

# Blue Value Dental 3 (PPO)

# 2021 Small Group Offering

- 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 3 (PPO)
Deductible (embedded)	\$50 per member/\$150 family maximum per plan year (combined in- and out-of-network)
Annual benefit maximum	\$1,500 per member per plan year (combined in- and out-of-network)
Out-of-pocket maximum	N/A
Orthodontic lifetime maximum	\$1,000 per member per lifetime (combined in- and out-of-network)
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	50% coinsurance (combined in- and out-of-network) adult and pediatric cosmetic: routine braces, subject to lifetime maximum
<b>Monthly premium Age 26</b>	\$27.11 subscriber
	\$54.22 subscriber and spouse/domestic partner
	\$66.52 subscriber and child(ren)
	\$103.43 family
<b>Monthly premium Age 30</b>	\$27.11 subscriber
	\$54.22 subscriber and spouse/domestic partner
	\$66.73 subscriber and child(ren)
	\$103.76 family

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.

**For plan information, please call 1-800-888-1238.**

\*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 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. Visit [bsneny.com](http://bsneny.com) to see if the dentist is participating in the network or located within our operating area.



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