

# BLUE SELECT FAMILY DENTAL<sup>SM</sup> & BLUE SELECT PREMIER DENTAL<sup>SM</sup>

When it comes to maintaining overall health and wellbeing, taking care of your teeth is just as important as taking care of the rest of your body. With an emphasis on no-cost preventive care, our family and premier dental plans help you maintain complete oral health, reducing the need for more costly dental care in the future. And at the same time, helping you to minimize pain and anxiety, eat and sleep without disruption, boost self-confidence, and have an overall better quality of life. Now that's something to smile about.

## Comprehensive coverage gives you the confidence you need to get care when you need it:



**Cleanings  
and Exams**



**Routine  
X-rays**



**Fillings**



**Select  
Crowns\***



**Dentures\***



**Endodontics  
and Periodontics**

## How it works:

Both plans come with a deductible, which means that for some services, you're responsible for the costs up to that amount. Once you've met your deductible, the plan starts contributing.

- Under both plans, diagnostic and preventive services are covered in full and not subject to the deductible.
- For all other covered services, you're responsible for paying a percentage of the cost, called coinsurance.
- To limit your costs each year, the pediatric benefits come with an out-of-pocket maximum (OOPM).
- How the money you pay toward the deductible adds up (or aggregates):
  - When only covering yourself, you will pay the single deductible amount. When covering more than one person, the family deductible is met for everyone on the plan when one or any combination of members reaches the family deductible amount.
  - Once you meet your deductible, the plan begins paying on your claims and you're only responsible for a percentage of costs, called coinsurance.

## FIND A DENTIST TOOL

Use our Find a Dentist tool to find one near you with whom you feel comfortable.



**[ExcellusBCBS.com/FindADentist](https://www.ExcellusBCBS.com/FindADentist)**

## Waiting periods:

- There is no waiting period for pediatric benefits (up to age 19). For adult benefits (age 19 and older), there are no waiting periods on diagnostic, preventive, or basic services. Major services are subject to a 12-month waiting period. Waiting periods may be waived with proof of prior dental coverage upon enrollment.

\* Subject to 12-month waiting period for Major services. Dependents (excluding spouse) can be covered up to age 26. Standard exclusions apply. Service categories vary between Adult and Pediatric coverage. A nonprofit independent licensee of the Blue Cross Blue Shield Association.

# DENTAL PLAN OPTIONS TO FIT YOUR NEEDS



	Blue Select Family Dental <sup>SM</sup>		Blue Select Premier Dental <sup>SM</sup>	
	Pediatric Benefits (Up to age 19)	Adult Benefits (Age 19 and older)	Pediatric Benefits (Up to age 19)	Adult Benefits (Age 19 and older)
<b>Deductible</b>	<b>Per Enrollee:</b> \$50 <b>2 or more enrollees:</b> \$150 (Applies only to basic, major, and orthodontic services)	<b>Single:</b> \$50 <b>Family:</b> \$150 (Applies only to basic & major services)	<b>Per Enrollee:</b> \$50 <b>2 or more enrollees:</b> \$150 (Applies only to basic, major, and orthodontic services)	<b>Single:</b> \$50 <b>Family:</b> \$150 (Applies only to basic & major services)
<b>Annual Maximum (per member)</b>	None	\$750 (Applies to diagnostic & preventive, basic, and major services)	None	\$1,250 (Applies to diagnostic & preventive, basic, and major services)
<b>Out-of-Pocket Maximum</b>	Per enrollee: \$350 2 or more enrollees: \$700	None	Per enrollee: \$350 2 or more enrollees: \$700	None

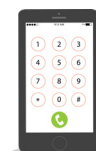
## COST-SHARING:

<b>Class I: Diagnostic &amp; Preventative</b> e.g. Cleanings and Adult Exams	0%	0%	0%	0%
<b>Class II: Basic</b> e.g. Fillings, Adult Root Canals, Pediatric Exams	50%	50%	20%	20%
<b>Class III: Major</b> e.g. Select Crowns, Dentures	50%	50%	50%	50%
<b>Class IV: Orthodontic Services</b> e.g. Medically necessary braces up to age 19	50%	Not covered	50%	Not covered
<b>Waiting Periods</b>	None	Major services: 12 months (Does not apply to diagnostic & preventive or basic services)	None	Major services: 12 months (Does not apply to diagnostic & preventive or basic services)

## Rates through NY State of Health and off exchange

<b>Single</b>	\$28.48	\$39.76
<b>Single + Spouse</b>	\$56.97	\$79.52
<b>Single + Child(ren)</b>	\$82.15	\$104.99
<b>Single + Spouse + Child(ren)</b>	\$124.21	\$161.25

**ROCHESTER NEW YORK REGION:** Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties.



Need help choosing the right plan for you? Call our Dental Customer Care Advocates at **1-844-829-8513**.