

Elective Benefits & Services

Dental Blue Options plan

Pediatric Dental coverage for members up to age 19 can be included in all Small Business medical plans. Dental Blue Options lets you add full family coverage to complement your Pediatric Dental coverage.

Pediatric Dental coverage through Small Business medical plans brings you:

- Convenient compliance with Affordable Care Act (ACA) mandates
- Full range of diagnostic, palliative, and therapeutic services, but not as robust as our Dental Blue Options plan
- Varied cost share by plan, subject to medical deductible
 - Standard = PCP Copay
 - Non-Standard = 100%/80%/50%/50%
 - Preventive cleanings and exams are not subject to the in- or out-of-network deductible on Non-Standard Hybrid plans and Non-Standard Deductible HSA plans
- Preventive services including cleanings, fluoride treatments, and sealants
- Routine exams, X-rays, and fillings
- Restorative root canals, stainless steel crowns, stabilization of cleft palate
- Orthodontics to treat serious medical conditions



Dental Blue Options Plans

Package ID	Plan Type	Ded	Annual Max	Class I	Class II	Class IIA	Class III	Class IV	Ortho Max
DBOE-1-26/26	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	50%	\$2,000
DB0E-2-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$2,000
DB0E-3-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DB0E-4-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DB0E-5-26/26	Employer Sponsored	\$50	\$1,000	0%	50%	50%	50%	50%	\$1,000
DB0E-6-26/26	Employer Sponsored	\$50	\$1,000	0%	50%	50%	50%	N/A	N/A
DB0E-7-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	N/A	N/A	N/A
DB0E-11-26/26*	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DB0E-12-26/26*	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	50%	\$2,000
DB0E-15-26/26	Employer Sponsored	\$25	\$1,000	0%	15%	15%	50%	50%	\$1,000
DB0E-22-26/26	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	N/A	N/A
DB0E-28-26/26**	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DB0E-29-26/26*	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DB0E-30-26/26*	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	N/A	N/A
DB0E-32-26/26**	Employer Sponsored	\$50	\$1,000	INN: 0% 00N: 30%"	INN: 20% OON: 50%"	INN: 20% 00N: 50%"	50%	N/A	N/A
DB0E-44-26/26	Employer Sponsored	\$25	\$2,000	0%	0%	0%	20%	50%	\$2,000
DB0E-41-26/26	Employer Sponsored	\$50	\$1,000	20%	50%	50%	50%	50%	\$750
DB0E-40-26/26	Employer Sponsored	\$25	\$1,250	0%	0%	0%	20%	N/A	N/A
DB0E-18E-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	50%	50%	N/A	N/A
DB0E-6E-26/26	Employer Sponsored	\$50	\$1,500	0%	20%	50%	50%	50%	\$1,500
DBOV-1E-26/26	Voluntary	\$50	\$1,500	0%	20%	20%	50%	50%	\$1,500
DBOV-3-26/26	Voluntary	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DBOV-4-26/26	Voluntary	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DBOV-6-26/26	Voluntary	\$50	\$1,000	0%	50%	50%	50%	N/A	N/A
DBOV-13-26/26	Voluntary	\$50	\$1,000	0%	20%	50%	50%	N/A	N/A
DBOV-16-26/26**	Voluntary	\$50	\$1,000	INN: 0% 00N: 30%"	INN: 20% 00N: 50%"	INN: 20% 00N: 50%"	50%	N/A	N/A
DBOV-17-26/26**	Voluntary	\$50	\$1,000	INN: 0% 00N: 30%"	INN: 20% OON: 50%"	INN: 20% OON: 50%"	50%	INN: 50% OON: 50%"	\$1,000
DBOV-18-26/26*	Voluntary	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DBOV-19-26/26*	Voluntary	\$50	\$1,500	0%	20%	20%	50%	N/A	N/A

Disclaimer: Values shown reflect member responsibility

^{*} Syracuse and Utica Only. Plan has out-of-network coverage at UCR90

^{**} Rochester Only