

2022



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**Amherst Chamber of Commerce
Dental Individual Market
January 1, 2022 - December 31, 2022**

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		\$99.88	\$126.01	\$134.38
Two Person		\$174.76	\$227.02	\$243.76
Employee/Child(ren)		\$228.01	\$272.17	\$293.23
Family		\$339.73	\$409.96	\$442.69

Updated 10/28/2021

^ 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.