

HIGHMARK BLUE CROSS BLUE SHIELD OF WESTERN NEW YORK (HIGHMARK BCBSWNY) BLUE EDGE DENTAL PLANS

PREMIER

Is only the best good enough? Then consider Highmark BCBSWNY’s Blue Edge Dental Premier plan, which provides our highest level of coverage and lowest member out-of-pocket costs. Enjoy peace of mind knowing that you’ll have the most coverage offered with our Premier plan. You’ll be covered 100% for all preventive services, such as exams, X-rays, and cleanings; and premium level of coverage for services such as complex oral surgery, root canals, and prosthetics. Additional services are available at discounted prices through United Concordia’s provider network, with average savings of 30%. If there is no compromising when it comes to your oral health and well-being, this is the right plan for your needs.

VALUE

Looking for coverage with enhanced benefits? If you enjoy good oral health with only the occasional need for additional dental services, consider our Blue Edge Dental Value plan. You’ll be covered 100% for all preventive services, such as exams, X-rays, and cleanings, with partial coverage for procedures like fillings and extractions. Additional services are available at discounted prices through United Concordia’s provider network, with average savings of 30%. This option offers a good balance between keeping health care costs down while still providing important coverage you need.

Coverage will be effective the first of the month following receipt of the application or the date requested on the application. The application can be submitted up to 60 days prior to the requested effective date. Benefits are based on a calendar year for individuals and families, including child-only policies.

	BLUE EDGE PREMIER DENTAL	BLUE EDGE VALUE DENTAL
Monthly Premium		
Self	\$32.98	\$27.37
Self and spouse/domestic partner	\$63.06	\$51.84
Self and child(ren)	\$77.82	\$63.92
Family	\$116.85	\$95.70

Individual child-only policies are permitted. Sibling policies are not permitted.

CHOOSING YOUR BLUE EDGE DENTAL PLAN

	PREMIER	VALUE
Annual Deductible Per Insured Person	\$50/\$150 - All Ages	\$50/\$150 - All Ages
Annual Maximum Per Insured Person	\$1,000 - All Ages	\$1,000
Description of Service	POLICY PAYS	POLICY PAYS
Oral Evaluations (Exams)	100%	100%
Radiographs (Bitewings, Full mouth, Occlusal and Periapical Films)	100%	100%
Prophylaxis (Cleanings)	100%	100%
Fluoride Treatments	100%	100%
Palliative Treatment (Emergency)	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures and Dentures	80% after deductible	80% after deductible
Resin Based Composite–Anterior (White Fillings)	80% after deductible	80% after deductible
Resin Based Composite–Posterior (White Filling)	80% after deductible	80% after deductible
Amalgam Restorations	80% after deductible	80% after deductible
Simple Extractions	80% after deductible	80% after deductible
Surgical Extractions	80% after deductible	80% after deductible
Complex Oral Surgery	80% after deductible	80% after deductible
Endodontics (Root canals, etc.)	80% after deductible	80% after deductible
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	80% after deductible	80% after deductible
Nonsurgical Periodontics	80% after deductible	80% after deductible
Periodontal Maintenance	80% after deductible	80% after deductible
Surgical Periodontics	80% after deductible	80% after deductible
Crowns, Inlays, Onlays	50% after deductible	Not Covered
Prosthetics (Fixed Partial Dentures, Dentures)	50% after deductible	Not Covered
Adjustments and Repairs of Prosthetics	80% after deductible	80% after deductible
Implant Services	Not Covered	Not Covered
Consultations	100%	100%
Medically Necessary Orthodontics	Not Covered	Not Covered
Cosmetic Orthodontics	Not Covered	Not Covered

The percentage in the Policy Pays column is the percentage of the Policy's Maximum Allowable Charge that the Policy will pay for Covered Services provided by either a Participating Dentist or a Non-Participating Dentist.

Participating Dentists accept the Maximum Allowable Charge as payment in full. Non-Participating Dentists may bill you for the difference between their charge and the Maximum Allowable Charge paid by the Policy.

All services listed are subject to the Schedule of Exclusions and Limitations.

Waiting periods may apply for certain services before they are covered.

United Concordia provides the provider network for Blue Edge Dental and is a separate company that administers dental benefits.

Blue Edge Dental does not include New York State Essential Health Pediatric Dental benefits. These plans are not considered Qualified Dental Plans.

