

2021



BlueCross BlueShield
of Western New York

2021

**Amherst Chamber of Commerce
Blue Value Dental Individual Market
January 1, 2021 - December 31, 2021**



| Pediatric & Adult Dental (to age 26)* *Age 30 Rider Available (Inquire for rates) | Blue Pediatric Dental^ (PPO) | Blue Value Dental 1 (PPO) | Blue Value Dental 2 (PPO) | Blue Value Dental 3** (PPO) |
|--|---|---|---|---|
| Benefits | Children to age 19 | Adult/Family | Adult/Family | Adult/Family |
| Deductible (embedded) | N/A | \$50 per member \$150 family max Applies to basic restorative and major dental services | \$50 per member \$150 family max Applies to basic restorative and major dental services | \$50 per member \$150 family max 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 & adult cosmetic; routine braces) | N/A | N/A | N/A | \$1,000 per member per lifetime |
| Preventive/diagnostic care (exam, cleaning, X-Rays) | \$20 copay | \$0 copay | \$0 copay | \$0 copay |
| 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 up to age 19 | 50% coinsurance applies to children up to age 19 | 50% coinsurance applies to children up to age 19 | 50% coinsurance applies to children up to age 19 |
| Orthodontic services (cosmetic: routine braces) | N/A | N/A | N/A | 50% coinsurance applies to children & adults |
| | | Quarterly | Quarterly | Quarterly |
| Single | | \$99.22 | \$125.32 | \$133.60 |
| Two Person | | \$173.44 | \$225.64 | \$242.20 |
| Employee/Child(ren) | | \$226.66 | \$270.79 | \$291.31 |
| Family | | \$337.12 | \$407.17 | \$439.06 |

Updated 10/28/2020

^ Blue Pediatric Dental benefits & cost sharing are included in all Blue Value Dental plans

**Blue Value Dental 3 includes coverage for children up to age 19 for medically necessary orthodontics subject to an out-of-pocket maximum (see Blue Pediatric Benefits) 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.