

DentalBlue Traditional Choice Plus

Groups 2-9 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
Coverage A <ul style="list-style-type: none"> • Exams, X-rays • Cleanings, Fluoride • Sealants, Space Maintainers 	100%	100%	100%	100%	100%	100%	100%	100%
Coverage B <ul style="list-style-type: none"> • Basic Restorative Services • Basic and Major Endodontics • Basic and Major Periodontics • Basic and Major Oral Surgery 	90%	80%	80%	70%	90%	80%	50%	40%
Coverage C <ul style="list-style-type: none"> • Major Restorative, Prosthodontics & Implants 	60%	50%	50%	40%	10%	0%	10%	0%
Annual Deductible (Per Member, Max 3 per family) Not applicable to Coverage A	\$50		\$50		\$50		\$25	
Annual Maximum Benefit (Per Member)	\$1,000 or \$1,500		\$1,000 or \$1,500		\$500 or \$1,000		\$500	
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 Limitations	Not available with Preventive Plan 50% Coinsurance, No Deductible \$1,000 or \$1,500 - Per Member, Per Lifetime Child Only to age 18 12-month waiting period applies ¹
Plan Reimbursement ²	<ul style="list-style-type: none"> • Freedom of Choice Option • Network Dentists Paid at PPO Fee Schedule • Non-Network Dentists Paid at Usual and Customary Rate (UCR)

Plan Requirements

Stand Alone Dental	minimum of five enrolled
Group Participation	50% enrolled
Employer Contribution	no requirement if group has current dental coverage

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

² Members are responsible for paying any amounts exceeding the UCR when Non-Network Dentists are used.