Excellus

Rating Region: Rochester

Version Updated: 09/28/2024

Package ID	BSFD-1-PPO		BSPD-1-PPO	
Plan Name	**Blue Select Dental**		**Blue Select Premier Dental**	
Plan Type	Passive PPO ACA Qualified		Passive PPO ACA Qualified	
Effective Date	01/01/2025		01/01/2025	
Rate ($)				
Single	$36.43		$50.14	
Subscriber & Spouse	$72.85		$100.29	
Subscriber & Child	$104.66		$132.69	
Subscriber & Child(ren)	$104.66		$132.69	
Family	$158.35		$203.71	
Dental Plan Features				
In Network	Coverage provided through Excellus BlueShield dental provider network		Coverage provided through Excellus BlueShield dental provider network	
Out of network	Covered at fee schedule, subject to balance billing		Covered at fee schedule, subject to balance billing	
Out of area	Covered at fee schedule, subject to balance billing		Covered at fee schedule, subject to balance billing	
Dependents and students	Qualified dependents and students are covered to age 26		Qualified dependents and students are covered to age 26	
Domestic partner	Covered		Covered	
Waiting Periods	Adult only 12 month waiting period on major services		Adult only 12 month waiting period on major services	
Orthodontia Lifetime Maximum includes dependents to age 19	Does not apply		Does not apply	
Dental Plan Benefits				
Dental Plan Benefits	**Pediatric (members to 19)**	**Adult**	**Pediatric (members to 19)**	**Adult**
Annual Deductible	$50 enrollee / $150 two+ enrollees. Does not apply to preventive services.	$50 Single / $150 Family. Does not apply to preventive services.	$50 enrollee / $150 two+ enrollees. Does not apply to preventive services.	$50 Single / $150 Family. Does not apply to preventive services.
Annual Maximum	None	$750 applies to all covered services	None	$1,250 applies to all covered services
Out of Pocket Maximum	$350 / $700 (In network only)	None	$350 / $700 (In network only)	None
Covered Services				
Covered Services	**Pediatric (members to 19)**	**Adult**	**Pediatric (members to 19)**	**Adult**
Preventive Cleanings	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Exams	Covered at 50%, subject to deductible	Covered at 100%	Covered at 80%, subject to deductible	Covered at 100%
Fluoride treatments	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Sealants	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Bitewing x-rays	Covered at 50%, subject to deductible	Covered at 100%	Covered at 80%, subject to deductible	Covered at 100%

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Full mouth and panorex x-rays	Covered at 50%, subject to deductible	Covered at 100%	Covered at 80%, subject to deductible	Covered at 100%
Space maintainers	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Emergency palliative treatment	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Fillings	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible
Simple Extraction Oral Surgery	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible
Oral surgery	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 80%, subject to deductible
Endodontics	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 80%, subject to deductible
Limited non-surgical Periodontic services due to medical conditions	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 80%, subject to deductible
Periodontal surgery	Not Covered	Covered at 50%, subject to deductible	Not Covered	Covered at 80%, subject to deductible
Periodontal scaling and root planing	Not Covered	Covered at 50%, subject to deductible	Not Covered	Covered at 80%, subject to deductible
Periodontal maintenance following surgery	Not Covered	Covered at 50%, subject to deductible	Not Covered	Covered at 80%, subject to deductible
Fixed prosthetics (limited Pediatric services covered)	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible
Removable prosthetics	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible
Inlays / Onlays	Not Covered	Covered at 50%, subject to deductible	Not Covered	Covered at 50%, subject to deductible
Crowns (Pediatric stainless steel only)	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible
Relines / rebases	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible
Implants	Not Covered	Not Covered	Not Covered	Not Covered
Medically Necessary Orthodontics	Covered at 50%, subject to deductible	Not Covered	Covered at 50%, subject to deductible	Not Covered
Orthodontics	Not Covered	Not Covered	Not Covered	Not Covered

This is not a contract or binding agreement, but a summary of benefits and services. You should rely on the subscriber contract as the complete description of member rights, responsibilities, benefits available under the benefit plan, and the definition of contract year as it applies to any benefit limitations. In the event of a dispute between this summary and your member contract, the member contract will prevail.

Certain services require pre-certification. Please refer to your contract for additional information regarding applicable services and penalties charged if pre-certification is not obtained.

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