



2017 Individual Stand-Alone Blue DentalSM and Dental + Vision

Plan Name		Deductible (1p/2p/3p+) applies to Class II and III services only.		Pediatric OOP Max (1p/2p+)		Coinsurance (Class I/II/III)		Annual Maximum		Waiting Period per Class I/II/III (months)
		IN	OON	IN	OON	IN	OON	IN	OON	
Blue Dental SM PPO Plus	Standard	\$75/\$150/\$225	\$75/\$150/\$225	\$350/\$700	N/A	20%/40%/50%	20%/40%/50%	\$1,000	\$1,000	0/6/12
Blue Dental SM PPO	Standard	\$25/\$50/\$75	\$50/\$100/\$150	\$350/\$700	N/A	20%/50%/50%	50%/50%/50%	\$1,200	\$800	0/6/12
	Pediatric	\$25/\$50/\$75	\$50/\$100/\$150	\$350/\$700	N/A	20%/50%/50%	50%/50%/50%	N/A	N/A	N/A
	Extra	\$0/\$0/\$0	\$50/\$100/\$150	\$350/\$700	N/A	0%/30%/50%	20%/40%/50%	\$1,200	\$1,000	0/6/12
Blue Dental SM EPO	Standard	\$25/\$50/\$75	Not covered	\$350/\$700	N/A	20%/50%/50%	100%/100%/100%	\$1,200	Not covered	0/6/12
VSP [®] Choice Vision	Adult vision, through VSP Choice, can be added to any dental plan except Blue Dental PPO Pediatric. Members must be 19 years or older as of plan effective date to be eligible for adult vision coverage. Benefits are: Exam and lenses every 12 months (\$10 copay for exams/\$25 copay for materials), frames every 24 months (\$25 copay) with a \$130 allowance.									

Blue Dental PPO Plus: Members can choose any licensed dentist, but will save money when they choose a dentist who is a member of the Dental Network of America[®] DNoA Preferred Network of PPO dentists.

Blue Dental EPO: Members must choose a dentist who is a member of the Dental Network of America Preferred Network of PPO dentists.

To find a Dental Network of America preferred network dentist near you, please visit mibluedentist.com, dnoa.com, or call 1.888.826.8152. To find a provider in the VSP provider network go to vsp.com and select Choice from the Doctor Network drop-down.