

- Dental care is important to overall health. That's why our dental plans include essential benefits to ensure members receive complete oral health coverage through our own dental network.
- Blue Value Dental plans have no participation requirements — you can add one to your medical plan or purchase one separately. Groups can choose one Blue Value Dental plan to offer their employees in addition to Blue Pediatric Dental.
- Blue Pediatric Dental benefits and cost-sharing are included in all Blue Value Dental plans.
- Our plan offers flexibility to see out-of-network dentists.*

Adult Benefits	Blue Value Dental 3 (PPO)
Deductible (embedded)	\$50 per member/\$150 family maximum per plan year (combined in- and out-of-network)
Annual benefit maximum	\$1,500 per member per plan year (combined in- and out-of-network)
Out-of-pocket maximum	N/A
Orthodontic lifetime maximum	\$1,000 per member per lifetime (combined in- and out-of-network)
Preventive/diagnostic care (exam, cleaning, X-rays)	\$0 copay per visit
Basic restorative (fillings, extractions, periodontics, endodontics)	20% coinsurance after deductible (combined in- and out-of-network)
Major dental (bridges, crowns, dentures)	50% coinsurance after deductible (combined in- and out-of-network)
Orthodontics (adult and pediatric benefits)	50% coinsurance (combined in- and out-of-network) adult and pediatric cosmetic: routine braces, subject to lifetime maximum
Monthly premium	\$28.80 subscriber \$57.60 subscriber and spouse/domestic partner \$66.43 subscriber and child(ren) \$106.82 family

Blue Value Dental 3 includes coverage for children up 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.

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

*Participating providers may not balance bill the member. Members have the option to receive dental services from a provider who does not 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 nonparticipating 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.

BlueCross BlueShield of Western New York is a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association.

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 1-800-544-2583 (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 1-800-544-2583 (TTY 711)。

11564_WNY_08_17