

# All Dental Plans

# 2018 Small Group Offering

	Blue Pediatric Dental* (PPO)	Blue Value Dental 1* (PPO)	Blue Value Dental 2 (PPO)	Blue Value Dental 3** (PPO)
<b>Benefits</b>	children up to age 19 years	adult/family	adult/family	adult/family
<b>Deductible (embedded)</b>	N/A	\$50 per member/ \$150 family maximum per plan year  Applies to basic restorative and major dental services	\$50 per member/ \$150 family maximum per plan year  Applies to basic restorative and major dental services	\$50 per member/ \$150 family maximum per plan year  Applies to basic restorative and major dental services
<b>Annual benefit maximum</b>	N/A	\$750 per member per plan year	\$1,250 per member per plan year	\$1,500 per member per plan year
<b>Out-of-pocket maximum</b>	\$350 per one child \$700 for two or more children per plan 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 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay 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 up to age 19	50% coinsurance applies to children up to age 19	50% coinsurance applies to children up to age 19	50% coinsurance applies to children up to age 19
<b>Orthodontic services (cosmetic: routine braces)</b>	N/A	N/A	N/A	50% coinsurance Applies to children and adults
<b>Monthly premium</b>	\$19.89 per child	\$18.68 subscriber \$37.36 subscriber and spouse/domestic partner \$49.58 subscriber and child(ren) \$76.97 family	\$24.92 subscriber \$49.84 subscriber and spouse/domestic partner \$58.67 subscriber and child(ren) \$93.84 family	\$28.80 subscriber \$57.60 subscriber and spouse/domestic partner \$66.43 subscriber and child(ren) \$106.82 family

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

Blue Value Dental plans also cover adult dependents aged 19 to 26 years.

**For plan information, please call 1-800-544-2583.**

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