

Dental PPO

Comprehensive Dental Benefits

For employer groups with 2 - 50 eligible employees



Voluntary Coverage

Options available to employer groups with BlueCross BlueShield group medical coverage.

In-Network Benefits	Plan A	Plan B	Plan C	Plan D
Deductible Single/Family	\$50/\$150 or \$75/\$225	\$50/\$150 or \$75/\$225	\$50/\$150 or \$75/\$225	\$50/\$150 or \$75/\$225
Preventive & Diagnostic	Covered in full	Covered in full	20% coinsurance	Covered in full
Basic Restorative	Deductible & 20% coinsurance	Deductible & 50% coinsurance	Deductible & 20% coinsurance	Deductible & 20% coinsurance
Major Restorative	Deductible & 50% coinsurance	Deductible & 50% coinsurance	Deductible & 50% coinsurance	Not covered
Dependent/ Student Until age	19/19	19/19	19/19	19/19

Blue for Your Business

BlueCross BlueShield of Western New York has developed four new dental benefit plans designed to help you offer your employees dental coverage that complements their medical coverage at a level that falls within your budget. If your group has an HSA, FSA or HRA plan, your employees can use those funds to pay for qualified dental expenses.

Comprehensive Benefits

These plans offer different coverage options in the following categories:

- Preventive & Diagnostic** - exams and cleanings
- Basic Restorative** - fillings and simple extractions
- Major Restorative** - dentures, bridges or crowns (not covered by Plan D)
- Orthodontia** - braces (not covered by Plan D)

Learn more. Call 1-888-249-2583 or visit www.bcbswny.com (click on Employers). You can also call your health insurance broker for more information.

Simple Group Eligibility Guidelines

Voluntary Dental - two or more eligible employees at a 20% participation level with a BlueCross BlueShield medical product.

Out-of-Network Coverage

Covered services obtained through out-of-network providers are covered at the same level as the in-network benefit. Members may be subject to balance billing from out-of-network providers charging more than the BlueCross BlueShield allowed amount.

Deductible Information

The deductible is a single/family deductible. The family amount will not exceed three times the single amount. No one individual can exceed the single deductible amount.

Note: The information in this document is not intended as a contract. Rates vary based on the overall benefit package. Please contact a BlueCross BlueShield representative or your health insurance broker for a complete summary of benefits.



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Rates shown are for the effective dates of 10/1/08, 11/1/08 and 12/1/08.

In-Network Benefits	Plan A	Plan B	Plan C	Plan D
Preventive & Diagnostic	Covered in full	Covered in full	20% coinsurance	Covered in full
Basic Restorative 6 month waiting period	Deductible & 20% coinsurance	Deductible & 50% coinsurance	Deductible & 20% coinsurance	Deductible & 20% coinsurance
Major Restorative 6 month waiting period	Deductible & 50% coinsurance	Deductible & 50% coinsurance	Deductible & 50% coinsurance	Not covered
Orthodontics* 6 month waiting period	Deductible & 50% coinsurance	Deductible & 50% coinsurance	Deductible & 50% coinsurance	Not covered
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$750	N/A
Annual Benefit Maximum	\$1,000	\$1,000	\$750	\$500
Re-enrollment Waiting Period	12 months	12 months	12 months	12 months

* Does not apply to the annual benefit maximum.

Rates (dependent/student until age 19/19)

Deductible	Plan A		Plan B		Plan C		Plan D	
	Single	Family	Single	Family	Single	Family	Single	Family
\$50/\$150	\$55.15	\$137.88	\$45.07	\$112.68	\$43.56	\$108.90	\$27.73	\$69.32
\$75/\$225	\$51.92	\$129.80	\$41.84	\$104.60	\$40.33	\$100.82	\$24.15	\$60.37

Benefit Information

The deductible, orthodontic lifetime maximum and the annual benefit maximum are combined for in- and out-of-network services.

Additional Benefit Options

Dependent/Student Coverage Until Age: 19/25 & 23/23

Major Restorative Waiting Period: 12 months for plans A, B and C.

Orthodontic Waiting Period: 12 months for plans A, B and C.

Orthodontic Lifetime Maximum: \$1,250 for Plans A and B, and \$1,000 for Plan C.

Annual Benefit Maximum: \$1,250 for Plans A and B, \$1,000 for Plan C, and \$750 for Plan D.

Re-enrollment Waiting Period: 24 months for all plans.

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