
 Amherst Chamber of Commerce 2019 Blue Value Dental Individual Pediatric & Adult Dental (to age 26)* <small>*Age 30 Rider Available (inquire for rates)</small> 				
	Blue Pediatric Dental (PPO)	Blue Value Dental 1 (PPO)	Blue Value Dental 2 (PPO)	Blue Value Dental 3 (PPO)
Benefits	Children to age 19	Adult/Family	Adult/Family	Adult/Family
Deductible (embedded)	N/A	\$50 per member \$150 family max Applies to basic restorative and major dental services (combined in- and out-of- network)	\$50 per member \$150 family max Applies to basic restorative and major dental services (combined in- and out-of- network)	\$50 per member \$150 family max Applies to basic restorative and major dental services (combined in- and out-of- network)
Annual benefit maximum	N/A	\$750 per member per calendar year (combined in- and out-of- network)	\$1,250 per member per calendar year (combined in- and out-of- network)	\$1,500 per member per calendar year (combined in- and out-of- network)
Out-of-Pocket Maximum	\$350 - 1 child; \$700 - 2 or more children (per calendar year)	N/A	N/A	N/A
Orthodontic Lifetime Maximum (pediatric & adult cosmetic, routine braces)	N/A	N/A	N/A	\$1,000 per member per lifetime (combined in- and out-of- network)
Preventive/diagnostic care (exam, cleaning, X-Rays)	\$20 copay	\$0 copay	\$0 copay	\$0 copay
Basic Restorative (fillings, extractions, periodontics, endodontics)	50% coinsurance	50% coinsurance after deductible (combined in- and out-of- network)	20% coinsurance after deductible	20% coinsurance after deductible (combined in- and out-of- network)
Major Dental (bridges, crowns, dentures)	50% coinsurance	50% coinsurance after deductible (combined in- and out-of- network)	50% coinsurance after deductible	50% coinsurance after deductible (combined in- and out-of- network)
Orthodontic services (medically necessary)	50% coinsurance	50% coinsurance applies to children age 19	50% coinsurance applies to children age 19	50% coinsurance (combined in- and out-of- network) adult & pediatric cosmetic; routine braces, subject to lifetime maximum
Orthodontic services (cosmetic: routine braces)	N/A	N/A	N/A	50% coinsurance applies to children & adults
	Monthly	Quarterly	Quarterly	Quarterly
Per Child/Per Month		N/A	N/A	N/A
Single		\$102.43	\$130.63	\$142.81
Two Person	\$25.23 per child per month	\$179.86	\$236.26	\$260.62
Employee/Child(ren)		\$219.73	\$260.23	\$284.11
Family		\$335.23	\$411.94	\$452.68