



Welcome to
Arkansas Blue Cross and Blue Shield
Dental Plan



An Independent Licensee of the Blue Cross and Blue Shield Association





University of Arkansas System Dental Program

Beginning January 1, 2018, the University of Arkansas System dental plan will be administered by Arkansas Blue Cross and Blue Shield. We offer a full suite of dental benefits and services worth smiling about — like our broad-access network of top dentists, orthodontic coverage, maximum rollover benefit and Dental Xtra.

Make the most of your dental coverage

Most of us are interested in saving money. When you use the services of a participating dental provider, you'll pay less money out of pocket. Please take a moment to review this important information about your coverage.

Frequently Asked Questions

What's new?

Your dental plan will now offer an orthodontic benefit for covered dependents up to age 18. The orthodontic benefit includes a \$2,000 lifetime maximum and is paid at 50 percent. It is not subject to the calendar-year deductible.

All other benefits and rates remain the same for 2018.

Who do I contact if I have questions?

Call our dedicated customer service line at 844-662-2281 with questions about your dental benefits, or if you need help finding a dentist.

How do I find a dentist?

We've created a University of Arkansas System website where you can find a dentist. Simply visit uasdental.blueadvantagearkansas.com and select "Find a Dentist."

What should I know about my dental network?

Your dental plan features the largest dental network in Arkansas — including more than 90 percent of all licensed dentists in the state — with access to a broad national network. You may visit any in-network dentist in the Find a Dentist search found on the UAS dental site; however a dentist listed as part of the Select PPO network will result in greater savings for you.

Orthodontia treatment examples:

New treatment plan

Your orthodontic benefit allows you to pay your share of the cost in monthly installments instead of one large sum. Your orthodontist will submit a claim with the total cost, length and start date. The initial down payment will be \$500 — you'll pay \$250. Remember, the plan has a \$2,000 lifetime maximum, and benefits are paid at 50 percent (lifetime max is the total amount the dental plan will pay for orthodontic care).

The remaining balance will be divided by the number of months left in the treatment. You'll pay 50 percent of each monthly payment until the \$2,000 lifetime max is reached. After that, you'll make the monthly payment in full.

Treatment in progress

Your orthodontist will submit a claim that indicates the total treatment cost, length and start date of treatment and the initial down payment. Arkansas Blue Cross will review the plan and determine the dental plan's total liability based on the number of months remaining in the orthodontic treatment starting in January 2018. This amount will be divided by those months and a monthly payment will begin.

Will I get a new ID card?

Yes, you and each enrolled family member will be mailed a new ID card before the end of the year.

How does my carryover/rollover benefit work?

Any carryover/rollover benefit dollars that you have previously earned will be available March 1, 2018. You will have access to your 2018 calendar-year maximum of \$1,500 beginning January 1, 2018. If no more than \$750 claim dollars are paid in a calendar year, your calendar year maximum for the next year will increase by \$375 to a maximum of \$1,500. You can stockpile \$1,500 total rollover dollars.

Does my plan offer a wellness benefit for certain conditions?

Yes, your plan includes Dental Xtra. Learn more about Dental Xtra on the next page.



About Dental Xtra

Research shows that good dental health can improve total health for people with certain conditions. The Dental Xtra program provides at-risk University of Arkansas System members with additional dental benefits when using an in-network dentist.

Here are some reasons to be excited about Dental Xtra:

- Education about your dental health
- Extra benefits paid at 100% when visiting a participating dentist
 - No coinsurance required when visiting an in-network dentist
 - No deductible
 - Does not count toward your calendar-year maximum

	Cleaning or maintenance visit every 3 months*	Periodontal scaling or scaling in the presence of gingival inflammation every 24 months*	Pre-diagnostic oral cancer screening every 6 months**	Fluoride treatment every 3 months**
Diabetes	✓	✓		
Coronary artery disease	✓	✓		
Stroke	✓	✓		
Pregnancy	✓	✓		
Oral cancer**	✓		✓	✓
Sjögren's syndrome	✓		✓	✓

*Periodontal maintenance and scaling available with plans that offer periodontal benefits.

**Available for members previously diagnosed with oral cancer or diagnosed with Sjogren's syndrome.

How to register for Dental Xtra

To register for these additional benefits, visit uasdental.blueadvantagekansas.com and select the "Enroll Now" button in the Dental Xtra section. You'll receive a letter telling you about the additional dental benefits you're eligible to receive.

Benefit Summary

University of Arkansas System

Individual Deductible: (Basic and Major Services) \$50

Family Deductible: 2 Family Members (Basic and Major Services) \$100

Annual Maximum Payment: Per Person Per Calendar Year \$1,500

Orthodontic Lifetime Maximum: \$2,000

Benefit Period: A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year. Applies to Coverage A, B and C

	In Network	Out of Network	
TYPE A CHARGES: PREVENTIVE SERVICES (not subject to deductible)			
Exams	100%	90%	
Radiographic Images (X-rays)	100%	90%	
Fluoride Treatment	100%	90%	
Prophylaxis (cleaning)	100%	90%	
Sealants	100%	90%	
TYPE B CHARGES; BASIC RESTORATIVE SERVICES			
Fillings	80%	72%	
Extractions	80%	72%	
Surgical and Non-Surgical Periodontics	80%	72%	
Endodontics (root canals)	80%	72%	
Oral Surgery	80%	72%	
Anesthesia	80%	72%	
TYPE C CHARGES: MAJOR RESTORATIVE SERVICES			
Inlays, Onlays, Crowns	50%	45%	
Partials and Dentures	50%	45%	
Implants	50%	45%	
ORTHODONTIC SERVICES limited to covered persons to age 18 (not subject to deductible)			
Diagnostic, Active Retention Treatment	50%	40%	
DENTAL XTRA (Included)			
Two additional cleanings covered per year (a total of four) for members with one of the following qualifying conditions: diabetes, coronary artery disease, oral cancer, Sjogren's syndrome, stroke or pregnancy. Dental Xtra benefits may not be combined by members with more than one condition.			
ROLLOVER BENEFIT			
In-Network calendar-year aggregate maximum \$1,500	Yearly Threshold Amount \$750	Available Rollover amount to use next year/beyond \$375	Accumulated Rollover Maximum \$1,500

You have the freedom to choose any licensed dentist for covered services. However, it works to your advantage to choose a dentist from the Arkansas Dental Select Plus network. You'll get the deepest discounts and pay less out of pocket when you choose a dentist from the Arkansas Dental Select Plus network of providers.

Important Disclaimer from Arkansas Blue Cross and Blue Shield

This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your Summary Plan Description for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the plan issued by your employer, the plan shall prevail.

Limitations and Exclusions

LIMITATIONS AND EXCLUSIONS ON DIAGNOSTIC AND PREVENTIVE BENEFITS

- a) The PLAN will pay for two oral examinations and cleanings in BENEFIT PERIOD.
- b) The PLAN will pay for full mouth X-rays once within three years. A combination of periapical and bitewing x-rays (10 or more films) or a panoramic film and additional x-rays make up a full mouth series.
- c) A sealant is a BENEFIT only on the unrestored, decay free chewing surface (occlusal surface) of the maxillary (upper) and mandibular (lower) first and second molars. Sealants are a benefit for DEPENDENT children to age 19. Sealants are payable once per tooth.
- d) Preventive control programs (oral hygiene instructions, carries susceptibility tests, dietary control, tobacco counseling, etc.) are not a benefit.
- e) The PLAN will pay for one topical application of fluoride in a BENEFIT PERIOD for DEPENDENT children to age nineteen. Fluoride rinses or self-applied fluorides are not a benefit.

LIMITATIONS AND EXCLUSIONS ON BASIC RESTORATIVE BENEFITS

- a) Palliative TREATMENT is payable on a per visit basis, once on the same date.
- b) Fillings are allowed once per surface per tooth in a 12-month period. This is allowed irrespective of the number of combinations of procedures requested or performed.
- c) Payment for root canal TREATMENT includes charges for temporary restorations. Root canal TREATMENT is limited to once in a lifetime, per tooth, by the same DENTIST or dental office. Retreatment of root canal by the same DENTIST or dental office will be considered after 24 months have lapsed since initial TREATMENT. Root canals on deciduous teeth are not a benefit, unless there is no permanent successor. Pulpal therapy is limited to primary teeth and therapeutic pulpotomy is limited to primary teeth once in a lifetime.
- d) Non-surgical periodontics will not be provided more often than once in a 24-month period per quadrant.
- e) Periodontal maintenance is a benefit after three months following active periodontal TREATMENT.
- f) Extractions, surgical extractions, root removal, alveoplasty, surgical exposure of impacted or unerupted tooth, tooth reimplantation and/or stabilization, transseptal fiberotomy, and oroantral fistula closure are limited to once per lifetime.
- g) Charges for general anesthesia/intravenous sedation are not covered except when administered in conjunction with covered oral surgery, excluding single tooth extractions (ADA procedure code 7140) and for children to age three.
- h) Analgesia, anxiolysis, therapeutic drug injection, other drugs and/or medicines, and desensitizing medicines are not covered.
- i) Composite resin crowns are not a benefit on primary teeth. A stainless steel crown allowance will be made with any fee difference the responsibility of the patient.
- j) A space maintainer is a benefit when used to replace prematurely lost or extracted teeth for children to age 16, limited to once in a 60 consecutive month period. Recementation of a space maintainer is limited to once in five years (60 consecutive months). Recementation of a space maintainer within six months of the seating date is part of the original procedure. A space maintainer is not considered an orthodontic appliance.
- k) The PLAN will not pay for the replacement of a stainless steel crown within a 60-month period of the initial placement.
- l) General Limitations and Exclusions found in Article 6 of this PLAN also apply to Basic Restorative BENEFITS.
- m) Payment for periodontal surgery shall include charges for three months' post-operative care and any surgical re-entry for a three consecutive year period. Root planing, curettage, and osseous surgery are not a benefit for participant(s) to age 14.

LIMITATIONS AND EXCLUSIONS ON MAJOR RESTORATIVE BENEFITS

- a)** The PLAN will not pay to replace any crowns, inlays, onlays, or veneers received in the previous five years (60 consecutive months). Payment for crowns, inlays, onlays, and veneers shall include charges for preparations of tooth, gingival, and impression.
- b)** The PLAN will not pay for a crown, inlay, onlay, or veneer on a tooth that can be restored with an amalgam or composite restoration.
- c)** Porcelain/ceramic or cast crowns for children to age 12 are not BENEFITS.
- d)** Crown repair is limited to once in a two consecutive year period on the same tooth. Crown and fixed partial denture cementation is limited to once in 12 consecutive months per tooth. Repairs for bridges and full and partial dentures are limited to once in a five consecutive year period
- e)** Procedures for purely cosmetic reasons are not BENEFITS.
- f)** The PLAN will not pay to replace any fixed bridges or partial or complete dentures that the participant received in the previous five years, except where the loss of additional teeth requires the construction of a new appliance.
- g)** The PLAN will not pay to replace a bridge or denture unless it cannot be made satisfactory.
- h)** Recementation of a bridge within six months of the seating date is part of the original procedure.
- i)** Payment for a partial or complete denture shall include charges for any necessary adjustment within a six-month period. Payment for a reline or rebase of a partial or complete denture is limited to once in a three-year period. Adjustments made within the first six months after delivery are not covered. Adjustments after the post six-month delivery period are limited to not more than twice in any 12 consecutive month period.
- j)** A posterior, fixed partial denture and a removable partial denture in the same dental arch is not covered. The benefit is limited to the allowance for the partial, removable denture.
- k)** Adjustments to complete or partial dentures are limited to two adjustments per denture per 12 months after six months have elapsed since initial placement.
- l)** The PLAN limits payment for standard dentures to the maximum allowable fee for a standard partial or complete denture. A standard denture means a removable appliance to replace missing natural, permanent teeth. A standard denture is made by conventional means from acceptable materials. If a denture is constructed by specialized techniques and the fee is higher than the fee allowable for a standard denture, the patient is responsible for the difference.
- m)** The PLAN does not pay for fixed bridges or full or partial dentures for children to age 16.
- n)** A fixed bridge where a partial denture is constructed in the same arch is not a covered benefit.
- o)** Fixed partial denture retainers are a benefit once in any five consecutive month period.
- p)** Temporary and provisional crowns and partial dentures are not a benefit.
- q)** Procedures for purely cosmetic reasons are not BENEFITS.
- r)** Tissue conditioning is limited to two in a three consecutive year period. Tissue conditioning is not a benefit if performed on the same day a denture is delivered or a reline/rebase is provided.
- s)** Endosteal implants are covered once in a lifetime per tooth.
- t)** The implant abutment to support a crown is covered once in any five consecutive year period.
- u)** An implant or abutment supported crown is covered once in any five consecutive year period.
- v)** An implant or abutment supported retainer is covered once in any five consecutive year period.
- w)** Implant maintenance procedure is covered once in any 12 consecutive months.
- x)** Repair of an implant supported prosthesis or implant abutment is covered once in any five consecutive year period.
- y)** Re-cementation of implant/abutment supported crown or fixed partial denture is covered once in any 12 consecutive month period after six months have elapsed since initial placement.

* General Limitations and Exclusions found in Article 6 of this PLAN also apply to all benefits of this plan.



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