

All Dental Plans

2020 Individual Offering

	Blue Pediatric Dental* (PPO)	Blue Value Dental 1* (PPO)	Blue Value Dental 2 (PPO)	Blue Value Dental 3** (PPO)
Monthly Premium				
Individual	\$29.77 (per child)	\$27.83	\$37.91	\$40.63
Individual and spouse/ domestic partner		\$55.66	\$75.82	\$81.26
Individual and child(ren): AGE 26		\$76.76	\$93.29	\$102.35
Individual and child(ren): AGE 30		\$77.14	\$93.80	\$102.90
Family: AGE 26		\$107.11	\$133.21	\$145.44
Family: AGE 30		\$107.71	\$134.03	\$146.31
Benefits	Children to age 19 years	Adult/family	Adult/family	Adult/family
Deductible (embedded)	N/A	\$50 per member/\$150 family maximum (per calendar year) Applies to basic restorative and major dental services	\$50 per member/\$150 family maximum (per calendar year) Applies to basic restorative and major dental services	\$50 per member/\$150 family maximum (per calendar year) Applies to basic restorative and major dental services
Annual benefit maximum	N/A	\$750 per member per calendar year	\$1,250 per member per calendar year	\$1,500 per member per calendar year
Out-of-pocket maximum	\$350 (1 child) \$700 (2 or more children) (per calendar 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 copayment per visit	\$0 copayment per visit	\$0 copayment per visit	\$0 copayment 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 age 19	50% coinsurance applies to children age 19	50% coinsurance applies to children age 19	50% coinsurance applies to children age 19
Orthodontic services (cosmetic: routine braces)	N/A	N/A	N/A	50% coinsurance applies to children and adults

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

For plan information, please call 1-800-888-5407.

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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 check if the dentist is participating in the network or located within our operating area.

*Available on New York State of Health Marketplace.

**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 and above) have coverage for cosmetic orthodontics (routine braces) subject to a lifetime maximum per member.



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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)。