

## DentalBlue Traditional Choice Plus

### Groups 10+ Enrolled

BlueCross BlueShield of Tennessee offers flexible plan designs to meet your group's needs.

- With Choice Plus, members receive a higher coinsurance percentage when network dentists are used.
- Also with Choice Plus Plans, a higher Usual and Customary Rate (UCR) schedule means employees have lower out-of-pocket costs at non-network dentists.

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				Preventive			
	90		80		90		50	
Where To Receive Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Coverage A</b> <ul style="list-style-type: none"> <li>• Exams, X-rays</li> <li>• Cleanings, Fluoride</li> <li>• Sealants, Space Maintainers</li> </ul>	100%	100%	100%	100%	100%	100%	100%	100%
<b>Coverage B<sup>1</sup></b> <ul style="list-style-type: none"> <li>• Basic Restorative Services</li> <li>• Basic and Major Endodontics</li> <li>• Basic and Major Periodontics</li> <li>• Basic and Major Oral Surgery</li> </ul>	90%	80%	80%	70%	90%	80%	50%	40%
<b>Coverage C<sup>1</sup></b> <ul style="list-style-type: none"> <li>• Major Restorative, Prosthodontics &amp; Implants</li> </ul>	60%	50%	50%	40%	10%	0%	10%	0%
<b>Annual Deductible</b> (Not applicable to Coverage A)	\$25 or \$50		\$25 or \$50		\$25 or \$50		\$0 or \$25	
<b>Annual Maximum Benefit</b> (Per Member)	\$1,000, \$1,250 or \$1,500		\$1,000, \$1,250 or \$1,500		\$1,000, \$1,250 or \$1,500		\$500, \$1,250 or \$1,000	
Dependent age limit	to age 24							

### Additional Features To Customize Your Plan

Exclude Class A from Annual Maximum	Coverage A services received do not count toward the annual maximum benefit.
Coverage D - Orthodontics Coinsurance Maximum Age Limit Waiting Period <sup>2</sup>	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 limit (Groups 26+) 12 months or no waiting period
Family Deductible	Max 3 per family Per person no maximum
Plan Reimbursement	<ul style="list-style-type: none"> <li>• Freedom of Choice Option<sup>3</sup> Network Dentists Paid at PPO Fee Schedule Non-Network Dentists Paid at Usual and Customary Rate (UCR)</li> </ul>

### Plan Requirements

Multi-Option	Groups with 26+ may offer two plans
Group Participation	50% enrolled
Employer Contribution	no requirement if group has current dental coverage

<sup>1</sup> Services may be moved between coverage levels in accordance with underwriting guidelines.

<sup>2</sup> Waived at initial enrollment for those covered under prior carrier plan.

<sup>3</sup> Members are responsible for paying any amounts exceeding the UCR when Non-Network Dentists are used.