

- Dental care is important to your overall health. That's why our dental plans include comprehensive oral health coverage. You can purchase a dental plan with your BlueCross BlueShield individual or family plan, or separately.
- Pediatric Dental is an Essential Health Benefit as outlined in the Affordable Care Act. As an insurer, we are required to make our best efforts to ensure that you obtain this coverage.
- 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 1 (PPO)
Monthly premium	\$20.55 (one adult) \$41.10 (two adults) \$52.82 (subscriber and child(ren)) \$84.57 (family)
Deductible (embedded)	\$50 per member/\$150 family maximum per calendar year (combined in and out-of-network)
Annual benefit maximum	\$750 per member per calendar year (combined in and out-of-network)
Out-of-pocket maximum	N/A
Preventive/diagnostic care (exam, cleaning, X-rays)	\$0 copayment per visit
Basic restorative (fillings, extractions, periodontics, endodontics)	50% 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	Not covered

Note: Available on New York State of Health marketplace.

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

*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 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 bcbswny.com.

BlueCross BlueShield of Western New York 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 1-800-888-5407 (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 1-800-888-5407 (TTY 711)。

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