



Dental Blue Product Guide

Employers with 51-99 Eligible Employees





Our Plans

Good oral health leads to better overall health. Our dental plans offer your employees a total health solution providing quality, service, and extensive local and national network access.

Dental Blue®

Our traditional dental plan for employers looking to offer flexible dental coverage across a large network of dental providers. Qualified services are covered by the plan. Employees are only responsible for deductibles and co-insurance when a member sees an in-network provider.

	Benefit Tier	Deductible ¹	Calendar Year Maximum Options	Orthodontic Maximum Options ¹
Dental Blue Preventive	100/0	\$0	\$500	None
Dental Blue Program 1	100/80	\$50	\$500, \$1,000	\$500, \$1,000
Dental Blue Program 2	100/80/30	\$50	\$1,000, \$1,500	\$1,000, \$1,500
Dental Blue Program 2	100/80/50	\$50	\$1,000, \$1,250, \$1,500, \$2,000	\$1,000, \$1,500, \$2,000
Dental Blue Program 2	100/80/60	\$50	\$1,000, \$1,500, \$2,000	\$1,000, \$1,500, \$2,000
Dental Blue Program 2	100/100/60	\$50	\$1,000, \$1,500, \$2,000	\$1,000, \$1,500, \$2,000



Dental Blue® PPO

Employees in this plan can choose to see any dentist they want. However, if they get care from a dentist in our Dental Blue PPO network, they'll receive the most coverage. Out-of-network dentists can charge more than what the plan covers, and employees will be responsible for paying the difference.

	Benefit Tier	Deductible ¹	Calendar Year Maximum Options	Orthodontic Maximum Options ¹
Dental Blue PPO Program 2	100/80/30	\$50	\$1,000	\$1,000, \$1,500
Dental Blue PPO Program 2	100/80/50	\$50	\$1,000, \$1,500, \$2,000	\$1,000, \$1,500, \$2,000

Dental Blue® Select

Our incentive PPO product offers the same flexibility as our traditional PPO plan with a higher level of benefits to employees who choose to visit preferred providers.

	In-Network Benefit Tier	Out-of-Network Benefit Tier	Out-of-Network Deductible ¹ <small>(Preventive Services Only)</small>	Calendar Year Maximum Options	Orthodontic Maximum Options ¹
Dental Blue Select	100/90/60	100/80/50	\$25	\$1,000, \$1,250, \$1,500, \$2,000	\$1,000, \$1,500, \$2,000
Dental Blue Select	100/100/60	100/80/50	\$25	\$1,000, \$1,250, \$1,500, \$2,000	\$1,000, \$1,500, \$2,000

Dental Blue® Freedom

The largest selection of network dentists, plus the ability to see out-of-network dentists, gives employees the most choice. They can visit any dentist in our Dental Blue and Dental Blue PPO networks and receive the most coverage. If they go out-of-network, they're still covered, but they may have higher out-of-pocket costs.

	Benefit Tier ²	Deductible ¹	Annual Maximum	Orthodontic Maximum Options ¹
Dental Blue Freedom	100/80	\$50	\$1,000, \$1,500, \$2,000	\$1,000, \$1,500, \$2,000
Dental Blue Freedom	100/80/50	\$50	\$1,000, \$1,500, \$2,000	\$1,000, \$1,500, \$2,000



Additional Plan Details

General Underwriting Guidelines

- Employers must have at least 70% participation to offer a contributory dental plan.
- Rates are effective for 12 months.
- Eligibility for second year rate caps are based on employee enrollment; see your account executive for details.
- Dental Blue Program 1 can't be offered alongside Dental Blue Program 2; both options must either include or exclude orthodontic coverage.

Dental Discount with Additional Ancillary Products

- Employers with both Dental Blue and Indigo™ products could qualify for a 4% discount on dental rates.

Learn More

Talk to your account executive for more information about our **Total Health Solution**, ancillary product discounts, and voluntary and book-rated product options.

1. Deductible displayed as per person, per family is 3x the per person amount. In most cases, the deductible applies to Group 2 and Group 3 services only.
2. Benefits are reduced by 20% for services rendered by an out of network provider.

