

# Blue Cross Dental Plans

# 2020 Individual Offering

	Blue Pediatric Dental* (PPO)	Blue Value Dental 1* (PPO)	Blue Value Dental 2 (PPO)	Blue Value Dental 3** (PPO)
<b>Monthly Premium</b>				
<b>Individual</b>	\$29.77 (per child)	\$32.83	\$42.91	\$45.63
<b>Individual and spouse/ domestic partner</b>		\$60.66	\$80.82	\$86.26
<b>Individual and child(ren)</b>		\$81.76	\$98.29	\$107.35
<b>Family</b>		\$112.11	\$138.21	\$150.44
<b>Benefits</b>	Children up to age 19	Adult/family	Adult/family	Adult/family
<b>Deductible (embedded)</b>	N/A	\$50 per member/\$150 family maximum (per calendar year) Applies to basic restorative and major dental services	\$50 per member/\$150 family maximum (per calendar year) Applies to basic restorative and major dental services	\$50 per member/\$150 family maximum (per calendar year) Applies to basic restorative and major dental services
<b>Annual benefit maximum</b>	N/A	\$750 per member per calendar year	\$1,250 per member per calendar year	\$1,500 per member per calendar year
<b>Out-of-pocket maximum</b>	\$350 (1 child) \$700 (2 or more children) (per calendar year)	N/A	N/A	N/A
<b>Orthodontic lifetime maximum (pediatric and adult cosmetic: routine braces)</b>	N/A	N/A	N/A	\$1,000 per member per lifetime
<b>Preventive/diagnostic care (exam, cleaning, X-rays)</b>	\$20 copayment per visit	\$0 copayment per visit	\$0 copayment per visit	\$0 copayment per visit
<b>Basic restorative (fillings, extractions, periodontics, endodontics)</b>	50% coinsurance	50% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<b>Major dental (bridges, crowns, dentures)</b>	50% coinsurance	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
<b>Orthodontic services (medically necessary)</b>	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
<b>Orthodontic services (cosmetic: routine braces)</b>	N/A	N/A	N/A	50% coinsurance applies to children and adults

\*\*The above rates include \$5 billing fee

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



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