

A more affordable way to a confident, healthy smile



Dental plans for more complete health and wellbeing

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. Along with daily brushing and flossing, regular dental visits can greatly reduce the occurrence of major oral health issues, as well as help detect a number of other medical conditions.¹

With an emphasis on no-cost preventive care, **Blue Select Dental** plans help you maintain complete oral health, reducing the need for more costly dental care in the future. At the same time, it helps you to minimize pain and anxiety, eat and sleep without disruption, boost self-confidence, and have an overall better quality of life.

Now that is something to smile about.

How the plans work

All plans come with a deductible, which means that you are responsible for the costs up to that amount. Once you have met your deductible, the plan starts contributing. There is an **Annual Max** per member age 19 and older that applies to diagnostic & preventative, basic and major services. The **Annual Max** for Blue Select Dental is **\$750**. The Annual Max for Blue Select Premier Dental is **\$1,250**. The Annual Max for Blue Select Standard Adult Dental is **\$1,500**.

- With Blue Select Dental and Blue Select Premier Dental, diagnostic and preventive services are covered in full and not subject to the deductible. This means you will have no out-of-pocket costs when visiting an in-network dentist for services like your adult oral exam or bi-annual cleanings.
- For all other covered services, like having a cavity filled and dentures, you are 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) which is the maximum amount you will have to pay during that plan year (excluding premiums).

What is covered



All of our individual and family dental plans offer comprehensive coverage that will give you the confidence you need to get care when you need it:

- Cleaning and exams
- Routine x-rays
- Fillings
- Select crowns*
- Dentures*
- Endodontics and periodontics

All plans include the mandated Pediatric Dental Essential Health Benefits in accordance with the Affordable Care Act.

Three plan options to fit your needs	Blue Select Dental		Blue Select Premier Dental		Blue Select Standard Adult Dental	
	Pediatric benefits (Up to age 19) In & out of network	Adult benefits (Age 19 and older) In & out of network	Pediatric benefits (Up to age 19) In & out of network	Adult benefits (Age 19 and older) In & out of network	Pediatric benefits (Up to age 19) In & out of network	Adult benefits (Age 19 and older) In & out of network
Deductible	Per enrollee: \$50 2/+ enrollees: \$150 (Applies only to basic, major, and orthodontic services)	Single: \$50 Family: \$150 (Applies only to basic & major services)	Per enrollee: \$50 2/+ enrollees: \$150 (Applies only to basic, major, and orthodontic services)	Single: \$50 Family: \$150 (Applies only to basic & major services)	Per enrollee: \$50 2/+ enrollees: \$150 (Applies to diagnostic & preventive, basic, major services and orthodontic services)	Single: \$50 Family: \$150 (Applies to diagnostic & preventive, basic, and major services)
Annual maximum (per member)	None	\$750 (Applies to diagnostic & preventive, basic, and major services)	None	\$1,250 (Applies to diagnostic & preventive, basic, and major services)	None	\$1,500 (Applies to diagnostic & preventive, basic, and major services)
Out-of-pocket maximum	Per enrollee: \$350 2/+ enrollees: \$700	None	Per enrollee: \$350 2/+ enrollees: \$700	None	Per enrollee: \$450 2/+ enrollees: \$900	None
Cost-sharing:						
Diagnostic & preventive e.g. Cleanings and adult exams	0%	0%	0%	0%	0% (incl. pediatric exams)	0%
Basic e.g. fillings and adult root canals	50% (incl. pediatric exams)	50%	20% (incl. pediatric exams)	20%	20%	20%
Major e.g. select crowns, dentures	50%	50%	50%	50%	50%	50%
Orthodontic services e.g. medically necessary braces up to age 19	50%	Not covered	50%	Not covered	50%	Not covered
Waiting periods (off exchange plans)	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)	None	None

Standard exclusions apply. Dependents (excluding spouse) can be covered up to age 26. Service categories vary between Adult and Pediatric coverage.

*Subject to 12-month waiting period for Major services on off exchange Blue Select Dental and Blue Select Premier Dental plans. Waiting periods may be waived with proof of prior coverage.

Important things to know

1 What benefits are free?

- One cleaning and preventive adult oral exam is covered every six months at no cost to you.

2 Does my plan have a deductible? If so, what does it apply to?

- Yes, these plans have a deductible. Refer to the benefits table on the previous page for the individual, pediatric, and family deductibles for each plan.
- The deductible will apply to all covered services except for diagnostic and preventive services with Blue Select Dental and Blue Select Premier Dental, which are covered in full and not subject to the deductible.

3 How does the money I pay toward my deductible add up (or aggregate)?

- 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 are only responsible for a percentage of costs, called coinsurance.

4 Is there a waiting period?

- 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 on off exchange Blue Select Dental and Blue Select Premier Dental plans. Waiting period may be waived with proof of prior dental coverage at enrollment.

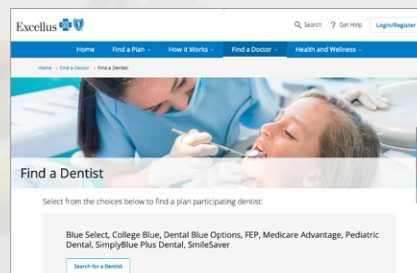
5 Can anyone enroll?

- Only the on exchange Blue Select Standard Adult Dental plan available through NY State of Health is limited to members also enrolled in a Qualified Health Plan.

6 What dentists accept this plan?

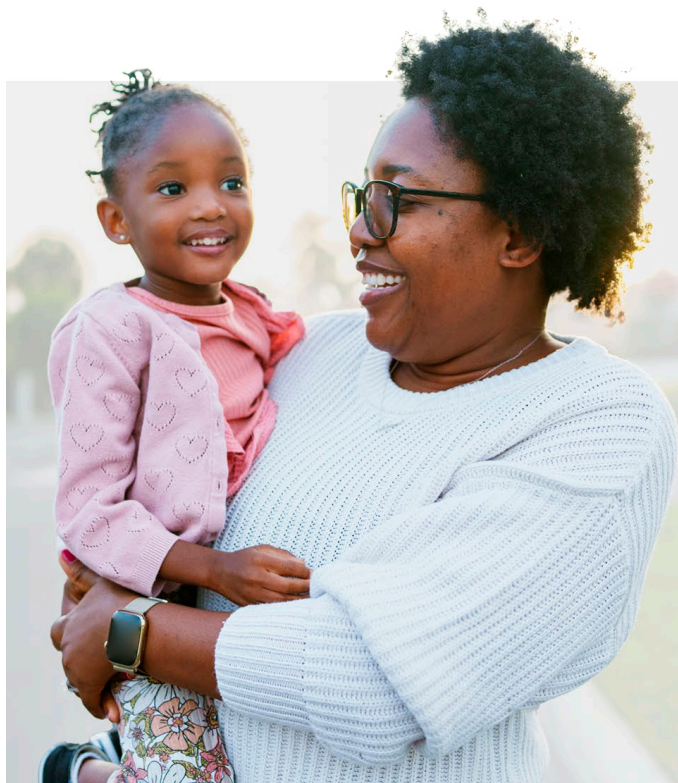
- You can see if your dentist is in network or find a new dentist by using our **Find a Dentist** tool at ExcellusBCBS.com/FindADentist.

Find a dentist tool



It is important to find a dentist you feel comfortable with, and one with convenient locations and appointment times. Use our **Find a Dentist** tool to find one near you.

ExcellusBCBS.com/FindADentist





Why it is important to practice good oral health

UP TO 120 MEDICAL CONDITIONS

can be detected early through examination of the mouth, throat and neck.¹

1 IN 5 (21%) ADULTS

aged 20 to 64 years have at least one untreated cavity.²

46% OF ALL ADULTS

age 30 years or older show signs of gum disease; severe gum disease affects about 9% of adults.³

DIABETES, HEART DISEASE, STROKE

and other serious medical conditions can be caught early based on warning signs such as gum disease and infections.⁴



You can manage your dental benefits online at Member.ExcellusBCBS.com

View and order member cards, find a dentist, access your benefits and claims information, pay your premium bill, and more.

Enroll before the deadline!

Visit ChooseExcellus.com or call 1-844-829-8513 (TTY 711)

Important terms to know

Deductible - The amount of money you have to pay before the health insurance company will make any payments towards dental services. The deductible amount will vary based upon your plan, so make sure you know what that amount is.

Coinsurance - Your share of the costs of a covered dental service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. For example, if your filling costs \$100 and you have met your deductible, your coinsurance payment of 20% would be \$20. The health insurance company would pay the rest, or \$80.

Out-of-pocket maximum - An annual limit on the amount of money that you would have to pay for dental services, not including your monthly premium. This is also called the Out-of-Pocket Maximum (OOPM).

Schedule of allowances/fee schedule - The maximum amount the insurance company will pay for specific dental procedures or services. To obtain information on the current fee schedule, please call the Customer Care number on the back of your card, or **1-844-829-8513**.

Participating dentist (in-network) - These dentists agree to accept the fee schedule as payment in full for services performed and will not bill you for an additional amount.

Non-participating dentists (out-of-network) - These dentists are not part of the dental network. When you receive care from a non-participating dentist it will cost you more out-of-pocket.

Find a participating dentist by visiting our website at ExcellusBCBS.com/FindADentist or call Customer Care at **1-844-829-8513**.

¹ Little, James W., Falace, Donald A., Miller, Craig S., & Rhodus, Nelson L., "Dental Management of the Medically Compromised Patient (8th ed.)," 2012.

² Centers for Disease Control and Prevention. Oral Health Surveillance Report: Dental Caries, Tooth Retention, and Edentulism, United States, 2017–March 2020. U.S. Dept of Health and Human Services; 2024.

³ Eke P, Thornton-Evans G, Wei L, Borgnakke W, Dye B, Genco R. Periodontitis in US adults: National Health and Nutrition Examination Survey 2009-2014. JADA. 2018;149(7):576-586.

⁴ CDC, "Oral Health: Preventing Cavities, Gum Disease, and Tooth Loss," 2009.

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