

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 in a "Temporary" position for more than six 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 dependent children may be eligible for coverage:

- Natural-born or legally adopted child who has not reached the limiting age of 26
- Stepchild who has not reached the limiting age of 26
- Child for whom the employee has legal guardianship and who has not reached the limiting age of 26
- Child with a mental or physical disability who has attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided within 31 days of attaining age 26

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

Coverage ends when the dependent child turns age 26.

Employee Plus One

University benefits eligibility is extended to an Adult Designee of the same or opposite gender who meets all the following criteria:

- Has resided in the same residence as the employee for at least the past consecutive 12 months and intends to remain so indefinitely;
- Is at least 19 years old;
- Is directly dependent upon, or interdependent with, the employee, sharing a common financial obligation that can be documented in a manner prescribed by the university; and
- Is not currently married to or legally separated from another individual under either statutory or common law.

Additional Employee Plus One information may be found at the [Employee Plus One](#) benefits module.

Disabled Dependent Child Coverage Eligibility

A physically or mentally disabled child may remain an eligible dependent child upon reaching age 26 if incapable of self-sustaining employment 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 26th birthday and the dependent must meet all other group coverage eligibility requirements.

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 employee's effective date of coverage.

Enrollment after the initial 31-day period is limited to the annual NUFlex enrollment or when a Permitted Election Change Event occurs.

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

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 Jan. 5, coverage will be effective Jan. 5).

Change in Status Guidelines

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

Employees must enroll or 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.

- Change in legal marital status
- Change in number of dependent children
- Change in employment status or work schedule that results in a gain or loss of coverage eligibility
- Change in coverage under spouse's employer's benefits plan, if substantial

Required Documentation for Status Changes

You will be asked to supply evidence of eligibility for each dependent you are enrolling in the dental plan. The type of evidence required will vary depending on the relationship of the dependent to you, but may include birth certificates, marriage licenses and other documentation.

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. However, changes that occur on the first day of the month will be effective immediately. The employee must provide appropriate documentation to verify the Permitted Election Change Event.

Birth of a Dependent Child

Coverage changes due to a birth of a child will be effective on the dependent's date of birth. The applicable premium will begin on the first day of the month following the date of birth. The employee must provide appropriate documentation to verify the Permitted Election Change Event.

Dental coverage for a newborn child will begin at the dependent child's 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 medical insurance policy **even if** he or she is currently enrolled for Employee & Child or Employee & Family coverage. If the newborn child is added, the coverage change and related increase in premiums 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 to the Campus Benefits Office 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. (No coverage changes are allowed as a result of a Permitted Election Change Event.)

Do not delay completing and submitting this form while the new baby's Social Security Number is pending. Submit the form and then email your dependent's Social Security Number to the Campus Benefits Office as soon as it is issued.

Adoption or Legal Guardianship

Coverage changes due to 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. The employee must provide appropriate documentation to verify the Permitted Election Change Event. 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 newborn child.

Marriage

Coverage changes due to marriage will be effective on the first day of the month following the date of marriage. Changes in coverage for a marriage occurring on the first day of the month will be effective immediately. The employee must provide appropriate documentation to verify the Permitted Election Change Event.

Divorce or Legal Separation

Coverage changes due to a Nebraska divorce will be effective the first day of the month following the date the divorce decree is entered. Coverage changes due to a Nebraska legal separation will be effective the first day of the month following the date of the court order or separation agreement.

Coverage changes due to an Iowa divorce will be effective the first day of the month following the date the divorce decree is final. Coverage changes due to an Iowa legal separation will be effective the first day of the month following the date of the court order or separation agreement.

The employee must provide appropriate documentation to verify the Permitted Election Change Event.

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 re-enroll for dental insurance coverage without proof of insurability. The employee must provide appropriate documentation to support the date military service ended.

Annual NUFlex Enrollment

Employees may change a dental plan option or coverage category during the annual NUFlex enrollment. Proof of insurability is not required to enroll during the annual NUFlex enrollment.

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 of 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 of 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 of 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 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

The spouse of a deceased employee who was enrolled for dental coverage at time of death may continue coverage through COBRA or the retiree dental insurance program until his or her death or remarriage.

A dependent child of a deceased employee who was enrolled for dental coverage at time of death may continue coverage through COBRA or the retiree dental insurance program if the child has not reached the plan's limiting age.

Blue Cross Blue Shield Overview



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross and Blue Shield of Nebraska is a community-based, member-owned health insurance company serving more than 700,000 people. Since 1939, BCBSNE has been committed to protecting Nebraska families and delivering the health and wellness solutions Nebraskans value most. Recent awards include: Ranked by J.D. Power and Associates for Highest Member Satisfaction among Health Plans in the Heartland Region; Platinum Well Workplace Award from the Wellness Councils of America; and Best Places to Work in Omaha. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association.

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

Group Identification Number

- 300009 for all insureds
- 300116 for Medicare insureds (One on Medicare)
- 300117 for Medicare insureds (Two on Medicare)

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 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 (Dental GRID). By choosing a provider who is a member of the Dental GRID 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
Preventative and Diagnostic	None	None	85%/15%	80%/20%	\$1,500/person annual maximum for all preventive, restorative and major dental	\$1,500/person annual maximum for all preventive, restorative and major dental
Restorative Services	\$35/person	\$45/person	85%/15%	80%/20%		

and Major Services			50%/50%	50%/50%	services combined.	services combined.
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 cleanings 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 that 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 are extracted while the patient is covered under this dental plan, or the existing denture or that 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

Myblue

Myblue 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 members-only web portal. Myblue will allow members to manage their personal health care benefits, as well as check the status of a claim, check eligibility information, and find 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. Myblue 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) 592-8963
- Preadmission Review (800) 247-1103
- Preferred Provider Information (888) 592-8963