

# Blue Pediatric Dental (PPO)

## 2016 Small Group Benefits Overview

Regions 1 and 7



**BlueShield**  
of Northeastern New York

- Dental is now administered by BlueShield of Northeastern New York, and will be effective on the group's renewal date. This replaces our former Healthplex offering.
- Our dental plans provide essential benefits to ensure members receive complete oral health coverage through our own dental network.
- Flexibility to see out-of-network dentists.\*
- One card for both medical and dental.

Pediatric benefits	Blue Pediatric Dental (PPO)
Deductible	N/A
Preventive/diagnostic care (exam, cleaning, X-rays)	\$20 copayment per visit
Basic restorative (fillings, extractions, periodontics, endodontics)	50% coinsurance
Major dental (prosthodontics, crowns, dentures)	50% coinsurance
Orthodontia (medically necessary; routine braces not covered)	50% coinsurance
Annual maximum	N/A
Out-of-pocket maximum	\$350 - 1 child \$700 - 2 or more children (per plan year)
Monthly premium	\$22.09 (per child)

**For plan information, please call your account executive.**

\*Members have the option to receive dental services from a provider who does not 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 non-participating 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](http://bsneny.com).

Note: Available on SHOP.

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