30% of allowable charges

COVERAGE C: Complex Restorative Dentistry:

Calendar year deductible	\$25 per family	\$50 per family
Coinsurance	50% of allowable charges	50% of allowable charges

ABCD PPO Dental

OPTION 4

(80% A,B&C, 50% D)

COVERAGE A: Preventive & Diagnostic Dentistry:

Calendar year deductible	None	None
Coinsurance	20% of allowable charges	30% of allowable charges

COVERAGE B: Maintenance & Simple Restorative Dentistry;

Oral Surgery, Periodontic & Endodontic Services:

Calendar year deductible	None	None
Coinsurance	20% of allowable charges	30% of allowable charges

COVERAGE C: Complex Restorative Dentistry:

Calendar year deductible	None	None
Coinsurance	20% of allowable charges	30% of allowable charges

COVERAGE D: Orthodontic Dentistry:

Calendar year deductible	None	\$25 per family
Coinsurance	50% of allowable charges	50% of allowable charges
Contract benefit maximum	\$2,000 per person	\$2,000 per person

Option 2 dental is included with an individual BCBS health insurance policy if your health insurance is purchased through LPS. If you have a BCBS employee/child(ren), employee/spouse or family health policy through LPS, Option 2 dental is included in the health premium for the policyholder (employee) only.

Important Information for Special Enrollees/Late Enrollees:

Late Enrollees are defined as employees or dependents who request enrollment for coverage more than 31 days after their initial hire/eligibility date. Employees/dependents who wish to add dental during the annual enrollment process are considered Late Enrollees.

If you/dependents did not have dental coverage:

- Coverage for Late Enrollees will be limited to Coverage A for 12 months, and:
- After 12 months of coverage under Option 2, you may select Option 4 with no limitations. (Coverage A is preventive and diagnostic dentistry.)

Special Enrollees are defined as employees or dependents who request enrollment because of a loss of coverage due to death, divorce, legal separation, etc. Special enrollment is also available when an employee becomes qualified as a dependent because of marriage, birth, adoption, etc.

- For Special Enrollees, there are no limitations on coverage if the employee/dependents enroll within 31 days of the qualifying event.

For a Dental PPO Directory:

- **Check the BCBSNE.com website (Provider Directories)**
- **Call your dentist to see if they are a BCBS Participating Provider**
- **Call BCBSNE at 1-800-642-6004; or**
- **Call Human Resources, 436-1578 or 436-1593.**