



**Benefit Summary (Effective: 1/1/2022 - 3/31/2022) (Version Updated: 09/10/2021)**

<b>DBOV-4-26/26</b>	<b>Dental Blue Options</b>	
<b>Rating Region: Rochester</b>	<b>Small Group</b>	
<b>Rate</b>		
<b>4-Tier- Ind/Subscriber Spouse/Subscriber Child(ren)/Family</b>		
<b>Single</b>	\$41.27	
<b>Sub w/Spouse</b>	\$82.53	
<b>Sub w/Child</b>	\$76.83	
<b>Sub w/Children</b>	\$76.83	
<b>Sub w/Spouse and one or more Children</b>	\$125.00	
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.		
<b>For Groups moving to Plan Year benefit renewal:</b> I understand that my benefit plan year will change to the coverage effective date indicated below and that my group dental plan premium rate will also change on the coverage effective date indicated below. As a result of this change, all current deductibles, benefit limits, and annual maximum accumulators for all plan offerings will reset to zero on the coverage effective date indicated below. I agree to hold a new open enrollment for my employees and communicate to my employees the fact that their accumulators will reset to zero.		

**Signature:** \_\_\_\_\_

**Title:**

**Date:**

**Group Name:**

**Total Employees:**

**Total Eligible:**

**Coverage Effective Date:**

**Broker:**

DBOV-4-26/26		Dental Blue Options
<b>Plan Overview</b>		
Package ID	DBOV-4-26/26	
Plan Name	Dental Blue Options	
Plan Type	PPO Voluntary	
Package Status	Existing	
Effective Date	1/1/2022 - 3/31/2022	
Activity Status	Active	
<b>Dental Plan Features</b>		
Dependents and students	Qualified dependents and students are covered to age 26.	
Annual Deductible	\$50 Single/\$150 Family; applies to classes II, IIA and III	
Annual Maximum	\$1,000 applies to classes II, IIA and III	
Annual Maximum Rollover	N/A	
Orthodontia Lifetime Maximum includes dependents to age 19	Not covered	
Domestic partner	Covered	
Waiting periods & other limitations	Does not apply to members who are timely entrants	
<b>Network Benefits</b>		
	<b>In-Network</b>	<b>Out Of Network</b>
In Area	Coverage provided through Excellus BlueShield dental provider network	Covered at fee schedule, subject to balance billing
Out of area	Coverage provided through National Dental Grid+ DenteMax provider network	Covered at fee schedule, subject to balance billing
<b>Plan Benefits</b>		
<b>Class I - Preventive</b>	<b>In-Network</b>	<b>Out Of Network</b>
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
<b>Class II - Basic Restorative</b>	<b>In-Network</b>	<b>Out Of Network</b>
Class II - Coinsurance	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing
Fillings	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing
Simple Extraction Oral Surgery	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing
<b>Class II A - Basic Restorative</b>	<b>In-Network</b>	<b>Out Of Network</b>
Class II A - Coinsurance	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing
Oral surgery	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing
Endodontics	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing
Periodontal surgery	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing
Periodontal scaling and root planing	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing

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<b>Periodontal maintenance following surgery</b>	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing
<b>Class III - Major Restorative</b>	<b>In-Network</b>	<b>Out Of Network</b>
<b>Class III - Coinsurance</b>	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
<b>Fixed prosthetics</b>	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
<b>Removable prosthetics</b>	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
<b>Inlays / Onlays / Crowns</b>	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
<b>Relines / rebases</b>	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
<b>Implants</b>	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
<b>Class IV - Orthodontia Group must have 10 contracts enrolled</b>	<b>In-Network</b>	<b>Out Of Network</b>
<b>Class IV - Coinsurance</b>	Not covered	Not covered
<b>Braces</b>	Not covered	Not covered

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.

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.

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