NEBRASKA

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

EHA

An Overview of Your Dental Benefits

Educators Health Alliance

PPO Dental Plan Options

OPTION 1	
Coverage A **Preventive & Diagnostic Dentistry**	
Calendar year deductible	None
Coinsurance you pay	20% of allowable charges
Coverage B **Maintenance Dentistry**	
Calendar year deductible	None
Coinsurance you pay	20% of allowable charges

OPTION 2 (STANDARD PLAN)	IN-NETWORK	OUT-OF-NETWORK
Coverage A **Preventive & Diagnostic Dentistry**		
Calendar year deductible	None	None
Coinsurance you pay	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 you pay	20% of allowable charges	30% of allowable charges
Coverage C **Complex Restorative Dentistry**		
Calendar year deductible	$25 per family	$50 per family
Coinsurance you pay	50% of allowable charges	50% of allowable charges

OPTION 3	
Coverage A **Preventive & Diagnostic Dentistry**	
Calendar year deductible	None
Coinsurance you pay	20% of allowable charges
Coverage B **Maintenance Dentistry**	
Calendar year deductible	None
Coinsurance you pay	20% of allowable charges
Coverage C **Restorative Dentistry**	
Calendar year deductible	None
Coinsurance you pay	20% of allowable charges

OPTION 4	IN-NETWORK	OUT-OF-NETWORK
Coverage A **Preventive & Diagnostic Dentistry**		
Calendar year deductible	None	None
Coinsurance you pay	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 you pay	20% of allowable charges	30% of allowable charges
Coverage C **Complex Restorative Dentistry**		
Calendar year deductible	None	None
Coinsurance you pay	20% of allowable charges	30% of allowable charges
Coverage D **Orthodontic Dentistry**		
Calendar year deductible	None	$25 per family
Coinsurance you pay	50% of allowable charges	50% of allowable charges
Contract benefit maximum	$2,000 per covered family member	

OPTION 5	IN-NETWORK	OUT-OF-NETWORK
Coverage A **Preventive & Diagnostic Dentistry**		
Calendar year deductible	None	None
Coinsurance you pay	0% of allowable charges	20% of allowable charges
Coverage B **Maintenance & Simple Restorative Dentistry; Oral Surgery; Periodontic & Endodontic Services**		
Calendar year deductible	None	None
Coinsurance you pay	0% of allowable charges	20% of allowable charges
Coverage C **Complex Restorative Dentistry**		
Calendar year deductible	None	None
Coinsurance you pay	0% of allowable charges	20% of allowable charges

A Dental Plan Exclusively For Educators Health Alliance Members

Something to Smile About...

The EHA makes five dental plan options available to school groups.

The standard dental plan for the EHA program is Option 2, which offers Coverage A, B and C benefits. Single membership under Option 2 is automatically included under all EHA health plans. Family dental coverage under Option 2 is available at an additional cost.

Each school district also has the option of offering employees one of four alternative dental plans instead of Option 2, at an additional cost.

Important Note about the Two Types of EHA Dental Plans

Options 2, 4 and 5 – benefits are paid at a higher level when in-network dentists are used. For more information about our network, see page 4.

Options 1 and 3 – benefits are paid at the same level regardless of whether an in-network or out-of-network dentist is used. However, you can save money by using a Blue Cross and Blue Shield of Nebraska in-network dentist. For more information about our network, see page 4.

Options 2, 4 and 5 are governed by a different contract than Options 1 and 3. There are differences in covered services and what services are covered under each category. This brochure has therefore been divided into two sections: the first describes the coverage under Options 2, 4 and 5, and the second describes the coverage under Options 1 and 3.

Options 2, 4 & 5

Coverage A
Preventive & Diagnostic Dentistry

- Two oral exams per calendar year.
- Consultations when medically necessary.
- Two prophylaxis per calendar year, including cleaning, scaling and polishing of teeth.
- Two topical fluoride applications per calendar year for covered family members up to age 16.
- One full-mouth or panorex series of x-rays in any three-consecutive-year period; one set of four supplemental bitewing x-rays in a calendar year.
- Application of sealants to the permanent first or second molar teeth for covered family members under age 16, once every four years.
- Space maintainers for prematurely lost primary teeth for covered family members under age 16.
- Pulp vitality tests.

Coverage B
Maintenance & Simple Restorative Dentistry; Oral Surgery, Periodontic & Endodontic Services

Oral surgery consisting of:

- Simple and impacted extractions (excluding orthodontic extractions).
- Alveoloplasty.
- Removal of dental cysts and tumors.
- Surgical incision and drainage of abscesses.
- Reduction of a complete dislocation or fracture of the temporomandibular joint of the jaw (TMJ) required as the direct result of an accident which occurred while the patient was covered under this contract. Benefits must be provided within 12 months of the injury, and will not be available if the injury is the result of eating, biting or chewing.
- Tooth replantation.
- Excision of hyperplastic tissue.

Periodontic services consisting of:

- Up to four periodontic cleanings per calendar year.
- Gingivectomy.
- Gingival curettage.
- Osseous surgery and grafts.
- Scaling and root planing.
- Provisional or permanent periodontal splinting.
- Mucogingivoplastic surgery.
- Treatment of acute infection and oral lesions.

Endodontic services consisting of:

- Pulp cap.
- Vital pulpotomy.
- Root canal therapy (treatment plan, diagnostic x-rays, clinical procedures and follow-up).
- Apical curettage.
- Root resection and hemisection.

Other covered services:

- General anesthesia for oral/dental surgery when medically necessary.
- Restorations of silver amalgam and/or composite materials (if gold is used, reimbursement will be made as for silver).
- Temporary crowning of teeth as a result of an accident if provided within 72 hours of the accident.
- Preformed stainless steel or acrylic crowns on diseased or damaged teeth.
- Re-cement inlays and crowns on diseased or damaged teeth.
- Palliative treatment limited to opening and drainage of a tooth when no endodontics follows, smoothing down chipped teeth, dry socket treatment, pericoronitis treatment and treatment of canker sores.
- Repair of dentures, bridges, crowns and cast restorations.

Coverage C
Complex Restorative Dentistry

- Crowns.
- Inlays when used as abutments for fixed bridgework.
- Installation of permanent bridges.
- Full and partial dentures.
- One denture relining every 36 months.
- Adjustments of dentures after six months have elapsed from the date of installation.

Coverage D
Orthodontic Dentistry (available under Option 4 only)

- X-rays.
- Surgical exposure to aid eruption.
- Extractions.
- Casts and models.
- Initial and subsequent installations of orthodontic appliances.
- Orthodontic treatments.

Options 1 & 3

Coverage A
Preventive & Diagnostic Dentistry

- Two oral examinations per calendar year.
- Two prophylaxis per calendar year, including cleaning, scaling and polishing of teeth.

Coverage B
Maintenance Dentistry

- Simple and impacted extractions.
- Bitewing x-rays.
- Silver amalgam fillings.
- Temporary crowns as a result of an accident and provided within 72 hours.
- Topical fluoride application.
- Up to $25 per covered person each calendar year for repair of dentures.
- Space maintainers for prematurely lost teeth for children under age 16.
- Pulpotomy for children under age 16.
- Stainless steel crowns on diseased or damaged teeth.
- Re-cement inlays and crowns on diseased or damaged teeth.
- Palliative treatment limited to opening and drainage of a tooth when no endodontics follows,or smoothing down chipped teeth.
- Initial application of sealants to the permanent first or second molars of children between the ages of 6 and 16; reapplications every four years.

Coverage C
Restoration Dentistry (available under Option 3 only)

- Crowns and inlays.
- Installation of permanent bridges.
- Full and partial dentures.
- Endodontics, including pulpotomy, pulp capping and root canal treatment.
- Oral surgery consisting of fracture and dislocation treatment.
- Diagnosis and treatment of cysts and abscesses.
- One denture relining every 36 months.
- Adjustments of dentures beginning six months from the date of installation.
- Periodontic services consisting of:
- Surgical periodontic examination.
- Gingival curettage.
- Gingivectomy and gingivoplasty.
- Osseous surgery.
- Mucogingivoplastic surgery.
- Treatment of acute infection and oral lesions.

How Using In-network Dentists Benefits You

Our dental network in Nebraska is part of a larger provider network of multiple Blue Cross and Blue Shield Plans that, when combined, offers one of the largest national PPO dental networks and provides you and your covered family members with lower out-of-pocket costs and broad access to participating dentists.

If you or your covered family members live or travel outside of Nebraska, you will be able to obtain covered services at the in-network level of benefits through our dental network.

Noncovered Dental Services

The following is only a partial listing of the exclusions and limitations that apply to EHA dental coverage. A complete list is in the master contract.

- Services not identified as covered under Coverages A, B and C in the contract.
- Dental services related to congenital malformations or primarily for cosmetic purposes.
- Services for orthodontic dentistry (unless covered under Option 4) and treatment of the temporo-mandibular jaw joint.
- Supplies, education or training for dietary or nutrition counseling, personal oral hygiene or dental plaque control.
- Services received before the effective date of coverage or after termination of coverage.
- Services determined to be not medically necessary, investigative, or obsolete.
- Charges in excess of our contracted amount.
- Services covered under Workers' Compensation or Employers' Liability Law.
- Services provided by a person who is not a dentist, or by a dental hygienist not under the dentist's direct supervision.
- Charges made separately for services, supplies and materials considered to be included within the total charge payable.

Membership Changes

If you wish to change your membership category for dental coverage from employee-spouse, employee-child(ren) or family to single, you may do so at any time during the year (subject to your group's approval). You may also change from single to employee-spouse, employee-child(ren) or family dental coverage if you experience a HIPAA qualifying event (birth, death, divorce, marriage, adoption or placement for adoption, or loss in creditable coverage). HIPAA stands for Health Insurance Portability and Accountability Act.

Please note: If you cancel dental coverage, you and your eligible dependents may re-enroll during the EHA's annual renewal month (August). Dental benefits will be limited to Coverage A for the first year following re-enrollment. Premiums will not be reduced.

Membership Categories

Single Membership: Covers the employee only.

Employee and Spouse: Covers the employee and his or her spouse.

Employee and Child(ren): Covers the employee and his or her eligible dependent children, but does not provide coverage to a spouse.

Family Membership: Covers the employee, spouse, and eligible dependent children.

The employee's dependent children (excluding foster children) are covered to age 26. Reaching age 26 will not end the covered child's coverage as long as the child is and remains both incapable of self-sustaining employment by reason of mental or physical handicap and is dependent upon the subscriber for support and maintenance.

Blue Cross and Blue Shield of Nebraska Member Services Department

Phone
1-877-721-2583

Website
www.nebraskablue.com

To locate in-network dentists in Nebraska

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1-877-721-2583

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NEBRASKA

This brochure contains only a partial description of the benefits, limitations, exclusions and other provisions of Educators Health Alliance dental coverage. It describes the more important parts of the master group contract in a general way, and should not be considered to be all or part of the master group contract. In the event there are discrepancies between this document and the contract, the terms and conditions of the contract will govern.

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