

DentalBlue Traditional Plans

Groups 10+ Enrolled

BlueCross BlueShield of Tennessee offers flexible plan designs to meet your group's needs. DentalBlue Traditional 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	Deluxe	Standard 60	Standard	Basic	Basic 10	Preventive 10	Preventive
Where To Receive Services	Any Dentist	Any Dentist	Any Dentist	Any Dentist	Any Dentist	Any Dentist	Any Dentist
Coverage A <ul style="list-style-type: none"> Exams, X-rays Cleanings, Fluoride Sealants, Space Maintainers 	100%	100%	100%	80%	100%	100%	100%
Coverage B¹ <ul style="list-style-type: none"> Basic Restorative Services Basic and Major Endodontics Basic and Major Periodontics Basic and Major Oral Surgery 	100%	90%	80%	80%	80%	50%	50%
Coverage C¹ <ul style="list-style-type: none"> Major Restorative, Prosthodontics & Implants 	80%	60%	50%	50%	10%	10%	0%
Annual Deductible (Not applicable to Coverage A)	\$25 or \$50	\$25 or \$50	\$25 or \$50	\$25 or \$50	\$25 or \$50	\$0 or \$25	\$0 or \$25
Annual Maximum Benefit (Per Member)	\$1,000, \$1,250 or \$1,500	\$1,000, \$1,250 or \$1,500	\$1,000, \$1,250 or \$1,500	\$1,000, \$1,250 or \$1,500	\$1,000, \$1,250 or \$1,500	\$500, \$1,000 or \$1,250	\$500, \$1,000 or \$1,250
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 ²	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 Reimbursements ³	<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) PPO Preferred Option Network Dentists Paid at PPO Fee Schedule Non-Network Dentists Paid at Maximum Allowable Charge (MAC)

Plan Requirements

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

¹ Services may be moved between coverage levels in accordance with underwriting guidelines.

² Waived at initial enrollment for those covered under prior carrier plan.

³ Members are responsible for paying any amounts exceeding the UCR or MAC when Non-Network Dentists are used.