



## 2024 Dental Plan Benefit Summary

Monroe Community College

Faculty/Administrative Custom

### Plan Features

Network: Excellus BlueShield Dental Network	Dependent / Student Age Limit: 23/23 DOB
Participating Provider Reimbursement: Schedule of Allowance (SOA)	Non-Participating Provider Reimbursement: Schedule of Allowance (SOA) Balance billing applies
Annual Plan Deductible: \$25/\$50	Annual Plan Maximum per member: \$1,000 Annual Max Classes: II, IIA, III
<b>Orthodontia</b> Coverage for Children to Age 19 Lifetime Orthodontia Maximum: \$750 Not subject to Deductible or Annual Plan Maximum	

### Plan Benefits

Type of Care	Benefits Include	Dental Plan Pays:	
		Participating	Non-Participating
<b>Class I Preventive &amp; Diagnostic</b>	<ul style="list-style-type: none"> <li>Oral exams</li> <li>X-rays</li> <li>Emergency palliative treatment</li> </ul>	Not Covered	Not Covered
<b>Class II Basic Restorative</b>	<ul style="list-style-type: none"> <li>Fillings</li> <li>Oral surgery – simple extractions</li> </ul>	70%	70%
<b>Class IIA Basic Restorative</b>	<ul style="list-style-type: none"> <li>Oral surgery – surgical extractions</li> <li>Endodontics – root canal treatment</li> <li>Periodontal services</li> </ul>	70%	70%
Type of Care	Benefits Include	Participating	Non-Participating
<b>Class III Major Restorative</b>	<ul style="list-style-type: none"> <li>Prosthetics – bridgework, abutments, pontics</li> <li>Removable prosthetics – partial / complete dentures</li> <li>Inlays / onlays / crowns</li> </ul>	70%	70%
<b>Class IV</b>	<ul style="list-style-type: none"> <li>Orthodontia</li> </ul>	50%	50%

This is not a contract or binding agreement; it is a summary of benefits and services. For complete details, please refer to your member contract.

## **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**

Your Dental Plan offers a broad participating dental network in the Buffalo and Rochester 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.

### **Dental Customer Service – for members and dentists**

1-800-724-1675

**Hours:** Monday – Thursday 8:00 am – 5:30 pm  
Friday 9:00 am – 5:30 pm

### **Mailing address for claims**

Excellus BCBS  
P.O. Box 21146  
Eagan, MN 55121