# Blue Cross Dental Plans

## 2020 Individual Offering

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Blue Pediatric Dental* (PPO)</th>
<th>Blue Value Dental 1* (PPO)</th>
<th>Blue Value Dental 2 (PPO)</th>
<th>Blue Value Dental 3** (PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$29.77 (per child)</td>
<td>$32.83</td>
<td>$42.91</td>
<td>$45.63</td>
</tr>
<tr>
<td>Individual and spouse/domestic partner</td>
<td>$60.66</td>
<td>$80.82</td>
<td>$86.26</td>
<td>$107.35</td>
</tr>
<tr>
<td>Individual and child(ren)</td>
<td>$81.76</td>
<td>$98.29</td>
<td>$107.35</td>
<td>$150.44</td>
</tr>
<tr>
<td>Family</td>
<td>$112.11</td>
<td>$138.21</td>
<td>$150.44</td>
<td>$188.77</td>
</tr>
</tbody>
</table>

**Benefits**
- **Children up to age 19**
  - Deductible (embedded): $50 per member/$150 family maximum (per calendar year)
  - Applies to basic restorative and major dental services
- **Adult/family**
  - Deductible (embedded): $50 per member/$150 family maximum (per calendar year)
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  - 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**
- N/A
- $350 (1 child)
- $700 (2 or more children) (per calendar year)
- N/A

**Orthodontic lifetime maximum (pediatric and adult cosmetic: routine braces)**
- N/A
- N/A
- N/A
- $1,000 per member per lifetime

**Preventive/diagnostic care (exam, cleaning, X-rays)**
- $20 copayment per visit
- $0 copayment per visit
- $0 copayment per visit
- $0 copayment per visit

**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 and adults

**Notes**
- **The above rates include $5 billing fee**

Blue Pediatric Dental benefits and cost-sharing are included in all Blue Value Dental plans.