All Dental Plans

2018 Individual Offering

	Blue Pediatric Dental* (PPO)	Blue Value Dental 1* (PPO)	Blue Value Dental 2 (PPO)	Blue Value Dental 3** (PPO)
Monthly premium (Regions 1 and 7)				
Individual	$24.55 (per child)	$24.62	$33.17	$37.95
Individual and spouse/ domestic partner		$49.24	$66.34	$75.90
Individual and child(ren)		$63.47	$75.93	$85.70
Family		$99.23	$122.34	$138.60
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.

(over)

For plan information, please call 1-800-700-8482.

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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 participate in the BlueShield of Northeastern 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 **bsneny.com**.

*Available on NY 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 to 26 years) have coverage for cosmetic orthodontics (routine braces) subject to a lifetime maximum per member.

BlueShield of Northeastern New York

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