

Summary of Benefits: Blue Edge Dental Flex

Blue Edge Dental Flex plan options provide you maximum flexibility. Benefits are paid at the same level for care received from any provider. The listed percentages represent the portion of the maximum allowable charge (MAC) for which the plan is responsible. Network providers agree to accept the MAC as payment in full and agree to file your claims. **If you receive covered services from an out-of-network provider, the plan will apply the out-of-network percentages for covered services and you will be responsible for the difference, up to the provider's charge.** Standard deductibles, exclusions and limitations apply. Network dentists may elect to discount non-covered services and services above the annual maximum. Discounts vary by service and region and when agreed to by the provider; not permitted in all jurisdictions.

Hudson Valley Community College Blue Edge Dental Flex 3W

	In-Network Elite Prime NENY	Out-of-Network MAC
Network		
Deductible – Individual/Family (waived for In and Out-of-network Class I services)	\$0 / \$0	
Benefit Period Maximum per member	\$1,200	
Class I Services		
Exams	100%	
X-rays	100%	
Cleanings	100%	
Fluoride Treatment	100%	
Sealants	100%	
Space Maintainers	100%	
Palliative Treatment (Emergency)	100%	
Class II Services		
Basic Restorative (Fillings), Posterior Resins	80%	
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	80%	
Oral Surgery (including Simple and Surgical Extractions)	80%	
General Anesthesia	80%	
Endodontics	80%	
Periodontics (Surgical and Nonsurgical)	80%	
Class III Services		
Inlays, Onlays, Crowns	50%	
Prosthetics (Bridges, Dentures)	50%	
Orthodontics (dependents to age 19)		
Diagnostic, Active, Retention Treatment	Not Covered	
Orthodontic Lifetime Maximum per covered dependent	Not Applicable	
Implants		
Implant Surgery, Supported Restoration	Not Covered	
Additional Features		
<input checked="" type="checkbox"/> Smile for Health®--Wellness	<input checked="" type="checkbox"/> TMJ/TMD	<input checked="" type="checkbox"/> Pregnancy Benefit

Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. United Concordia is a separate company that administers Highmark Blue Shield dental benefits.

Smile for Health--Wellness is a registered service mark of United Concordia Companies, Inc.

Summary of Standard Benefits: Blue Edge Dental

This is an abbreviated list of Highmark's Standard Benefits and their Limitations.
Please refer to your specific benefit design as to what services are covered under your plan.

Blue Edge Dental	
Benefit Category	Highmark's Standard Benefit Frequency Limitations
Exams	2 per calendar year
X-rays (Bitewings Only)	1 set every 12 months under age 19 and one set every 18 months age 19 and over
X-rays (All Others)	1 every 5 years for Full Mouth and Panoramic X-rays Limitations may apply to other types of X-rays
Cleanings	2 per calendar year
Fluoride Treatment	1 per calendar year under the age of 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
Space Maintainers	1 every 5 years under the age 14
Palliative Treatment (Emergency)	2 per 12 months in combination with pulpal debridement
Basic Restorative	Not within 24 months of previous placement. Includes coverage for posterior resins
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	1 per 36 months
Simple Extractions	Any frequency (no limitations)
Complex Oral Surgery	May vary by procedure
General Anesthesia	Limited to 60 minutes per session
Endodontics	Pulpal therapy: primary teeth that have no permanent tooth to replace it Root canal treatment: 1 per tooth per lifetime
Periodontics (Nonsurgical)	Full mouth debridement: 1 per lifetime Scaling and root planing: 1 per 36 months (per area of mouth) Periodontal maintenance: 2 per calendar year (in addition to routine prophylaxis following active periodontal therapy)
Periodontics (Surgical)	Surgical periodontal procedures: 1 per 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime
Inlays, Onlays, Crowns	Not within 5 years of previous placement
Prosthetics (Bridges, Dentures)	Not within 5 years of previous placement
Orthodontics (dependents to age 19) Diagnostic, Active, Retention Treatment	Payment for orthodontic services, if covered, shall cease at the end of the month after termination by the Company.
Alternative Benefit Provision	An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP.
Blue Edge Dental Rider Options (Please refer to your specific benefit design as to what services are covered under your plan.)	
Smile for Health®--Wellness <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis, stroke and head or neck radiation</i>	<ul style="list-style-type: none"> • Covers 1 additional periodontal maintenance per calendar year and are covered at 100% • Scaling and root planing are covered at 100% • 4 periodontal surgery procedures are covered at 100%
Pregnancy Benefit	Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health®--Wellness

Effective 1/1/2024