

# Your Summary of Benefits

## Local 1180 CWA - Actives

### Empire BlueCross BlueShield Dental XPO

#### WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

#### Dental coverage you can count on

Your Empire BlueCross BlueShield (Empire) dental plan lets you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose one within our large network. You pay our negotiated rate for covered services from in-network dentists even if you exceed your coverage year maximum.

*The values in Italics are an estimated range blending our Local and National Allowed Amounts that captures most of the generally associated Dental Procedure Codes to each of the benefit categories below. It is possible that these allowed amounts may be higher or lower, however this represents a very close approximation in most cases.*

YOUR DENTAL PLAN AT A GLANCE	Participating Dentist	Nonparticipating Dentist
<b>Coverage Year Maximum – (Calendar Year)</b> • Per member	\$2,000	\$2,000
<b>Annual Maximum Carryover</b>	No	No
<b>Orthodontic Services Benefit Maximum</b> • Per eligible insured child	\$2,000	\$2,000
<b>Annual Deductible – (Contract Year)</b> • Per member • Family maximum	\$75 3x single member deductible	\$75 3x single member deductible
<b>Deductible Waived for Diagnostic/Preventive Services</b>	Yes	No
<b>Out-of-Network Reimbursement</b>	Maximum Allowed Amount	

Dental Services	In-Network Empire Pays:	Out-of-Network Empire Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> • Periodic oral exam <i>\$16-\$35 In-Network, \$16-\$18 Out-of-Network</i> • Teeth cleaning (prophylaxis) <i>\$27-\$90 INN, \$27-\$45 OON</i> • Bitewing X-rays (once in 12 mos. for all ages) <i>\$9-\$50INN, \$9-\$25OON</i> • Periapical X-rays <i>\$7-\$25 INN, \$7-\$12 OON</i>	100% coinsurance	50% coinsurance	No waiting period
<b>Basic Services</b> • Amalgam (silver-colored) filling <i>\$41-\$150 INN, \$41-\$89 OON</i> • Front composite (tooth colored) filling <i>\$92-\$200 INN, \$92-\$106 OON</i> • Back composite (tooth colored) filling, alternated to amalgam allowance <i>\$41-\$150 INN, \$41-\$74 OON</i> • Simple extractions <i>\$52-\$150 INN, \$52-\$60 OON</i>	80% coinsurance	50% coinsurance	No waiting period
<b>Endodontics</b> • Root canal <i>\$80-\$900 INN, \$80-\$474 OON</i>	50% coinsurance	50% coinsurance	No waiting period
<b>Periodontics</b> • Scaling and root planing <i>\$75-200 INN, \$75-\$90 OON</i>	50% coinsurance	50% coinsurance	No waiting period
<b>Oral Surgery</b> • Surgical extractions <i>\$100-\$230 INN, \$100-\$115 OON</i>	50% coinsurance	50% coinsurance	No waiting period
<b>Major Services</b> • Crowns <i>\$312-\$900 INN, \$312-\$460 OON</i>	50% coinsurance	50% coinsurance	No waiting period
<b>Prosthodontics</b> • Dentures <i>\$92-\$604 INN, \$92-\$1,000 OON</i> • Bridges <i>\$250-\$900 INN, \$250-\$461 OON</i> • Dental implants (covered) <i>\$410-\$2,500 INN, \$410-\$1,350 OON</i>	50% coinsurance	50% coinsurance	No waiting period
<b>Prosthetic Repairs/Adjustments</b>	50% coinsurance	50% coinsurance	No waiting period
<b>Orthodontic Services \$1900-\$7,688</b>	50% coinsurance	50% coinsurance	No waiting period

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

Remove if no child ortho: \*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

**Emergency dental treatment for the international traveler**

As an Empire dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program. \* With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

\* The International Emergency Dental Program is managed by an independent company offering dental-management services to Empire. To learn more about the program, please visit the International Emergency Dental Web site at [www.decarendental.com/internationalDentalProgram.do](http://www.decarendental.com/internationalDentalProgram.do).

**Promoting healthy mouths for members who are pregnant or living with diabetes**

If you are pregnant or living with diabetes, you can sign up to receive one additional dental cleaning or periodontal maintenance procedure per year.

**Finding a dentist is easy.**

To select a dentist by name or location, do one of the following:

- Go to [empireblue.com](http://empireblue.com)
- Call Empire dental customer service at the toll-free number listed on the back of your ID card.

**TO CONTACT US:**

Call	Write	Email
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.	Go to <a href="http://empireblue.com">empireblue.com</a> or the website listed on the back of your ID card.

Limitations & Exclusions	
<p>Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.</p> <p><u>Diagnostic and Preventive Services</u></p> <p>Oral evaluations (exam) – Limited to two per Calendar Year</p> <p>Teeth cleaning (prophylaxis) – Limited to two per Calendar Year</p> <p>Periapical X-rays, single film – Limited to four films per 12-month period</p> <p>Complete series X-rays (panoramic or full-mouth) – Limited to once every 60 months</p> <p>Topical fluoride application – Limited to once every 12 months for members through age 18</p> <p>Sealants – Limited to first and second molars once every 60 months per tooth for members through age 18; sealants may be covered under Diagnostic and Preventive or Basic Services.</p> <p><u>Basic and/or Major Services**</u></p> <p>Fillings – Limited to once per surface per tooth in any 24 months</p> <p>Space Maintainers – Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; space maintainers may be covered under Diagnostic and Preventive or Basic Services.</p> <p>Crowns – Limited to once per tooth in a five-year period</p> <p>Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants Covered once in any five-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is five years old or older and cannot be made serviceable.</p> <p>Root canal therapy – Limited to once per lifetime per tooth; coverage is for permanent teeth only.</p> <p>Periodontal surgery – Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater</p> <p>Periodontal scaling and root planing – Limited to once per quadrant in 36 months, when the tooth pocket has a depth of four millimeters or greater</p> <p>Brush biopsy – (Not covered)</p>	<p><b>ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – if Orthodontia is included as a benefit of your dental plan</b></p> <p>Orthodontia – Limited to one course of treatment per member per lifetime</p> <p><b>Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.</b></p> <p>Services provided before or after the term of this coverage – Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate</p> <p>Orthodontics (unless included as part of your dental plan benefits) – Orthodontic braces, appliances and all related services</p> <p>Cosmetic dentistry – Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist</p> <p>Drugs and medications – Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care</p> <p>Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.</p> <p>Extractions – Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member</p>

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Empire.

## Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

### Here's why...

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

### How Empire dental decides on maximum allowed amounts

Empire develops an out-of-network dental fee schedule/rate to determine the maximum allowed amount for services provided by an out-of-network dentist. This schedule may be changed or updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data.

### Here are examples of how your plan works

Diagnostic/Preventive: Covered at 100% with Deductible Waived In-Network. Estimated Out-of-Network Allowance Range based on location for a Periodic Oral Evaluation (D0120) is \$16-\$18. Below is how an Out-of-Network claim might process assuming the \$75 Deductible has already been satisfied:

Dentist's Charge: \$50

Empire's Allowed Amount: \$18

Empire Pays 50% of Allowed Amount: \$9

Total Potential Member Liability would be \$41, which is the Dentist's Charge (\$50) –Empire's Coinsurance (\$9)

Basic: Covered at 80% In-Network after \$75 Deductible. Estimated In-Network Allowance Range based on location for Resin-Based Composite – One Surface, Anterior (D2140) is \$51-\$114. Below is how an In-Network claim might process assuming the \$75 Deductible has already been satisfied:

Dentist's Charge: \$170

Empire's Allowed Amount: \$59

Empire Pays 80% of Allowed Amount: \$47.20

Total Member Liability would be \$11.80, which is the In-Network Allowed Amount (\$59) –Empire's Coinsurance (\$47.20)

Oral Surgery: Covered at 50% after \$75 Deductible. Estimated In-Network Allowance Range based on location for a Crown - Porcelain Fused to High Noble Metal (D6750) is \$400-\$825. Below is how an In-Network claim might process assuming the \$75 Deductible has NOT already been satisfied:

Dentist's Charge: \$1,300

Empire's Allowed Amount: \$475

Member Deductible: \$75

Empire Pays 50% of Remaining Allowed Amount: \$200

Total Member Liability would be \$275, which is the \$75 Deductible + Balance after Empire's Coinsurance (\$200)