

DentalBlue Select (Voluntary) Plans

Groups 2+ Enrolled

BlueCross BlueShield of Tennessee offers dental plans with lower participation requirements to meet your group's needs.

DentalBlue Select (Voluntary) Plans are available with the Freedom of Choice and PPO Preferred Reimbursement options.

Regardless of which option a group chooses, employees will always benefit from the savings generated by **the LARGEST dental PPO network in the state of Tennessee** and access to our national PPO solution.

Plan Summary	Standard	Basic	Preventive
Where To Receive Services	Any Dentist	Any Dentist	Any Dentist
Coverage A <ul style="list-style-type: none"> Exams, X-rays Cleanings, Fluoride Sealants, Space Maintainers 	100%	80%	100%
Coverage B <ul style="list-style-type: none"> Basic Restorative Services Basic Endodontics Basic Periodontics Basic Oral Surgery 	80%	80%	50%
Coverage C 12 month waiting period applies ¹ <ul style="list-style-type: none"> Major Endodontics Major Periodontics Major Oral Surgery Major Restorative, Prosthodontics & Implants 	50%	50%	0%
Annual Deductible (Not applicable to Coverage A)	\$25 or \$50	\$25 or \$50	\$0 or \$25
Annual Maximum Benefit (Per Member) ²	\$1,000, \$1,250 \$1,500	\$1,000, \$1,250 \$1,500	\$500, \$1,000, \$1,250
Dependent Age Limit	to age 24		

Additional Features To Customize Your Plan

Exclude Class A from annual maximum	Coverage A services do not count toward the annual maximum benefit
Coverage D - Orthodontics Coinsurance Maximum Age Limit Waiting Period ¹	Not available with Preventive Plan 50% Coinsurance, No Deductible \$1,000 or \$1,500 - Per Member, Per Lifetime Child Only (to age 18) or No age limits (Groups 26+) 12 months
Family Deductible	Max 3 per family Per person no maximum
Plan Reimbursements ³	<ul style="list-style-type: none"> Freedom of Choice Option (PPO fee schedule in-network; UCR out-of-network) PPO Preferred Option (PPO fee schedule in-network; percentage of PPO fee schedule out-of-network)

Plan Requirements

Stand Alone Dental	minimum of five enrolled
Multi-Option	Groups with 26+ may offer two plans
Group Participation	30% enrolled
Employer Contribution	no requirement

¹ Waived at initial enrollment for those covered under prior carrier plan.

² \$1,250 annual maximum available for groups with 10+ enrolled only

³ Members are responsible for paying any amounts exceeding the Maximum Allowable Charge or Usual and Customary Rate when Non-Network Dentists are used.