



Premera Dental

2017 DENTAL PLANS FOR GROUPS WITH 51+ EMPLOYEES

Dental plans to keep your employees smiling and healthy

When your employees are healthy, they're generally happier and more engaged on the job. But did you know that regular dental care is good for overall health? Oral health and overall health work together. That's why a dental plan from Premera Blue Cross Blue Shield of Alaska is a great complement to your medical plan.

What do you get with Premera dental?

You get:

- **Administrative ease.** If you already offer a medical plan from Premera, you'll get a one-stop-shopping experience that makes it easier to manage your benefits.
- **Your choice of coverage options.** We offer a variety of plans to meet employers' needs and budgets. Whether you want to offer comprehensive coverage—or just the core essentials—you can choose the level of coverage that works best for your business needs.
- **A boost to your benefits package.** Job seekers look for well-rounded benefit packages from employers. You'll be able to attract and retain the best talent by offering benefits that are important to your employees.
- **Healthier, happier, employees.** Oral health is key to overall health. If your employees get the care they need for healthy smiles, they'll be better prepared to meet the needs of your business.

Your employees get:

- **Access to broad Choice network.** We offer access to one of the largest networks of dentists—and it keeps growing. With hundreds of network dentists in Alaska and thousands more nationally—you're always covered.
- **Plans that emphasize prevention.** Premera dental members do not pay a deductible for regular dental visits, and most plans will cover preventive services in full.
- **One consistent experience.** When members have a medical plan and a dental plan from Premera, they'll get a streamlined experience with one ID card, one customer service number, one website, and one member login.
- **Online tools that make things easy.** Find in-network care with our dental provider directory, and see how much dental services will cost with our Dental Cost Estimator. Members can even email a licensed dentist with questions about their oral health.
- **Dental expertise.** We've been serving dental members for more than 30 years. Whether you stay in-network or decide to go out-of-network, we make it easy—there is no extra paperwork, no claim forms—just go see the dentist of your choice.

PLAN HIGHLIGHTS	DENTAL OPTIMA	DENTAL PREFERENCE	DENTAL ESSENTIALS	DENTAL PREVENTIVE
Access to nationwide in-network dental providers	✓	✓	✓	✓
Freedom to choose any licensed dental provider	✓	✓	✓	✓
Includes preventive services with no deductibles	✓	✓	✓	✓
All of these plans can be purchased with a medical plan or without	✓	✓	✓	✓
Provides comprehensive benefits for major services	✓	✓	✓	
Optional orthodontia coverage available for groups with 26 or more enrolled employees	✓	✓		
Employee-funded plan option			✓	✓

Note: For a summary of plan benefits and limitations, see plan details to follow.

For employer-funded plan options, employer contributes 50%–100% of premium. Minimum enrollment is 50% of eligible employees. For employee-funded plan options, employer contributes 0%–49% of premium. Minimum enrollment is 30% of eligible employees.

More options

Employers can choose to offer additional dental coverage to customize their Premera Dental plans.

OPTIONAL BENEFITS	DENTAL OPTIMA	DENTAL PREFERENCE	DENTAL ESSENTIALS	DENTAL PREVENTIVE
BENEFIT ENHANCEMENT RIDERS				
Endodontic (root canal), periodontal scaling, and surgical periodontal treatment	Covered under basic instead of major services			N/A
Routine diagnostic and preventive services do not accrue toward the maximum allowance	Optional	N/A	N/A	
ORTHODONTIA				
Diagnostic services and active/retention treatment including appliances	Covered in full ¹ up to lifetime maximum		N/A	N/A
Monthly orthodontic adjustments including retention treatment				
Lifetime maximum per person (choose one)	\$1,000 or \$1,500			
Age limit (choose one)	No age limit or under age 19			
TEMPOROMANDIBULAR JOINT DISORDER²				
Exams and x-rays, occlusal guards and surgical procedures, manipulations under anesthesia	Deductible and coinsurance apply	N/A	N/A	N/A
Annual benefit maximum	\$1,000			
Lifetime maximum per person	\$5,000			

¹ Benefits provided at 100 percent of allowable charges; not subject to deductible or coinsurance.

² Option available only with Optima plans with 200 or more employees. Balance billing may apply if a provider is not contracting with Premera.

Dental Optima™

With Dental Optima, employers can choose from several cost-share options—giving their employees choice and control over their spending.

Key benefits

- To encourage good oral health habits, employers can choose to have routine diagnostic and preventive services not count toward the annual maximum.
- Employees can choose any dentist they want in- or out-of-network, but if they stay in-network they are protected from balance billing.
- Diagnostic and preventive services, such as routine exams, cleanings, and x-rays are covered to help employees and their families keep their smiles healthy and support overall health. There is no deductible for preventive services.
- To help encourage regular oral health maintenance, basic services (such as fillings and extractions) are also covered by the plan.
- All plans provide benefits for periodontal maintenance. Employees can get up to 4 visits per year to help manage gum disease.
- There's no waiting period for major services (such as crowns, implants, and dentures), so employees can get the care they need as soon as their coverage starts.

Benefits apply after calendar year deductible is met, unless otherwise noted.
Deductible and coinsurance represent member's cost share
 PCY = Per calendar year

COVERED SERVICES	COST SHARES FOR DENTAL OPTIMA PLANS	
	Individual	Family
Annual deductible PCY	\$0 \$50	\$0 \$50
Maximum allowance per person, PCY	\$0 \$150	\$0 \$150
	\$1,000, \$1,500, \$2,000 or \$2,500	\$1,000, \$1,500, \$2,000 or \$2,500
	In- and Out-of-network	In- and Out-of-network
DIAGNOSTIC AND PREVENTIVE¹		
Cleanings limited to 2 PCY		
Emergency and non-routine exams limited to 1 PCY		
Fluoride treatments limited to 2 applications PCY for members under the age of 19		
Routine oral exams limited to 2 PCY	0%	20%
Sealants for members under age 19		
Space maintainers for members under age 19		
Routine x-rays bitewing x-rays unlimited; complete series or panoramic x-ray once per 36 consecutive months		
BASIC		
Fillings limited to once per tooth surface every 24 consecutive months		
General anesthesia or intravenous sedation limited to covered dental procedures at a dental-care provider's office when dentally necessary	20%	20%
Oral surgery including simple and surgical extractions		
Periodontal maintenance limited to 4 visits PCY		
MAJOR		
Implants, dentures, partials, and fixed bridges replacements for dentures, partials, and fixed bridges limited to once every 5 calendar years		
Endodontic (root canal) treatment limited to once per tooth in a 2 calendar year period	50%	50%
Inlays, onlays and crowns replacements limited to once per tooth every 5 years		
Periodontal scaling limited to once per quadrant every 2 calendar years		
Periodontal surgery limited to once per quadrant every 3 calendar years		
Recementing and repair of crowns, inlays, bridgework, and dentures		

Note: Coinsurance amounts based on allowable charges. Only available for Groups 51+. Balance billing may apply if a provider is not contracting with Premera.

¹ Annual deductible waived for diagnostic and preventive services.

Dental Preference™

With Dental Preference, employers choose from several cost-share options—giving their employees choice and control over their spending.

Key benefits

- Your employees can choose any licensed and certified dental care provider. If they choose a dentist from within our broad network, they will pay significantly less. If they visit an out-of-network provider, their out-of-pocket cost will be higher.
- Diagnostic and preventive services, such as cleanings, routine exams, and routine x-rays are covered to help employees and their families keep their smiles healthy. And that's good for overall health.
- To help encourage regular oral health maintenance, basic services (such as fillings and extractions) are also covered by the plan.
- All plans provide benefits for periodontal maintenance. Employees can get up to 4 visits per year to help manage gum disease.
- There's no waiting period for major services (such as crowns, implants, and dentures), so your employees can get the care they need as soon as their coverage starts.

**Benefits apply after calendar year deductible is met, unless otherwise noted.
Deductible and coinsurance represent member's cost share**
PCY = Per calendar year

COVERED SERVICES		COST SHARES FOR DENTAL PREFERENCE PLANS			
		Individual		Family	
Annual deductible PCY		\$50	\$500 ¹	\$150	\$1,500 ¹
Maximum allowance per person, PCY		\$1,000, \$1,500 or \$2,000		\$1,000, \$1,500 or \$2,000	
		In-network	Out-of-network	In-network	Out-of-network
DIAGNOSTIC AND PREVENTIVE²					
Cleanings limited to 2 PCY Emergency and non-routine exams limited to 1 PCY Fluoride treatments limited to 2 applications PCY for members under the age of 19 Routine oral exams limited to 2 PCY Sealants for members under age 19 Space maintainers for members under age 19 Routine x-rays bitewing x-rays unlimited; complete series or panoramic x-ray once per 36 consecutive months		0%	20%	0%	20%
BASIC					
Fillings limited to once per tooth surface every 24 consecutive months General anesthesia or intravenous sedation limited to covered dental procedures at a dental-care provider's office when dentally necessary Oral surgery including simple and surgical extractions Periodontal maintenance limited to 4 visits PCY		20%	40%	20%	40%
MAJOR					
Implants, dentures, partials, and fixed bridges replacements for dentures, partials, and fixed bridges limited to once every 5 calendar years Endodontic (root canal) treatment limited to once per tooth in a 2 calendar year period Inlays, onlays, and crowns replacements limited to once per tooth every 5 years Periodontal scaling limited to once per quadrant every 2 calendar years Periodontal surgery limited to once per quadrant every 3 calendar years Recementing and repair of crowns, inlays, bridgework, and dentures		50%	60%	50%	60%

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera.

¹ Deductible applies to major services only.

² Annual deductible waived for diagnostic and preventive services.

Dental Essentials Plus™

With Dental Essentials Plus, employers can offer dental coverage at little or no cost to themselves. Employers can let their employees pay the full cost of their premiums, or they can fund up to 50 percent of the cost.

Key benefits

- Your employees can choose any licensed and certified dental care provider. However, if they choose a dentist from within our broad network, they will be protected from balance billing.
- Diagnostic and preventive services, such as cleanings, routine exams, and routine x-rays, are covered to help employees and their families keep their smiles healthy. And that's good for overall health.
- To help encourage regular oral health maintenance, basic services (such as fillings and extractions) are also covered by the plan.
- All plans provide benefits for periodontal maintenance. Employees can get up to 4 visits per year to help manage gum disease.

Benefits apply after calendar year deductible is met, unless otherwise noted.
Deductible and coinsurance represent member's cost share

PCY = Per calendar year

COVERED SERVICES	COST SHARES FOR DENTAL ESSENTIALS PLUS PLANS	
	Individual	Family
Annual deductible PCY	\$50	\$50
Maximum allowance per person, PCY	\$150	\$150
	\$1,000 or \$1,500	\$1,000
	In- and Out-of-network	In- and Out-of-network
DIAGNOSTIC AND PREVENTIVE¹		
Cleanings limited to 2 PCY		
Fluoride treatments limited to 2 applications PCY for members under the age of 19		
Routine oral exams limited to 2 PCY	0%	20%
Sealants for members under age 19		
Routine x-rays bitewing x-rays unlimited; complete series or panoramic x-ray once per 36 consecutive months		
BASIC		
Emergency and non-routine exams limited to 1 PCY		
Fillings limited to once per tooth surface every 24 consecutive months		
Periodontal maintenance limited to 4 visits PCY	20%	20%
Recementing of crowns, inlays, bridgework, and dentures		
Simple and surgical extractions		
Space maintainers for members under age 19		
MAJOR²		
Dentures, partials, and fixed bridges replacements limited to once every 5 calendar years		
Endodontic (root canal) treatment limited to once per tooth in a 2 calendar year period		
General anesthesia or intravenous sedation limited to covered dental procedures at a dental-care provider's office when dentally necessary	50%	50%
Inlays, onlays, and crowns replacements limited to once per tooth every 5 years		
Oral surgery		
Periodontal scaling once per quadrant every 2 calendar years		
Periodontal surgery limited to once per quadrant every 3 calendar years		
Repair of crowns, inlays, bridgework, and dentures		

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera.

¹ Annual deductible waived for diagnostic and preventive services.

² A 12-month waiting period applies to members who have not had continuous comparable dental coverage under the group's prior dental plan.

Dental Preventive™

Dental Preventive is available as an employer-sponsored or voluntary plan, so employers can offer basic dental coverage at a lower cost than a comprehensive dental plan.

Key benefits

- Employees can choose any licensed or certified dental care provider. However, if they choose a provider from within our broad network, they will be protected from balance billing.
- To ensure good overall oral health, routine diagnostic and preventive services are covered at 100 percent with no deductibles. These services include cleanings, routine exams, and routine x-rays.
- There's no waiting period for services, so employees can get the care they need as soon as their coverage starts.
- The plan is available in one of two ways:
 - Employer-sponsored: employers pay between 50 and 100 percent of the premium
 - Voluntary: employers pay between 0 and 49 percent of the premium

Benefits apply after calendar year deductible is met, unless otherwise noted.
Deductible and coinsurance represent member's cost share
 PCY = Per calendar year

COVERED SERVICES		DENTAL PREVENTIVE PLAN	
Annual deductible PCY	Individual	\$0	
	Family	\$0	
Maximum allowance per person, PCY		\$500	
		In- and Out-of-network	
DIAGNOSTIC AND PREVENTIVE			
Cleanings limited to 2 PCY			
Fluoride treatments limited to 2 applications PCY for members under the age of 19			
Routine oral exams limited to 2 PCY			
Routine x-rays bitewing x-rays unlimited; complete series or panoramic x-ray once per 36 consecutive months		0%	
Sealants for members under age 19			

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera.

Learn more

- Visit [premera.com](https://www.premera.com)
- Call **888-669-2583**
- Talk with your Premera representative or producer.

This brochure is not a contract. It is only a summary of the major benefits provided by these plans. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact your producer.