

**Amherst Chamber of Commerce
Blue Value Dental Individual Market
January 1, 2020 - December 31, 2020**



Pediatric & Adult Dental (to age 26)* *Age 30 Rider Available (Inquire for rates)	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	\$50 per member \$150 family max Applies to basic restorative and major dental services	\$50 per member \$150 family max Applies to basic restorative and major dental services
Annual benefit maximum	N/A	\$750 per member per calendar year	\$1,250 per member per calendar year	\$1,500 per member per calendar year
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
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	20% coinsurance after deductible	20% coinsurance after deductible
Major Dental (bridges, crowns, dentures)	50% coinsurance	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Orthodontic services (medically necessary)	50% coinsurance applies to children up to age 19	50% coinsurance applies to children up to age 19	50% coinsurance applies to children up to age 19	50% coinsurance applies to children up to age 19
Orthodontic services (cosmetic: routine braces)	N/A	N/A	N/A	50% coinsurance applies to children & adults
		Quarterly	Quarterly	Quarterly
Single			\$108.49	\$138.73
Two Person			\$191.98	\$252.46
Employee/Child(ren)			\$255.28	\$304.87
Family			\$346.33	\$424.63

Updated 11/5/2019

^ Blue Pediatric Dental benefits & cost sharing are included in all Blue Value Dental plans

**Blue Value Dental 3 includes coverage for children up to age 19 from medically necessary orthodontics subject to an out-of-pocket maximum and cosmetic orthodontics (routine braces) subject to a lifetime maximum per member.

Adults and adult dependents (19 and above) have coverage for cosmetic orthodontics (routine braces) subject to a lifetime maximum per member.