

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 financial 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 may continue coverage 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 receive over half of his or her financial support from the employee
- Full-time student status generally requires a dependent to enroll (and attend) 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 the school's definition of a full-time student.

Initial Enrollment

Employees must enroll for coverage within 31 days of the date of hire or benefits eligibility date (date the employee satisfies the criteria to be benefits eligible). The 31 day period is not based on the effective

date of coverage.

Enrollment after the initial 31-day period is limited to the annual NUFlex enrollment that provides dental insurance enrollment.

Employees and dependents may enroll for coverage without proof of insurability or pre-existing condition limitation.

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 as noted in the Change in Status Guidelines section.

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 will be effective on the first day of the month. Coverage for employees hired on the first working day of the month will be effective on the actual date of hire (if first working day is January 5th, coverage will be effective January 5th).

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

Coverage Effective Date as a Result of a Permitted Election Change Event

Coverage changes due to a Permitted Election Change Event are generally effective on the first day of the month following the date of the change. Changes however, that occur on the first day of the month will be effective immediately. See sections below for specific effective dates applicable to the different types of status changes. **The employee may be required to furnish appropriate documentation to verify the Permitted Election Change Event.**

Birth of a Dependent Child

The effective date of coverage for a dependent child who is added as a result of birth will be the date of birth. The applicable premium will begin on the first day of the month following the date of birth.

To continue the child's coverage beyond 31 days, the covered employee must contact the Campus Benefits Office within 31 days of a dependent's date of birth to add the newborn child to his or her dental insurance policy. The employee must complete and deliver to the Campus Benefits Office a Dependent Information Request Form 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. If the newborn child is added, the coverage change will be effective the first of the month following the dependent's date of birth. If the Employee does not complete and deliver the properly completed

Dependent Information Request Form within 31 days of the newborn's birth and then wants to cover the child, the child will be considered a late enrollee and benefits will not be provided to the child until the next annual NUFlex enrollment period that allows dental plan changes. (No coverage changes are allowed as a result of a Permitted Election Change Event.)

Adoption or Legal Guardianship

The effective date of coverage for a dependent child who is added as a result of adoption or legal guardianship will coincide with the earlier of: 1) the date of placement for adoption, or 2) the date of entry of an order granting legal guardianship or custody of the child. Placement generally means when the adoptive parents have taken legal responsibility for the child. Premiums will begin on the first day of the month following the event. **Note: Coverage for a dependent child's baby may be added to the employee's (grandparents) dental insurance policy only if employee obtains 1) legal guardianship, or 2) adoption of the new born child.**

Marriage

Coverage changes due to marriage will be effective on the first day of the month following the date of marriage. Coverage for a marriage occurring on the first day of the month will be effective immediately.

Divorce, Legal Separation or Annulment

Coverage changes due to a divorce, legal separation or annulment will be effective on the first day of the month following issuance of a court decree, the actual date of divorce (6 month period following the court decree), or in cases of legal separation, date of the court order or separation agreement. There is no waiting period in Iowa so the change in status will be effective on the first day of the month following the date of the final court decree.

Dependent Student Verification Process

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.

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.

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.

Annual NUFlex Enrollment

If permissible, employees may change a dental insurance coverage option during the annual NUFlex enrollment.

Proof of insurability is not required to enroll during the annual NUFlex enrollment.

Disabled Dependent Child While Covered as a Student

A physically or mentally disabled child may remain an eligible dependent child upon reaching age 19 if incapable of self-sustaining employment, or of returning to school as a full-time student, by reason of mental or physical handicap, and dependent upon you for support and maintenance. The application for such coverage must be received within 31 days of the dependent's 19th birthday and the dependent must meet all other group coverage eligibility requirements.

A child who becomes physically or mentally disabled while a covered student over 18 years of age may continue dental coverage while remaining incapable of returning to school as a fulltime student, unmarried and dependent upon you for support and maintenance. You must furnish proof of disability within 31 days of its onset.

COBRA Continuation of 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:

- (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:

- (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; or
- (4) 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:

- (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 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](#)

Survivor Benefits upon the Death of an Employee

If an employee was enrolled for dental insurance coverage as an active employee, the spouse of a deceased employee may continue coverage through COBRA or the retiree dental insurance program until death or remarriage.

If an employee was enrolled for dental insurance coverage as an active employee, the child of a deceased employee who has not reached the limiting age of 19 or age 24 if a full-time student may continue coverage through COBRA or the retiree dental insurance program.

Blue Cross Blue Shield Overview



**BlueCross BlueShield
of Nebraska**

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

- 04446

Member Identification Number

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 the 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 [Blue Cross Blue Shield of Nebraska](#).

Premium/Price Tag Information

Dental Policy Booklet

Provider Network Search

Blue Cross Blue Shield of Nebraska Contacts

- Customer Service (888) 368-2227
- Preadmission Review (800) 247-1103
- Preferred Provider Information (888) 368-2227