Excellus

Smile Saver Summary of Benefits 2027

WEST IRONDEQUOIT

Plan Features

Network Local: BlueShield National: BlueShield	Dependent / Student age limit: 26/26
Reimbursement In network: Fee Schedule Reimbursement Out-of-Network: Fee Schedule Reimbursement Out-of- area: GRID+ DenteMax/ Blue Shield	
Annual Plan Deductible: $25 ind / $75 Fam Deductible applies to: Classes II, IIA, and III services	Annual Plan Maximum per member: $1500 Annual Max applies to: Classes II, IIA and III services
Ortho Age limit: Children to age 19 Lifetime Orthodontia Maximum: $1000 *Only ½ the life max can be paid in any calendar year	

Plan Benefits

Type of Care	Benefits Included	Excellus BCBS Pays: In-Network	Excellus BCBS Pays: Out-of-Network
Class I Preventive & Diagnostic	• Oral Exams- 2 per plan year • X-rays – Full mouth 1 in 36 months, Bitewings limited to a combination of 4 films per plan year • Prophylaxis (cleaning) -2 Cleanings covered per plan year • Fluoride-2 per plan year to age 19 • Sealants-1 in 36 months, 1st & 2nd unrestored permanent molars to age 16 • Palliative Emergency Treatment- To relieve pain only	100%	100%
Class IIA Basic Restorative	• Fillings • Simple Extractions	85%	85%
Class II Basic Restorative	• Surgical Extractions/ Oral Surgery • Endodontics • Periodontics • Scaling/ root planning • Surgical Services (limits apply) • Periodontal Maintenance following surgery	85%	85%

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.

Type of Care	Benefits Included	In-Network	Out-of-Network
Class III Major Restorative	• Prosthetic Repair • Prosthodontics (removable & fixed) • Relines/ Rebases • Inlays/ Onlays/ Crowns/ Bridgework • Space Maintainers to age 19	50%	50%
Class IV Orthodontia	• Braces	50%	50%

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.

Waiting Periods – Timely Entrants

Timely Entrants are those employees that join the plan within 31 days of the following events: During initial open enrollment with Excellus (for new dental groups), As a new hire, After a qualifying event.

Participating Dentists

Excellus BlueCross BlueShield offers a broad participating dental network in 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.

National Dental Network (Grid+Dentemax)
In addition to our local network, your Excellus BlueCross BlueShield dental plan gives you access to more dentists nationwide. The nation dental network offers coverage in all 50 states, with access to an additional 123,000+ providers across the nation. You have the option of receiving care from a dentist of your choice. Choosing a participating dentist may result in savings for you because participating dentists agree to accept the national dental network Schedule of Allowances as payment 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.

Dental Customer Service- for members & 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
PO Box 21146
Eagan, MN 55121