

HIGHMARK BLUE EDGE DENTAL PLANS

PREMIER

Is only the best good enough? Then consider Highmark’s Blue Edge Dental Premier Plan, which provides our highest level of coverage and lowest member out-of-pocket costs. Enjoy peace of mind knowing that you’ll have the most coverage offered with our Premier Plan. You’ll be covered 100% for all preventive services, such as exams, x-rays and cleanings; and premium level of coverage for services such as Complex Oral Surgery, Root Canals and Prosthetics. Additional services are available at discounted prices through United Concordia’s provider network, with average savings of 30%. If there is no compromising when it comes to your oral health and well-being, this is the right plan for your needs.

HIGH

Want more complete coverage than Basic or Value provides? Enjoy peace of mind knowing that you’ll have coverage across all classes of dental services with Highmark’s Blue Edge Dental High Plan. You’ll be covered 100% for all preventive services, such as exams, x-rays and cleanings. The High plan offers an enhanced level of coverage for services such as Complex Oral Surgery, Root Canals and Prosthetics. Additional services are available at discounted prices through United Concordia’s provider network, with average savings of 30%. Help ensure your good oral health while being prepared for those occasions when additional care is needed.

Coverage will be effective the first of the month following receipt of the application or the date requested on the application. The application can be submitted up to 60 days prior to the requested effective date. Benefits are based on a calendar year for individuals and families, including child-only policies.

	PREMIER	HIGH	VALUE	BASIC
Age Band Rating (per member per month)*				
0-25	\$31.06	\$25.34	\$21.22	\$18.17
26-39	\$33.01	\$26.93	\$22.55	\$20.31
40-49	\$38.83	\$31.68	\$26.53	\$21.91
50-63	\$45.63	\$37.22	\$31.17	\$22.45
64+	\$46.60	\$38.02	\$31.84	\$22.45

*Individual rates are summed to determine two party and family premium.

For family policies with more than three dependent children, only the rates for the parent/parents, the dependent children ages 21 to 26 and the oldest three dependent children under age 21 are used to calculate the family monthly premium.

Individual Child only policies are permitted. Sibling policies are not permitted.

VALUE

Looking for coverage with enhanced benefits? If you enjoy good oral health with only the occasional need for additional dental services, consider our Blue Edge Dental Value Plan. You’ll be covered 100% for all preventive services, such as exams, x-rays and cleanings, with partial coverage for procedures like fillings and extractions. Additional services are available at discounted prices through United Concordia’s provider network, with average savings of 30%. This option offers a good balance between keeping health care costs down while still providing important coverage you need.

BASIC

Need just the basics? If you can’t remember when you had your last cavity and going to the dentist generally involves no more than an exam, x-rays and cleanings, consider Highmark’s Blue Edge Dental Basic Plan, which provides basic preventive coverage. Why pay for more than you need? You will be covered 100% for regular exams, x-rays and cleanings. Additional services are available at discounted prices through United Concordia’s provider network, with average savings of 30%. Maintain your good oral health while keeping costs down.

	AGE	RATE
Calculate Your Monthly Premium		
Contract Holder		
Spouse		
Dependent		
Dependent		
Dependent		
Dependent		
Dependent		
Monthly Premium		

CHOOSING YOUR BLUE EDGE DENTAL PLAN

	PREMIER	HIGH	VALUE	BASIC
Annual Deductible Per Insured Person	\$50 Per Calendar Year	\$100 Per Calendar Year	\$25 Per Calendar Year	\$0 Per Calendar Year
Annual Maximum Per Insured Person	\$1,250	\$1,000	\$1,000	\$1,000
Description of Service	POLICY PAYS	POLICY PAYS	POLICY PAYS	POLICY PAYS
Oral Evaluations (Exams)	100%	100%	100%	100%
Radiographs (Bitewings, Full mouth, Occlusal and Periapical Films)	100%	100%	100%	100%
Prophylaxis (Cleanings)	100%	100%	100%	100%
Fluoride Treatments	100%	100%	100%	100%
Palliative Treatment (Emergency)	100%	100%	100%	100%
Sealants	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures and Dentures	80%	50%	50%	0%
Resin Based Composite—Anterior (White Fillings)	80%	50%	50%	0%
Resin Based Composite—Posterior (White Filling)	80%	50%	50%	0%
Amalgam Restorations	80%	50%	50%	0%
Simple Extractions	80%	50%	50%	0%
Surgical Extractions	50%	30%	0%	0%
Complex Oral Surgery	50%	30%	0%	0%
Endodontics (Root canals, etc.)	50%	30%	0%	0%
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	80%	50%	50%	0%
Nonsurgical Periodontics	50%	30%	0%	0%
Periodontal Maintenance	50%	30%	0%	0%
Surgical Periodontics	50%	30%	0%	0%
Crowns, Inlays, Onlays	50%	30%	0%	0%
Prosthetics (Fixed Partial Dentures, Dentures)	50%	30%	0%	0%
Adjustments and Repairs of Prosthetics	80%	50%	50%	0%
Implant Services	0%	0%	0%	0%
Consultations	100%	100%	100%	100%
Orthodontics	0%	0%	0%	0%

The percentage in the Policy 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.

All services listed are subject to the Schedule of Exclusions and Limitations. Waiting Periods may apply for certain services before they are covered.

Insurance is provided by Highmark Health Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

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



POLICYHOLDER'S INFORMATION

Requested Effective Date				Social Security Number				
Policyholder's Name (Last)		(First)		(Middle Initial)		(Suffix)		<input type="checkbox"/> Male
								<input type="checkbox"/> Female
Phone Number ()		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other	Date of Birth			
Home Address			City		State		Zip Code	

DEPENDENT INFORMATION

Last Name / First Name / Middle Initial	Social Security Number	Birth Date			Gender	Dis-abled
		Month	Day	Year		
Spouse					<input type="checkbox"/> Male <input type="checkbox"/> Female	
Dependent (A)					<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent (B)					<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent (C)					<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent (D)					<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

My Individual Dental Insurance will be covering: Self Two Person Family

Plan Selection: Premier High Value Basic

Monthly premium payment: \$ _____

READ AND SIGN BELOW

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 subjects such person to criminal and civil penalties.

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 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 Web site, or from the Highmark Privacy Office.

Applicant's Signature _____ Date _____

PAYMENT INFORMATION

Payment Enclosed \$	Group Number 034000-00	Company Code 13	Applicant's Social Security Number
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Mail to Highmark Health Insurance Company, P.O. Box 382061, Pittsburgh, PA 15251-8061

PRODUCER USE ONLY

PRODUCER'S CERTIFICATE

Attention Producer:

**If you have questions concerning the completion of this application,
please call the Producer Line at 1-866-602-1248.**

If this section is not fully completed, commission will not be paid.

HHIC Agency No.

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HHIC Producer No.

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Agency Name _____

Producer's Name _____
LAST FIRST MI

Producer's Signature _____

Business Phone (_____) _____
Area Code

Insurance is provided by Highmark Health Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

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

Discrimination is Against the Law

The Plan 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 Plan 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 Plan 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 Plan 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 Plan:

- 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 Plan 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, language 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).

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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）。

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).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

Geb Acht: Wann du Deutsch schwetzsch, kannscht du en Dolmetscher griege, un iss die Hilf Koschdefrei. Kansch du die Nummer an deinre ID Kard dahinner uffrufe (TTY: 711).

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

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

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

ધ્યાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આવેલા નંબર પર ફોન કરો (TTY: 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 c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ប្រការចងចាំ ៖ បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដែលអាចផ្តល់ជូនលោកអ្នក ដោយឥតគិតថ្លៃ ។ សូមទូរស័ព្ទទៅលេខដែលមាននៅលើខ្នងកាតសម្គាល់របស់លោកអ្នក (TTY: 711) ។

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (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).

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (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.

BAA ÁKONÍNÍZIN: Diné k'ehgo yánítí'go, language assistance services, éí t'áá níík'eh, bee níká a'doowot, éí bee ná'ahóót'i'. ID bee nééhózingo nanitinígíí bine'déé' (TTY: 711) jį' hodílnih.