



Rating Region: Rochester

Version Updated: 09/11/2018

<b>Package ID</b>	<b>DBOV-6-26/26</b>	
<b>Plan Name</b>	<b>Dental Blue Options</b>	
Plan Type	PPO Voluntary	
Effective Date	01/01/2019	
<b>Rate (\$)</b>		
Single	\$30.68	
Subscriber & Spouse	\$61.36	
Subscriber & Child	\$54.73	
Subscriber & Child(ren)	\$54.73	
Family	\$91.75	
<b>Dental Plan Features</b>		
Dependents and students	Qualified dependents and students are covered to age 26.	
In Network	Coverage provided through Excellus BlueShield dental provider network	
Annual Deductible	\$50 Single/\$150 Family; applies to classes II, IIA & III	
Annual Maximum	\$1,000 applies to classes II, IIA and III	
Out of network	Covered at fee schedule, subject to balance billing	
Orthodontia Lifetime Maximum includes dependents to age 19	Not covered	
Out of area	Covered at fee schedule, subject to balance billing	
Domestic partner	Covered	
Waiting periods & other limitations	Does not apply to members who are timely entrants	
<b>Class I - Preventive</b>		
<b>Class I - Preventive</b>	<b>In-Network</b>	<b>Out Of Network</b>
Class I - Coinsurance	Covered at 100%	Covered at 100%, subject to balance billing
Cleanings & exams	Covered at 100%	Covered at 100%, subject to balance billing
Fluoride treatments covered to age 16	Covered at 100%	Covered at 100%, subject to balance billing
Sealants	Covered at 100%	Covered at 100%, subject to balance billing
Bitewing x-rays	Covered at 100%	Covered at 100%, subject to balance billing
Full mouth and panorex x-rays	Covered at 100%	Covered at 100%, subject to balance billing

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Space maintainers	Covered at 100%	Covered at 100%, subject to balance billing
Emergency palliative treatment	Covered at 100%	Covered at 100%, subject to balance billing
Dental Prophylaxis	Covered at 100%	Covered at 100%, subject to balance billing
<b>Class II - Basic Restorative</b>		
<b>Class II - Basic Restorative</b>	<b>In-Network</b>	<b>Out Of Network</b>
Class II - Coinsurance	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Fillings	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Simple Extraction Oral Surgery	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
<b>Class II A - Basic Restorative</b>		
<b>Class II A - Basic Restorative</b>	<b>In-Network</b>	<b>Out Of Network</b>
Class II A - Coinsurance	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Oral surgery	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Endodontics	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Periodontal surgery	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Periodontal scaling and root planing	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Periodontal maintenance following surgery	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
<b>Class III - Major Restorative</b>		
<b>Class III - Major Restorative</b>	<b>In-Network</b>	<b>Out Of Network</b>
Class III - Coinsurance	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Fixed prosthetics	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Removable prosthetics	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Inlays / Onlays / Crowns	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Relines / rebases	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Implants	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
<b>Class IV - Orthodontia Group must have 10 contracts enrolled</b>		
<b>Class IV - Orthodontia Group must have 10 contracts enrolled</b>	<b>In-Network</b>	<b>Out Of Network</b>
Class IV - Coinsurance	Not covered	Not covered
Braces	Not covered	Not covered

This is not a contract or binding agreement, but a summary of benefits and services. You should rely on the subscriber contract as the complete description of member rights, responsibilities, benefits available under the benefit plan, and the definition of contract year as it applies to any benefit limitations. In the event of a dispute between this summary and your member contract, the member contract will prevail.

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Certain services require pre-certification. Please refer to your contract for additional information regarding applicable services and penalties charged if pre-certification is not obtained.

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