


# All Dental Plans

# 2018 Individual Offering

	Blue Pediatric Dental* (PPO)	Blue Value Dental 1* (PPO)	Blue Value Dental 2 (PPO)	Blue Value Dental 3** (PPO)
<b>Monthly premium (Regions 1 and 7)</b>				
<b>Individual</b>	\$24.55 (per child)	\$24.62	\$33.17	\$37.95
<b>Individual and spouse/ domestic partner</b>		\$49.24	\$66.34	\$75.90
<b>Individual and child(ren)</b>		\$63.47	\$75.93	\$85.70
<b>Family</b>		\$99.23	\$122.34	\$138.60
<b>Benefits</b>	children to age 19 years	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 age 19	50% coinsurance applies to children age 19	50% coinsurance applies to children age 19	50% coinsurance applies to children age 19
<b>Orthodontic services (cosmetic: routine braces)</b>	N/A	N/A	N/A	50% coinsurance Applies to children and adults

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

(over)

**For plan information, please call 1-800-700-8482.**