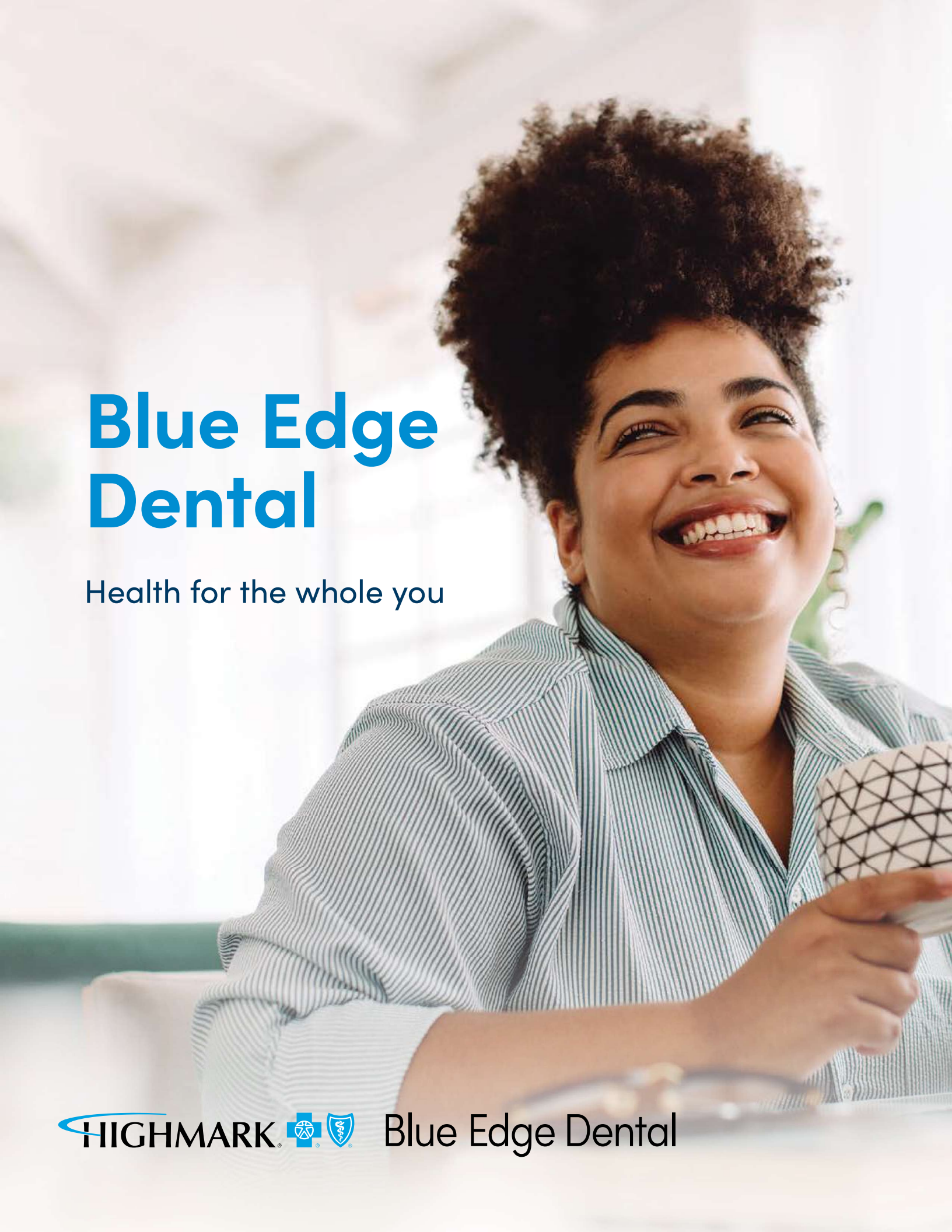

Blue Edge Dental

Health for the whole you

HIGHMARK. Blue Edge Dental

Good health starts with your smile.

Dental care is important for overall health. Not only does it keep your teeth and gums healthy, but it may also lower your risk for things like brain diseases, memory loss, stroke, and heart disease.*

We'll help you find the right plan

Whether you're looking for basic coverage or something more, we can help you choose the plan that's right for you.

You have access to a nationwide network, making it easy to find in-network dentists. And when you stay in network, you'll enjoy benefits like lower out-of-pocket** costs and high-quality care because dentists have verified credentials and receive on-site inspections.

To find an in-network dentist, visit **Highmark.com/Member/BCBSWNY/Find-A-Dentist**.

*Source: https://my.clevelandclinic.org/health/treatments/11187-dental-check-up

** In most cases

Let's learn more about the two plans you'll get to choose from.

Value Plan

This plan covers routine care at 100%, with mid-level coverage on some extra services.

Premier Plan

This popular plan gives you the most coverage overall, with 100% coverage on routine care, as well as high-level coverage on other services.

SAVE BY STAYING IN NETWORK.

$ave!

Blue Edge Dental members have access to in-network providers that may also include discounts for all services — covered or not.[1]

This means you can:

- Receive non-covered services at a discount.[2]
- Save on services above your annual maximum.

Most in-network dentists have agreed to accept lower fees for all services. Look for dentists marked by the green $ave! box by visiting **Highmark.com/Member/BCBSWNY/Find-A-Dentist**.

1. Discount arrangements are available where allowed by law.
2. Non-covered services are services in which no benefit payments, including alternate benefit payments, are made by United Concordia, and may vary by plan design. Discount levels may vary by procedure and geographic area. References to non-covered services discounts are only applicable to PPO networks.

Choosing your Blue Edge Dental plan

	VALUE	PREMIER
Deductible (Individual/Family) (waived for INN & OON Class I)	$50/$150	$50/$150
Annual Maximum Per Insured Person	$1,000	$1,500
Network	Elite Prime	Elite Prime

	VALUE	PREMIER
Description of Service	Plan Pays	
Oral Evaluations (exams)	100%	100%
Radiographs (bitewings, full mouth, occlusal, and periapical films)	100%	100%
Prophylaxis (cleanings)	100%	100%
Fluoride Treatments	100%	100%
Palliative Treatment (emergency)	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
Consultations	100%	100%
Repairs of Crowns, Inlays, Onlays, Bridges, and Dentures	80%	80%
Resin Based Composite — Anterior (white fillings)	80%	80%
Resin Based Composite — Posterior (white fillings)	80%	80%
Simple Extractions	80%	80%
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	80%	80%
Surgical Extractions	80%	80%
Endodontics (root canals, etc.)	80%	80%
Nonsurgical Periodontics	80%	80%
Surgical Periodontics	80%	80%

	VALUE	PREMIER
Description of Service	**Plan Pays**	
Crowns, Inlays, Onlays	Not Covered	50%
Prosthetics (bridges, dentures)	Not Covered	50%
Implant Services	Not Covered	Not Covered
Orthodontics	Not Covered	Not Covered

SERVICE	LIMITATION	WAITING PERIODS
Oral Evaluations (Exams)	Two (2) of these services per calendar year	**None**
Radiographs (X-rays) Full mouth Bitewing Panoramic Periapical Occlusal	One(1) every year One (1) set every twelve (12) months under age nineteen (19) One (1) set every eighteen (18) months age nineteen (19) and older Four (4) every twelve (12) months Two (2) every 24 months under age eight (8)	
Prophylaxis (cleanings)	Three (3) per calendar year	
Fluoride Treatment	One (1) per calendar year under age fourteen (14)	
Palliative Treatment (Emergency)	Two (2) per twelve (12) months in combination with pulpal debridement	
Sealants	One (1) per tooth per three (3) years under age sixteen (16) on permanent first and second molars	
Space Maintainers	One (1) per five (5) year period for Members under age fourteen (14)	
Consultations	No Limit	

SERVICE	LIMITATION	WAITING PERIODS
Resin Based Composite-Anterior (white fillings)*	Not within twenty-four (24) months of previous placement	**None**
Resin Based Composite-Posterior (white fillings)*	Not within twenty-four (24) months of previous placement	
Simple Extractions*	No limitations	**6 months**
Repairs of Crowns, Inlays, Onlays, Bridges and Dentures*	One (1) per 36 months	
Anesthesia General* Nitrous Oxide* IV Sedation*	 Covered Covered, under age 13 only Limited to sixty (60) minutes per session	**12 months**
Surgical Extractions*	May vary by procedure	
Endodontics (root canals etc.)*	One (1) per tooth per lifetime	
Nonsurgical Periodontics* (scaling and root planing)	One (1) per lifetime	
Surgical Periodontics*	One (1) per thirty-six (36) months	
Crowns, Inlays, Onlays*	Not within five (5) years of previous placement	
Prosthetics (bridges, dentures)*	Not within 5 years of previous placement	

The percentage in the Plan Pays column is the percentage of the Policy's Maximum Allowable Charge that the Policy will pay for Covered Services provided by either a Participating Dentist or a Non-Participating Dentist.

Participating Dentists accept the Maximum Allowable Charge as payment in full. Non-Participating Dentists may bill you for the difference between their charge and the Maximum Allowable Charge paid by the Policy.

*Coverage for these services depends on your specific plan. Please check your plan details.

Waiting Periods may apply for certain services before they are covered.

Monthly cost per member(s)

MEMBER(S)	VALUE	PREMIER
Self	$30.18	$36.36
Self and spouse/domestic partner	$57.15	$69.52
Self and child(ren)	$70.47	$85.80
Family	$105.51	$128.83

Let’s get you signed up.

Complete the attached application and mail it with your payment (by check or money order) to the address listed at the bottom of the application. You will be notified of your start date once the application is processed. It’s that easy.

To enroll online, visit **Shop.Highmark.com**.

HIGHMARK. Blue Edge Dental

APPLICATION FOR INDIVIDUAL DENTAL INSURANCE

Use for the following Western New York counties: Allegany, Chautauqua, Cattaraugus, Erie, Genesee, Niagara, Orleans, and Wyoming counties

Fields marked with an asterisk* are required.

POLICYHOLDER'S INFORMATION

Requested Effective Date* | **Social Security Number** ❑ This person does not have a Social Security Number

Policyholder's Name *(Last)** *(First)** *(Middle Initial)* *(Suffix)* ❑ Male ❑ Female ❑ Other

Phone Number* ( ) ❑ Home ❑ Work ❑ Cell | **Date of Birth*** | **Email***

Home Address* | **City*** | **State*** | **Zip Code***

DEPENDENT INFORMATION

Last Name / First Name / Middle Initial	Social Security Number	Birth Date* Month	Day	Year	Gender*	Disabled*
Spouse	❑ This person does not have a Social Security Number				❑ Male ❑ Female ❑ Other	
Dependent (A)	❑ This person does not have a Social Security Number				❑ Male ❑ Female ❑ Other	❑ Yes ❑ No
Dependent (B)	❑ This person does not have a Social Security Number				❑ Male ❑ Female ❑ Other	❑ Yes ❑ No
Dependent (C)	❑ This person does not have a Social Security Number				❑ Male ❑ Female ❑ Other	❑ Yes ❑ No
Dependent (D)	❑ This person does not have a Social Security Number				❑ Male ❑ Female ❑ Other	❑ Yes ❑ No

GENERAL INFORMATION

My Individual Dental Insurance will be covering:*

❑ Self ❑ Self and Children ❑ Self and Spouse/Domestic Partner ❑ Family

Plan Selection:*

❑ Premier ❑ Value

Monthly premium payment:* $_____

READ AND SIGN BELOW

❑ I acknowledge and agree that any personally identifiable health information about me or my enrolled dependents ("Protected Health Information") is protected by The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other privacy laws, and that, in accordance with those laws, Highmark Blue Cross Blue Shield may use and disclose Protected Health Information for payment, treatment and health care operations as described in its Notice of Privacy Practices. I understand that a copy of Highmark's Notice of Privacy Practices is available on Highmark's website, or from the Highmark Privacy Office.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicant's Signature **Date**

PAYMENT INFORMATION

Payment Enclosed $	Group Number	Company Code 66	Applicant's Social Security Number

Mail to Highmark Blue Cross Blue Shield, P.O. Box 640728, Pittsburgh, PA 15264-0728

Attention Producer: If you have questions concerning the completion of this application, please call the Producer Line at 800-652-9459. Option 2 (ACA), then Option 1. Email: PRODEM@highmark.com.

Are you a producer filling out this application on behalf of a client? 0 Yes 0 No If yes, all fields below are required.

Producers Certificate

If this section is not fully completed, we will not pay a commission.

NATIONAL PRODUCER NUMBER (NPN)

PRODUCER'S NAME (LAST, FIRST, MIDDLE INITIAL)

PRODUCER'S SIGNATURE

BUSINESS PHONE NUMBER

A PRODUCER must complete this section to act on the applicant's behalf.

1. Consider how the applicant answered your questions. Do you know of any factors impacting the applicant's eligibility? What about the his/her dependents applying for this coverage?

0 Yes 0 No

PRODUCER SIGNATURE

DATE

AGENCY

2. Have you provided the applicant with all relevant marketing materials?

0 Yes 0 No

3. Have you advised the applicant of the features of the product that he/she has selected, including satisfying his/her deductible(s)?

0 Yes 0 No

4. Is this applicant a current customer of Highmark Blue Shield?

0 Yes 0 No

5. Have you retained a signed copy of this application for your records?

0 Yes 0 No

Note: No producer may:

1. Accept risk or pass on any eligibility requirements;
2. Make or alter the terms of the Application or policy; or
3. Waive any of Highmark's rights or requirements.

HIGHMARK

Highmark Blue Cross Blue Shield
c/o Highmark Inc.
120 Fifth Ave.
Pittsburgh, PA 15222

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All references to "Highmark" in this document are references to the Highmark company that is providing the member's benefits or benefit administration and/or to one or more of its affiliated Blue companies.

United Concordia is a separate company that provides the provider network for Blue Edge Dental and administers dental benefits.

Internal use only

NATIONAL PRODUCER NUMBER (NPN)

Dental plan terms, explained

We want to make it easy to understand your plan options and all of the details they include. So, we've made a list of helpful terms you'll see in this brochure.

ANNUAL MAXIMUM
The maximum amount your dental plan will pay toward covered services. After this is exhausted, any services must then be paid by the member.

COVERAGE
The services and amount of cost that the insurance company agrees to pay as a member of their plan.

DEDUCTIBLE
The amount you must pay before your plan begins to pay for all or part of the remaining covered services.

DEPENDENT
A person covered under the plan (not the primary policyholder), usually a spouse or child.

EXTRACTIONS
Tooth removal by a dentist for reasons such as decay, disease, or damage.

PRIMARY POLICYHOLDER
The primary (or main) person whose name is on the insurance policy.

MEMBER
A person covered under the insurance plan (primary and dependents).

MONTHLY PREMIUM
The amount you pay to the insurance company each month to have coverage.

NON-PARTICIPATING DENTIST
A dentist who is out of your insurance company's network, which means you may pay more to see them.

ORTHODONTICS
Treatment to correct a problem with the teeth or jaw, such as braces.

OUT-OF-POCKET COST
Costs not covered by your plan that you will pay directly.

PARTICIPATING DENTIST
A dentist in the plan's network, which means services will cost you less.

PERIODONTICS
Dentistry that cares for the health of your gums and jaw.

PROSTHETICS
An artificial device used to improve your dental health, like implants or dentures.

RADIOGRAPHS
Images like X-rays used during a dental exam.

ROUTINE CARE
Basic exams, cleanings, and imaging done each year to check your dental health.

RESTORATIONS
Repairing or replacing damaged or missing teeth to improve dental health.

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Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak English, assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY:711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。
请拨打您的身份证背面的号码（TTY：711）。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר אייך. רופט די נומער וואס איז אויף די פארקערטע זייט פון אייער ID קארטל (TTY:711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা নম্বরে ফোন করুন। (TTY:711)

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ΠΡΟΣΟΧΗ: Σε περίπτωση που μιλάτε Ελληνικά, οι διαθέσιμες υπηρεσίες γλωσσικής βοήθειας σας παρέχονται δωρεάν. Καλέστε τον αριθμό στο πίσω μέρος της ταυτότητας σας (TTY:711).

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