

Excellus Dental Summary of Benefit

Employer Group name: Lansing Central School District	Dental Plan
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Plan Features

Plan Year: 7/1/2022	Type of Tier: 2-tier
Network: In and Out of Network	Dependent / Student age limit: 19/25
Reimbursement In Network: Blue Shield Reimbursement Out-of-Network (In & Out of Area): Blue Shield	
Annual Plan Deductible: \$50 Individual/\$150 Family	Annual Plan Maximum per member: \$2,500
Deductible applies to: Class III	Annual Max applies to: Classes I, II, III
Ortho Age Limit: Employees and Dependent Children	
Lifetime Orthodontia Maximum: \$2,500	
Timely Filing: 180 Days from Date of Service	Coordination of Benefit: Make Whole

Plan Benefits

Type of Care	Benefits Included	Excellus BCBS Pays: 100% of Plan Allowance for In and Out of Network
Class I Preventive & Diagnostic	<ul style="list-style-type: none"> Bitewing x-rays – 2 per calendar year Full mouth or Panoramic x-rays – once every 36 months Prophylaxis Cleanings – 2 per plan year Periodontal cleaning – 2 per plan year Fluoride treatments – 4 per plan year – D19/S25 Comprehensive or Periodic Oral Exam – 2 per plan year Palliative treatment Emergency exam X-rays misc. Space maintainers – D19/S25 Diagnostic Pulp Vitality Test Sealants –1 per posterior tooth per 36 months - D19/S25 	
Type of Care	Benefits Included	Excellus BCBS Pays: 100% of Plan Allowance for In and Out of Network
Class II Basic	<ul style="list-style-type: none"> Fillings – amalgam & composite Basic services Impacted teeth Extraction Minor Restoration Services Endodontics General Anesthesia Occlusal Adjustments Oral Surgery 	

Type of Care	Benefits Included	Excellus BCBS Pays: 80% of Plan Allowance for In and Out of Network
Class III Major	<ul style="list-style-type: none"> • Inlays / Onlays, 5 Year Replacement • Stainless Steel Crowns • Prosthodontics – Full or Partial Dentures, Crowns, 5 Year Replacement • Repair/Re-cement (Crowns) • Repair/Re-cement (Prosthodontics) • Relines / Rebases • Tissue conditioners • Implants, 5 Year Replacement • Periodontal Surgery – Osseous Surgery, Gingivectomy, Gingivoplasty, Gingival Flap Procedure • Periodontics 	
Type of Care	Benefits Included	Excellus BCBS Pays: 80% of Plan Allowance for In and Out of Network
Class IV Orthodontics	<ul style="list-style-type: none"> • Initial banding & monthly follow-up treatment • Orthodontic Services • Orthodontic harmful habits • Additional Panoramic X-Ray – 1 per 36 months • Diagnostic Photograph/Facial Images • Lifetime benefit maximum is applied monthly 	
Type of Care	Non-Covered	
	<ul style="list-style-type: none"> • Anesthesia – local, regional and inhalation • Dental Charges – Drugs • Dental Consultation • Diagnostic Cast • Dental Veneers • Occlusal Guard • Prosthetic Appliance • TMJ • Diagnostic Caries Susceptibility Test • Diagnostic Oral Pathology and Lab • Restorative – gold foil • Diagnostic Test and Exams 	

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.

Participating Dentists

Excellus BlueCross BlueShield offers a broad participating dental network in the Rochester, Syracuse, Utica and 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.