



**Benefit Summary for Group:**

**Letchworth Central School**

**Effective Date: 7/1/2022**

	Blue Edge Dental Flex 3Wo		
	In-Network	Out-of-Network	Additional Information
<b>General Information</b>			
Provider Network	WNY Dental DD02		Members can receive dental services from a non-participating provider in the BlueCross BlueShield contracted network of providers. Non-participating dental providers are permitted to balance bill the member.
Benefit Administration Date	1/1		
Dependent Age	26/26		
Domestic Partner and Children	Not covered		
<b>Dental Services</b>			
Annual Benefit Maximum	\$1,000, All covered services - in and out-of-network - accumulate to the annual maximum	\$1,000, All covered services - in and out-of-network - accumulate to the annual maximum	
Deductible	\$25 per member/\$75 per family maximum (Does not apply to Class I, Embedded, applies to Class II, III & IV services, if covered)	\$25 per member/\$75 per family maximum (Does not apply to Class I, Embedded, applies to Class II, III & IV services, if covered)	
Preventive / Diagnostic Care (exam, cleaning, x-rays)	Covered in full	Covered in full	
Basic Restorative (fillings, extractions, periodontics, endodontics)	20% coinsurance	20% coinsurance	
Major Dental (bridges)	50% coinsurance	50% coinsurance	
Major Dental (crowns)	50% coinsurance	50% coinsurance	
Major Dental (dentures)	50% coinsurance	50% coinsurance	
Orthodontics (cosmetic)	50% coinsurance	50% coinsurance	Up to age 19 -- \$1,000 Orthodontia Lifetime Maximum (combined INN and OON)

\*This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan.