


# All Dental Plans

# 2017 Individual Offering

	Blue Pediatric Dental* (PPO)	Blue Value Dental 1* (PPO)	Blue Value Dental 2 (PPO)	Blue Value Dental 3** (PPO)
<b>Monthly Premium</b>	\$21.07 (per child)	\$20.55 (one adult) \$41.10 (two adults) \$52.82 (subscriber and child(ren)) \$84.57 (family)	\$27.70 (one adult) \$55.40 (two adults) \$63.93 (subscriber and child(ren)) \$104.00 (family)	\$31.70 (one adult) \$63.40 (two adults) \$71.80 (subscriber and child(ren)) \$117.15 (family)
<b>Benefits</b>	children to age 19 years	adult/family	adult/family	adult/family
<b>Deductible (embedded)</b>	N/A	\$50 per member/\$150 family maximum (per calendar year) Applies to basic restorative and major dental services	\$50 per member/\$150 family maximum (per calendar year) Applies to basic restorative and major dental services	\$50 per member/\$150 family maximum (per calendar year) Applies to basic restorative and major dental services
<b>Annual benefit maximum</b>	N/A	\$750 per member per calendar year	\$1,250 per member per calendar year	\$1,500 per member per calendar year
<b>Out-of-pocket maximum</b>	\$350 - 1 child \$700 - 2 or more children (per calendar year)	N/A	N/A	N/A
<b>Orthodontic Lifetime Maximum (pediatric and adult cosmetic - routine braces)</b>	N/A	N/A	N/A	\$1,000 per member per lifetime
<b>Preventive/diagnostic care (exam, cleaning, X-rays)</b>	\$20 copayment per visit	\$0 copayment per visit	\$0 copayment per visit	\$0 copayment per visit
<b>Basic restorative (fillings, extractions, periodontics, endodontics)</b>	50% coinsurance	50% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<b>Major dental (bridges, crowns, dentures)</b>	50% coinsurance	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
<b>Orthodontic Services (medically necessary)</b>	50% coinsurance applies to children age 19	50% coinsurance applies to children age 19	50% coinsurance applies to children age 19	50% coinsurance applies to children age 19
<b>Orthodontic Services (cosmetic - routine braces)</b>	N/A	N/A	N/A	50% coinsurance Applies to children and adults

Blue Pediatric Dental benefits and cost-sharing are included in all Blue Value Dental plans.

(over)

**For plan information, please call 1-800-888-5407.**

Participating providers may not balance bill the member. Members have the option to receive dental services from a provider who does participate in the BlueCross BlueShield of Western New York contracted network of providers. Out-of-network services are reimbursed at 100% of the in-network fee schedule and the non-participating provider may balance bill the member. To check if the dentist is participating in the network or located within our operating area, visit [bcbswny.com](http://bcbswny.com).

\*Available on NY State of Health Marketplace

\*\*Blue Value Dental 3 includes coverage for children to age 19 for medically necessary orthodontics subject to an out-of-pocket maximum and cosmetic orthodontics (routine braces) subject to a lifetime maximum per member. Adults and adult dependents (19 to 26 years) have coverage for cosmetic orthodontics (routine braces) subject to a lifetime maximum per member.

BlueCross BlueShield of Western New York complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-888-5407 (TTY 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-888-5407 (TTY 711)。

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**BlueCross BlueShield  
of Western New York**