

- 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 2 (PPO)
Deductible (embedded)	\$50 per member/\$150 family maximum per plan year (combined in- and out-of-network)
Annual benefit maximum	\$1,250 per member per plan year (combined in- and out-of-network)
Out-of-pocket maximum	N/A
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	Not covered
<b>Monthly premium Age 26</b>	\$25.72 subscriber
	\$63.57 subscriber and child(ren)
	\$51.44 subscriber and spouse/domestic partner
	\$90.69 family
<b>Monthly premium Age 30</b>	\$25.72 subscriber
	\$63.76 subscriber and child(ren)
	\$51.44 subscriber and spouse/domestic partner
	\$91.00 family

## 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](http://bcbswny.com) to see if the dentist is participating in the network or located within our operating area.



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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)。