

# 2021



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**Amherst Chamber of Commerce  
Blue Value Dental Individual Market  
January 1, 2021 - December 31, 2021**



| Pediatric & Adult Dental (to age 26)*<br>*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)  |
|--|--|--|--|--|
| <b>Benefits</b>  | <b>Children to age 19</b>  | <b>Adult/Family</b>  | <b>Adult/Family</b>  | <b>Adult/Family</b>  |
| <b>Deductible (embedded)</b>   | N/A  | <b>\$50 per member<br/>\$150 family max<br/>Applies to basic restorative and major dental services</b> | <b>\$50 per member<br/>\$150 family max<br/>Applies to basic restorative and major dental services</b> | <b>\$50 per member<br/>\$150 family max<br/>Applies to basic restorative and major dental services</b> |
| <b>Annual benefit maximum</b>  | N/A  | <b>\$750 per member per calendar year</b>  | <b>\$1,250 per member per calendar year</b>  | <b>\$1,500 per member per calendar year</b>  |
| <b>Out-of-Pocket Maximum</b>   | <b>\$350 - 1 child;<br/>\$700 - 2 or more children<br/>(per calendar year)</b> | N/A  | N/A  | N/A  |
| <b>Orthodontic Lifetime Maximum (pediatric &amp; adult cosmetic; routine braces)</b> | N/A  | N/A  | N/A  | <b>\$1,000 per member per lifetime</b>   |
| <b>Preventive/diagnostic care (exam, cleaning, X-Rays)</b>                           | <b>\$20 copay</b>  | <b>\$0 copay</b>   | <b>\$0 copay</b>   | <b>\$0 copay</b>   |
| <b>Basic Restorative (fillings, extractions, periodontics, endodontics)</b>          | <b>50% coinsurance</b>   | <b>50% coinsurance after deductible</b>  | <b>20% coinsurance after deductible</b>  | <b>20% coinsurance after deductible</b>  |
| <b>Major Dental (bridges, crowns, dentures)</b>                                      | <b>50% coinsurance</b>   | <b>50% coinsurance after deductible</b>  | <b>50% coinsurance after deductible</b>  | <b>50% coinsurance after deductible</b>  |
| <b>Orthodontic services (medically necessary)</b>                                    | <b>50% coinsurance applies to children up to age 19</b>                        | <b>50% coinsurance applies to children up to age 19</b>  | <b>50% coinsurance applies to children up to age 19</b>  | <b>50% coinsurance applies to children up to age 19</b>  |
| <b>Orthodontic services (cosmetic: routine braces)</b>                               | N/A  | N/A  | N/A  | <b>50% coinsurance applies to children &amp; adults</b>  |
|  |  | <b>Quarterly</b>   | <b>Quarterly</b>   | <b>Quarterly</b>   |
| <b>Single</b>  |  | <b>\$99.22</b>   | <b>\$125.32</b>  | <b>\$133.60</b>  |
| <b>Two Person</b>  |  | <b>\$173.44</b>  | <b>\$225.64</b>  | <b>\$242.20</b>  |
| <b>Employee/Child(ren)</b>   |  | <b>\$226.66</b>  | <b>\$270.79</b>  | <b>\$291.31</b>  |
| <b>Family</b>  |  | <b>\$337.12</b>  | <b>\$407.17</b>  | <b>\$439.06</b>  |

Updated 10/28/2020

^ 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 for medically necessary orthodontics subject to an out-of-pocket maximum (see Blue Pediatric Benefits) 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.