

DENTAL INSURANCE

The Blue Cross Blue Shield of Nebraska dental insurance plan has been designed to pay a significant portion of the cost for checkups and to provide cost-sharing benefits for needed restorative work.

Eligibility

Employee

Faculty and Staff are eligible for group dental insurance coverage if they are employed in a "Regular" position with an FTE of .5 or greater or employed in a "Temporary" position for more than 6 months with an FTE of .5 or greater.

Dependents

Spouse

- Husband or wife, as recognized under the laws of the state of Nebraska
- Common-law spouse if the common-law marriage was contracted in a jurisdiction recognizing a common-law marriage

Child

The following unmarried dependent children may be eligible for coverage:

- Natural-born or legally adopted child who has not reached the limiting age of 19
- Stepchild who is living in the employee's home and is chiefly dependent on the employee for support (must be claimed as an IRS dependent), and who has not reached the limiting age of 19
- Child for whom the employee has legal guardianship and who has not reached the limiting age of 19
- Mentally or physically handicapped child who has attained the limiting age of 19. Coverage may be continued beyond age 19 if proof of disability is provided within 31 days of attaining age 19. If a student (ages 19 through 23), proof of disability must be provided within 31 days of the disability.
- Child of a deceased employee who has not reached the limiting age of 19

Dependent children who are employed at the University of Nebraska in a benefits eligible position may not be covered as a dependent on their parent's dental insurance policy provided through the university.

Student (ages 19 through 23)

The following unmarried dependent children may be eligible for coverage:

- Dependent child who has not reached the limiting age of 24 and is a full-time student
- Dependent children who are students (ages 19 through 23) must have the employee's same principal place of residence for more than half of the year and receive over half of his or her support from the employee.
- Full-time student status generally requires a dependent to enroll for 12 or more undergraduate (9 or more graduate) credit hours each semester. The number of credit hours required for full-time student status is based on each school's definition of a full-time student.

Effective Date of Coverage

Coverage is effective on the first day of the month following the employee's date of hire or eligibility. Coverage for employees hired on the first day of the month or first working day of the month is effective immediately.

The dental insurance option elected will be in effect for up to two (2) years until the annual NUFlex enrollment that allows dental election changes. Coverage category changes may be made during the year, however, as noted in the Change in Status Guidelines section.

Change in Status Guidelines

Employees may change their dental insurance coverage category during the calendar year when a Permitted Election Change Event occurs.

Employees must make changes in coverage within 31 days of the Permitted Election Change Event.

Listed below are several Permitted Election Change Events that may allow an employee to initiate a midyear dental insurance coverage change. ***Please note, some coverage changes are not allowed due to the two (2) year enrollment provision.***

- Change in legal marital status
- Change in number of dependent children

Birth of a Dependent Child

Employees must contact the Campus Benefits Office within 31 days of a dependent's date of birth to add the new born child to their dental insurance policy. A Medical, Dental, and Vision Care Insurance Dependent Information Request Form must be completed to add the new dependent child to the dental insurance policy even if the employee is currently enrolled for Employee & Child or Employee & Family coverage. Coverage will be effective the first of the month following the dependent's date of birth. Blue Cross Blue Shield of Nebraska will provide coverage from the dependent's date of birth to this effective date.

If a Medical, Dental, and Vision Care Insurance Dependent Information Request Form is not completed within the 31-day Permitted Election Change Event period, enrollment is limited to the annual NUFlex enrollment that allows dental election changes.

Student Eligibility

Blue Cross Blue Shield of Nebraska will forward a Student Eligibility Questionnaire to each employee upon a dependent child's attainment of age 19 to verify the dependent's student status. If the "Age 19 Student Letter" is returned from the subscriber indicating (No) "dependent child is not a student" or subscriber does not respond to the "Age 19 Student Letter", the dependent child's coverage will end on the last day of the month in which age 19 is attained.

Thereafter, Student Eligibility Questionnaires will be forwarded annually in July to verify coverage for the upcoming fall and spring semesters. Coverage for students may be continued between each school year, i.e. June, July and August as long as the student had enrolled for the recently completed spring semester. If the Student Eligibility Questionnaire is returned from the subscriber indicating (No) "dependent child is not a student" or subscriber does not respond to the Student Eligibility Questionnaire, the dependent child's coverage will end on August 31.

To continue dental insurance coverage, the Student Eligibility Questionnaire must be returned to Blue Cross Blue Shield of Nebraska otherwise, the student's dental coverage will be cancelled.

Leave of Absence

Employees may continue dental insurance coverage while on an approved leave of absence for up to two years. The employee should contact the Campus Benefits Office to establish the direct bill premium payment process.

Active Military Duty Leave of Absence

An employee who commences a leave of absence for active duty in the military may cancel dental insurance coverage during the leave. Upon return from active duty, the employee may reenroll for dental insurance coverage without any waiting period or pre-existing condition exclusions. The employee may be required to provide documentation to support the date military service ended.

Termination of Coverage

Coverage terminates on the last day of the month following the date of termination or date the employee is no longer eligible for coverage. If the date of termination or employee's coverage ineligibility is the last day of the month, coverage will terminate immediately.

COBRA Continuation Coverage

COBRA coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." COBRA continuation coverage is offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plans because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plans, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose coverage under the Plans because either one of the following qualifying events happens:

- (1) Your hours of employment are reduced, or
- (2) Your employment ends for any reason other than gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose coverage under the Plans because any of the following qualifying events happens:

- (1) Your spouse dies;
- (2) Your spouse's hours of employment are reduced;
- (3) Your spouse's employment ends for any reason other than gross misconduct;
- (4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- (5) You become divorced [or legally separated] from your spouse. If an employee cancels coverage for his or her spouse in anticipation of a divorce [or legal separation,] and a divorce [or legal separation] later occurs, then the divorce [or legal separation] will be considered a qualifying event even though the ex-spouse lost coverage earlier. If the ex-spouse notifies the COBRA Plan Administrator within 60 days of the decree of dissolution of marriage date and can establish that the employee canceled the coverage earlier in anticipation of the divorce [or legal separation], then COBRA coverage may be available for the period after the divorce [or legal separation].

Your dependent children will become qualified beneficiaries if they lose coverage under the Plans because any of the following qualifying events happens:

- (1) The parent-employee dies;
- (2) The parent-employee's hours of employment are reduced;
- (3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
- (4) The parents become divorced [or legally separated]; or
- (5) The child stops being eligible for coverage under the plan as a "dependent child."

The Plans will offer COBRA continuation coverage to qualified beneficiaries only after the COBRA Plan Administrator has received timely notice that a qualifying event has occurred including the end of employment, reduction of hours of employment, or death of the employee.

[Additional COBRA Information](#)

Blue Cross Blue Shield Overview



An Independent Licensee of the Blue Cross and Blue Shield Association

For 65 years, Blue Cross and Blue Shield of Nebraska has helped people with their health care coverage needs by offering a wide variety of insurance products and services. In 1939, a long tradition of service to Nebraskans began when a group of medical professionals, business leaders and others gathered together to form an organization that today provides health care coverage or benefit administration to more than 600,000 Nebraskans. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association and a not-for-profit Mutual Insurance Company.

Blue Cross and Blue Shield of Nebraska offers a variety of coverage plans for groups and individuals, including: traditional health care coverage; PPO coverage, HMO coverage and POS (Point of Service) coverage, and a variety of Medicare Supplement plans.

Visit the [Blue Cross Blue Shield of Nebraska](#) Home Page

Group Identification Number (Dental)

- 04446

Member Identification Number (Dental)

To protect a member's confidentiality and privacy, Blue Cross Blue Shield of Nebraska health (medical and dental) insurance identification cards are issued to insureds based on a unique alpha-numeric identification number in lieu of Social Security Number. All Blue Cross Blue Shield of Nebraska correspondence, communications, Explanation of Benefits (EOB), etc. will include this new unique identification number.

Benefits Summary

The Blue Cross Blue Shield of Nebraska dental plan has been designed to pay a significant portion of the cost for checkups and to provide cost-sharing benefits for needed restorative work up to the annual maximum benefit.

A component of the Blue Cross Blue Shield dental plan is a preferred provider dental program (BluePreferred). By choosing a provider who is a member of the BluePreferred network, you file no claim and save money through:

- Discounted fees by the provider
- Reduced deductible
- Lower coinsurance payments
- No balance billing by the provider

Type of Service	Annual Deductible		Coinsurance Plan Pays/You Pay		Benefit Maximum	
	PPO provider	Non-PPO provider	PPO provider	Non-PPO provider	PPO provider	Non-PPO provider
Preventive and Diagnostic	None	None	85%/15%	80%/20%	\$1,500/person annual maximum for all preventive, restorative, and major dental services combined.	\$1,500/person annual maximum for all preventive, restorative, and major dental services combined.
Restorative Services & Major Services	\$35/person	\$45/person	85%/15%	80%/20%		
			50%/50%	50%/50%		
Orthodontic	\$40/person	\$50/person	50%/50%	50%/50%	\$2,000/person lifetime maximum	\$2,000/person lifetime maximum

Benefits
Preventative and Diagnostic (Coverage A)
Two routine oral examinations and cleanings each calendar year
Dental x-rays consisting of intraoral, bitewing, occlusal, periapical and extraoral x-rays, but not more than one set of full-mouth or panorex series of x-rays once every three calendar years; or up to four supplemental bitewing x-rays each calendar year.
Two topical fluoride applications each calendar year for covered persons under age 19
Restorative Services (Coverage B)
Restorations of silver amalgam and/or composite materials (if gold is used as a filling material, reimbursement will be made as for amalgam)
Medically necessary general anesthesia services related to covered dental services
Endodontic services (treatment of diseases and injuries that affect the tooth pulp chambers, root canals and periapical tissue) consisting of root canal therapy including treatment plan, diagnostic x-rays, clinical procedures and follow-up care
Oral surgery consisting of simple and impacted extractions (excluding orthodontic extractions), removal

of dental cysts and tumors, and surgical incision and drainage of a dental abscess

Periodontic services consisting of four periodontic cleaning each calendar year and scaling and root planning

Major Services (Coverage C)

The initial placement of full or partial removable dentures, temporary dentures or fixed bridgework, including adjustments during the six-month period following the initial placement

The replacement or alteration of full or partial dentures or fixed bridgework as a result of oral surgery which occurs while the patient is covered under this group dental plan and providing that such surgery is due to an accident, the repositioning of muscle attachments, or the removal of a tumor, cyst, torus or excess tissue

Note: The replacement or alteration must be completed within 12 months from the day of surgery

Addition of teeth to or replacement of an existing partial or full removable denture or fixed bridgework when the replacement or addition is needed to replace one or more additional natural teeth which are extracted while the patient is a covered person under this dental plan, or the existing denture or bridgework was installed at least five years prior to such replacement

Inlays and the first placement of crowns, including precision attachments for dentures

The replacement of a crown restoration, provided that the date of such replacement is more than five years after the crown's initial installation date

Repair or recementing of crowns on diseased or damaged teeth, inlays, bridgework or dentures, including the rebasing or relining of dentures. (Rebasing and relining of dentures is limited to once every two years.)

Orthodontic (Coverage D)

Services for correction of a handicapping malocclusion (orthodontic dentistry) consisting of orthodontic extractions; x-rays, casts and models; and the initial and subsequent installation of orthodontic appliances and orthodontic treatments

Note: Benefits are not available for orthodontic dentistry which is due to missing primary teeth

AccessBlue

AccessBlue offers members access to their individual Blue Cross Blue Shield health care coverage information, 24 hours a day, 7 days a week. This information may be obtained by accessing Blue Cross Blue Shield of Nebraska's secure online member's only web portal. AccessBlue will allow members to manage their personal health care benefits, as well as checking the status of a claim, checking eligibility information, and finding a network hospital, doctor or other health care provider. In addition, several interactive tools are included to assist in making better health care decisions by providing treatment decision-support tools to enable members to better understand their options, etc. AccessBlue may be found at www.bcbsne.com.

Premium/Price Tag Information

Dental Policy Booklet

Provider Network Search

Blue Cross Blue Shield of Nebraska Contacts

- Customer Service (888) 368-2227
- Preferred Provider Information (888) 368-2227