

| 2022 HIGHMARK BLUESHIELD OF NORTHEASTERN NEW YORK - Small Businesses | | | | | | | | | | |
|---|--|---|--|-----------------------|---|--|---|--|--|----------------------------------|
| 1 Essential benefits to ensure members receive complete oral health coverage through BlueShield's own dental network. 2 Flexibility to see out-of-network dentists. Out-of-network services are reimbursed at 100% of the in-network schedule. No balance billing by the non-participating provider. 3 One card for both medical and dental coverage. | | | | | | | | | | |
| Plan Name | Tier | Rate Per Month | Deductible (Embedded) | Out of Pocket Maximum | Diagnostic & Preventive (Xrays, Cleaning, Exam) | Basic Restorative (Fillings, extractions, periodontics, endodontics) | Major Restorative Prosthodontics, Crowns, Dentures) | Orthodontics (Medically necessary, routine braces not covered) | Orthodontic Lifetime Maximum | Annual Maximum |
| Blue Value Dental 3 PPO | Individual Employee/Spouse Parent/Child(ren) Family | \$28.74 \$57.48 \$72.03 \$112.05 | \$50 per member / \$150 family maximum per calendar year | N/A | \$0 Copayment | 20% Coinsurance after deductible | 50% Coinsurance after deductible | 50% coinsurance (pediatric cosmetic orthodontics no cosmetic coverage for adults), subject to lifetime max | \$1,000 per child per lifetime (Pediatric, routine braces) | \$2,000 per member per plan year |

Can be purchased separately from BlueShield medical.

NOTES: Pediatric Dental PPO is now embedded in all medical plans. Simply show your medical card to your dentist.

Members can receive dental services from a provider who does not participate in the Highmark BSNEWY contracted network of providers.

Out-of-network services are reimbursed at 100% of the in-network fee schedule minus member's cost-share, and the nonparticipating provider may balance bill the member for the remainder.

| 2022 CDPHP DELTA DENTAL PPO+ PREMIERE Plan K - Small Business ONLY | | | | | | | | |
|--|---|---|----------------------------------|---|--|---|--|--|
| CARRIER | Tier | Rate Per Month | Deductibles | Diagnostic, Preventive | Basic Restorative, Oral Surgery, Endodontics, Periodontics | Major Restorative Prosthodontics, Implants, TMJ | Orthodontics | Annual Maximum |
| CDPHP DELTA DENTAL PPO PREMIERE Plan K | Individual Employee/Spouse Parent/Child(ren) Family | \$45.55 \$96.39 \$92.11 \$146.70 | \$25 per person; \$75 per family | 100% Covered. (Not counted toward annual maximum) | 80% Covered | 50% Covered | 0 | \$1,500 Diagnostic or preventive services do not count toward annual maximum.) |
| CDPHP Pediatric Basic Dental Plan 70 | PEDIATRIC DENTAL COVERAGE TO AGE 19: \$16.49 per child (aged 18 and under; up to 3) will be added to the premium shown for Parent/Child(ren) or Family rates. | | | | | | | |
| | Individual (up to 3 children per family) | \$16.49 | \$65 per person | 100% Covered | 50% Covered | 50% Covered | 50% covered for medical necessity only. 12-month waiting period. | Waived for D/P |

| 2022 GUARDIAN DENTAL - Small Business or Individual (Sole Proprietor) | | | | | | | | | | |
|---|-------------------|----------------|--|-----------------|--|---|--|--|----------------|--|
| CARRIER | Tier | Rate Per Month | | Preventive Care | Restoration & Oral Surgery: IN NETWORK | Restoration & Oral Surgery: OUT OF NETWORK | Endodontics & Periodontics: IN NETWORK | Endodontics & Periodontics | Orthodontics | Maximum Benefit |
| GUARDIAN DENTAL PPO Z1 Class 2 | Individual | \$40.92 | | 100% covered | 100% coverage after \$50 deductible per covered person | 80% coverage after \$50 deductible per covered person | 60% coverage after \$50 deductible per covered person (6-month Waiting Period) | 50% coverage after \$50 deductible per covered person (6-month Waiting Period) | Not available. | \$1,000 max per covered person per calendar year |
| | Employee/Spouse | \$97.25 | | | | | | | | |
| | Parent/Child(ren) | \$107.18 | | | | | | | | |
| | Family | \$164.48 | | | | | | | | |
| DENTAL NETWORKS: For maximum In-Network Benefits, please use dentists in the following networks - DentalGuard Pref-Syracuse Buy-Up and DentalGuard Pref-Syracuse. | | | | | | | | | | |

| 2022 THE STANDARD Dental Insurance Plan **** NO NEW ENROLLMENT BEING ACCEPTED BY CARRIER **** | | | | | | | | | | | |
|--|-------------------|-----------------------------------|--|-------------------|----------------------------|---|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| CARRIER | Tier | Per Month: Albany-Colonie Chamber | Per Month: Chamber of Schenectady County | Per Year Benefits | Participation Requirements | Enrollment Level | Maximum Benefit | Preventive Care | BASIC I * | BASIC II ** | MAJOR *** |
| THE STANDARD | Individual | \$52.11 | \$64.60 | YEAR 1 | No Restrictions | No Restrictions | \$1,000 max per covered person per calendar year ^ | 100% | 50% coverage after \$50 deductible | 25% coverage after \$50 deductible | Not Available |
| | Employee/Spouse | \$101.59 | \$125.95 | YEAR 2 | No Restrictions | No Restrictions | \$1,000 max per covered person per calendar year | 100% | 80% coverage after \$50 deductible | 50% coverage after \$50 deductible | 25% coverage after \$50 deductible |
| | Parent/Child(ren) | \$99.00 | \$121.43 | | | | | | | | |
| Family | \$148.48 | \$182.78 | YEAR 3 | No Restrictions | No Restrictions | \$1,000 max per covered person per covered year | 100% | 80% coverage after \$50 deductible | 80% coverage after \$50 deductible | 50% coverage after \$50 deductible | |
| * X-Rays (Intra-oral), Fillings, Sealants. ** Endodontics, Minor Periodontics, Simple Extractions, Minor Restorations. *** Periodontic surgery, Complex Oral Surgery, Major Restoration Prosthodontics (fixed & removed) | | | | | | | | | | | |

THE STANDARD: RATES FOR 2021 REMAIN IN EFFECT THROUGH 2022.