

- 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 Age 26	\$28.26 subscriber
	\$64.25 subscriber and child(ren)
	\$56.52 subscriber and spouse/domestic partner
	\$105.08 family
Monthly premium Age 30	\$28.26 subscriber
	\$64.44 subscriber and child(ren)
	\$56.52 subscriber and spouse/domestic partner
	\$105.44 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 years and above) 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. Visit bcbswny.com to see if the dentist is participating in the network or located within our operating area.



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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)。