

All Dental Plans



2020 Small Group Offering

	Blue Pediatric Dental* (PPO)	Blue Value Dental 1* (PPO)	Blue Value Dental 2 (PPO)	Blue Value Dental 3** (PPO)
Benefits	Children up to age 19 years	Adult/family	Adult/family	Adult/family
Deductible (embedded)	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
Annual benefit maximum	N/A	\$750 per member per plan year	\$1,250 per member per plan year	\$1,500 per member per plan year
Out-of-pocket maximum	\$350 per one child \$700 for two or more children per plan year	N/A	N/A	N/A
Orthodontic lifetime maximum (pediatric and adult cosmetic: routine braces)	N/A	N/A	N/A	\$1,000 per member per lifetime
Preventive/diagnostic care (exam, cleaning, X-rays)	\$20 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
Basic restorative (fillings, extractions, periodontics, endodontics)	50% coinsurance	50% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Major dental (bridges, crowns, dentures)	50% coinsurance	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Orthodontic services (medically necessary)	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
Orthodontic services (cosmetic: routine braces)	N/A	N/A	N/A	50% coinsurance applies to children and adults
Monthly premium Age 26	\$20.46 (per child)	\$19.20 (subscriber) \$52.87 (subscriber and child(ren)) \$38.40 (subscriber and spouse/domestic partner) \$73.81 (family)	\$25.72 (subscriber) \$63.57 (subscriber and child(ren)) \$51.44 (subscriber and spouse/domestic partner) \$90.69 (family)	\$27.48 (subscriber) \$69.42 (subscriber and child(ren)) \$54.96 (subscriber and spouse/domestic partner) \$98.59 (family)
Monthly premium Age 30		\$19.20 (subscriber) \$53.02 (subscriber and child(ren)) \$38.40 (subscriber and spouse/domestic partner) \$74.04 (family)	\$25.72 (subscriber) \$63.76 (subscriber and child(ren)) \$51.44 (subscriber and spouse/domestic partner) \$91.00 (family)	\$27.48 (subscriber) \$69.63 (subscriber and child(ren)) \$54.96 (subscriber and spouse/domestic partner) \$98.92 (family)

Blue Pediatric Dental benefits and cost-sharing are included in all Blue Value Dental plans.
Blue Value Dental plans also cover adult dependents ages 19 to 26 years (age 30 with rider).

(over)

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

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.

- Pediatric Dental is an Essential Health Benefit, as outlined in the Affordable Care Act.
- Groups can choose one Blue Value Dental plan to offer their employees in addition to Blue Pediatric Dental.
- Our plans offer flexibility to see out-of-network dentists.

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.

*Available on SHOP.

**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.



BlueCross BlueShield of Western New York (BCBSWNY) is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association. BCBSWNY 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)。