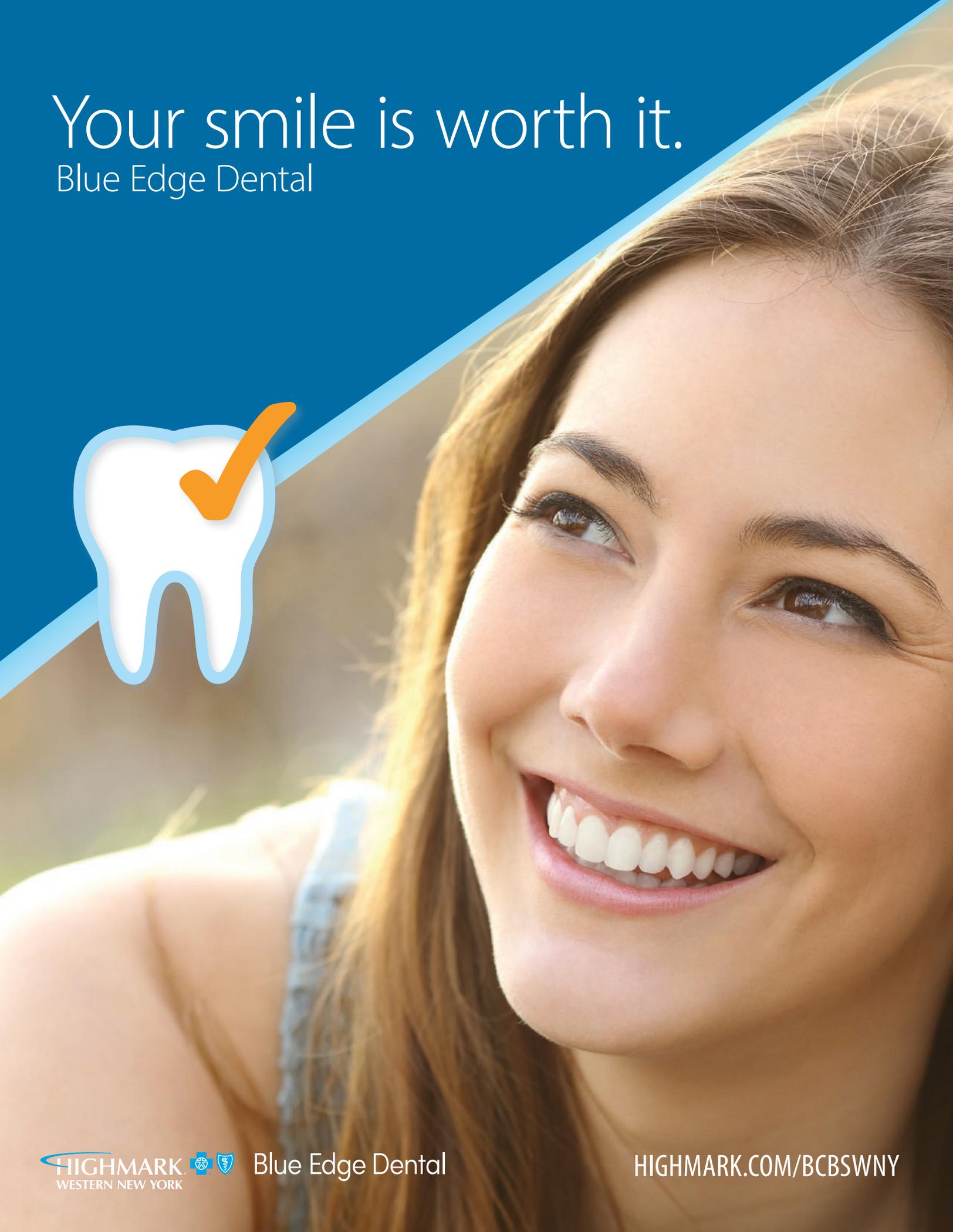


Your smile is worth it.

Blue Edge Dental



Is Your Coverage Complete?

You know the importance of having the right medical coverage for you and your family. But you may be missing something essential — **covering your dental health.**

Here's why you need to take care of your teeth and gums, and how Blue Edge DentalSM coverage can help.

Affordable dental plans to complete health care benefits

For everyone:

- Everyone needs preventive dental care to keep teeth healthy. This type of care can help to find and fix small problems before they get bigger.
- Problems with your teeth and gums can be expensive, painful, and keep you from living your life to the fullest.
- Poor dental health can increase your risk of serious health problems.

For people with chronic conditions:

- Certain chronic conditions, such as diabetes and heart disease, can increase your risk of dental problems.
- Taking care of your teeth and gums can reduce your risk for dental problems and complications related to chronic conditions.

Having the right dental coverage can make it easier to manage the cost of dental care, so you can keep your smile — and the rest of you — healthy.

Sources:

1. Centers for Disease Control and Prevention. (2009). The power of prevention: Chronic disease ... the public health challenge of the 21st century. Retrieved from www.cdc.gov/chronicdisease/PDF/2009-Power-of-Prevention.pdf
2. Wall, T. (2012). Recent trends in dental emergency department visits in the United States, 1997/1998 to 2007/2008. *J Public Health*, 72, 216-220.
3. Employee Benefit News, "Poor dental coverage takes a bite out of profits" May 2015.

Did You Know?



64.7 million American adults have some form of gum disease¹



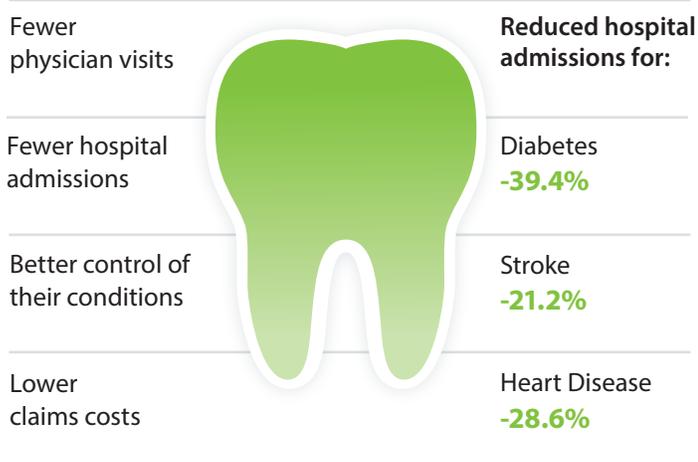
Every 15 seconds, someone goes to the emergency room for a dental problem²



American workers lose 164 million hours of work each year due to dental problems³

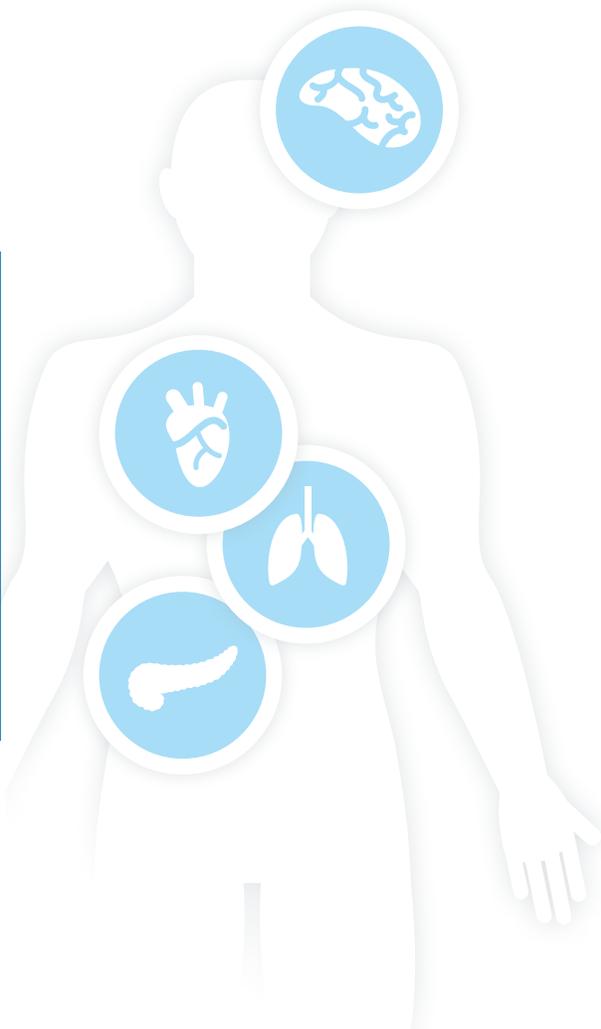


People with certain chronic conditions who treat their gum disease can experience:*



Gum disease can affect your whole body.

Oral bacteria don't just stay in your mouth. They can get into your bloodstream and travel to your heart, lungs, brain, pancreas — and even amniotic fluid. That's why gum disease can make it harder to manage many common chronic medical conditions, such as diabetes, heart disease, and rheumatoid arthritis. Gum disease has even been linked to low birthweight and premature babies.



American Adults:

1 in every 2 has a **chronic health condition****

More than 70% will have **gum disease** sometime in their lives***



* Jeffcoat, M.K., Jeffcoat R.L., Gladkowski, P.A., Bramson, J.B., & Blum, J.J. (2014). Impact of periodontal therapy on general health: Evidence from insurance data for five systemic conditions. *Am J Prev Med*, 47(2), 166-174.
 ** Centers for Disease Control and Prevention. (2009). The power of prevention: Chronic disease ... the public health challenge of the 21st century. Retrieved from www.cdc.gov/chronicdisease/PDF/2009-Power-of-Prevention.pdf
 *** Statistic Brain. (2015). Dental hygiene statistics. Retrieved from <http://statisticbrain.com/dental-hygiene-statistics>

If you have dental coverage:



You're more likely to visit the dentist regularly and get preventive dental care



You're more likely to get treatment for gum disease



You're less likely to need extractions and dentures



You're less likely to visit the emergency room for dental problems



You're less likely to have complications if you have certain health conditions⁵



The Cost of Dental Care: With and Without Dental Coverage

Without dental coverage, you can pay a lot of money out of your own pocket for even the most basic dental care. Here are some examples of what common dental services cost with and without dental coverage:

| Service | Average Cost With Dental Coverage | Average Cost Without Dental Coverage (Usual Fee) |
|------------------------------|-----------------------------------|--|
| Exams, Cleanings, and X-rays | \$0 – \$37 | \$300 ¹ |
| Composite Filling | \$71 | \$170 ² |
| Simple Extraction | \$33 | \$163 ³ |
| Root Canal | \$400 | \$1,250 ⁴ |

¹https://www.dentaly.org/us/oral-hygiene/teeth-cleaning/#How_much_does_a_dental_cleaning_cost, last accessed June 15, 2022

<https://www.dentaly.org/us/panoramic-dental-xray/>, last accessed June 15, 2022

²https://www.dentaly.org/us/tooth-filling/#How_much_do_fillings_cost, last accessed June 15, 2022

³https://www.dentaly.org/us/tooth-extraction/#How_much_does_tooth_removal_cost_in_the_US, last accessed June 15, 2022

⁴<https://www.webmd.com/oral-health/guide/dental-root-canals>, last accessed June 15, 2022

⁵National Association of Dental Plans. (n.d.). Who has dental benefits? Retrieved from http://www.nadp.org/Dental_Benefits_Basics/Dental_BB_1.aspx

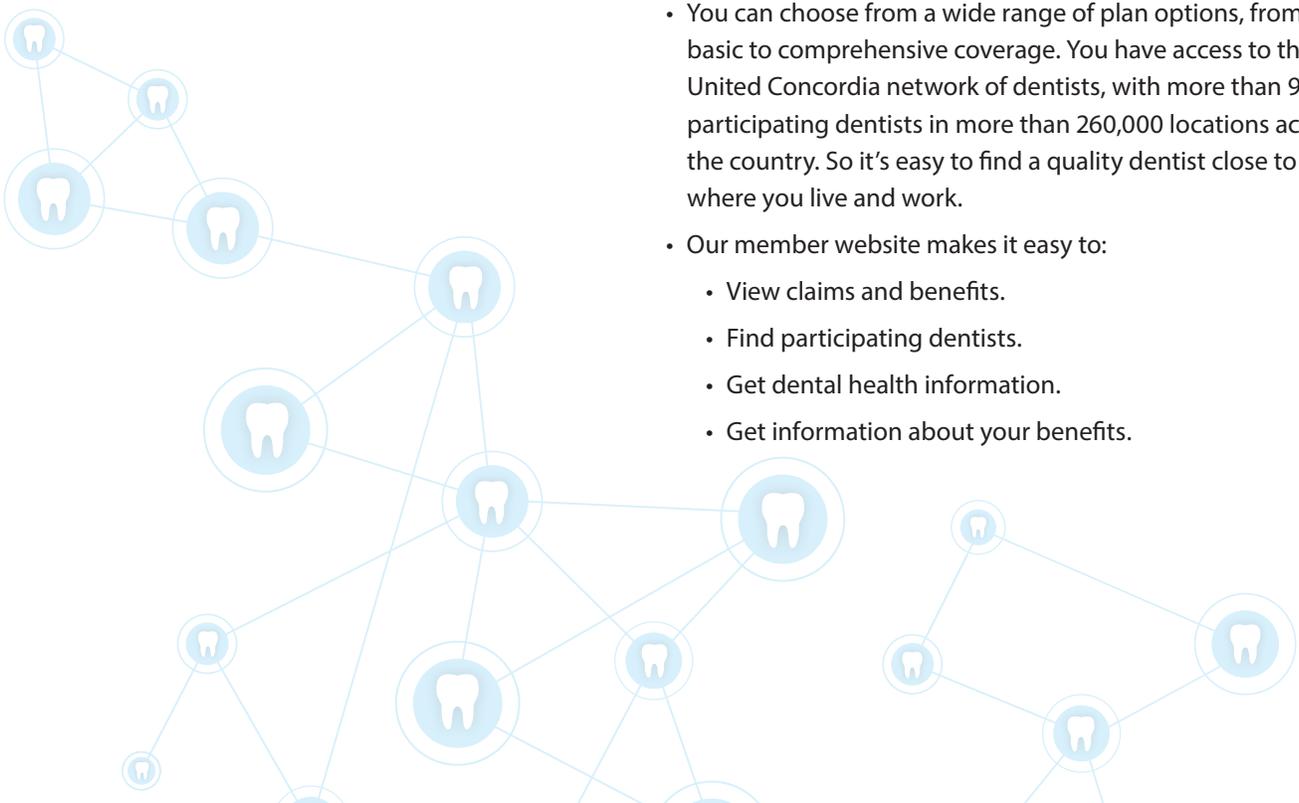
Be a Smart Mouth: Consider Blue Edge Dental to Cover Your Smile

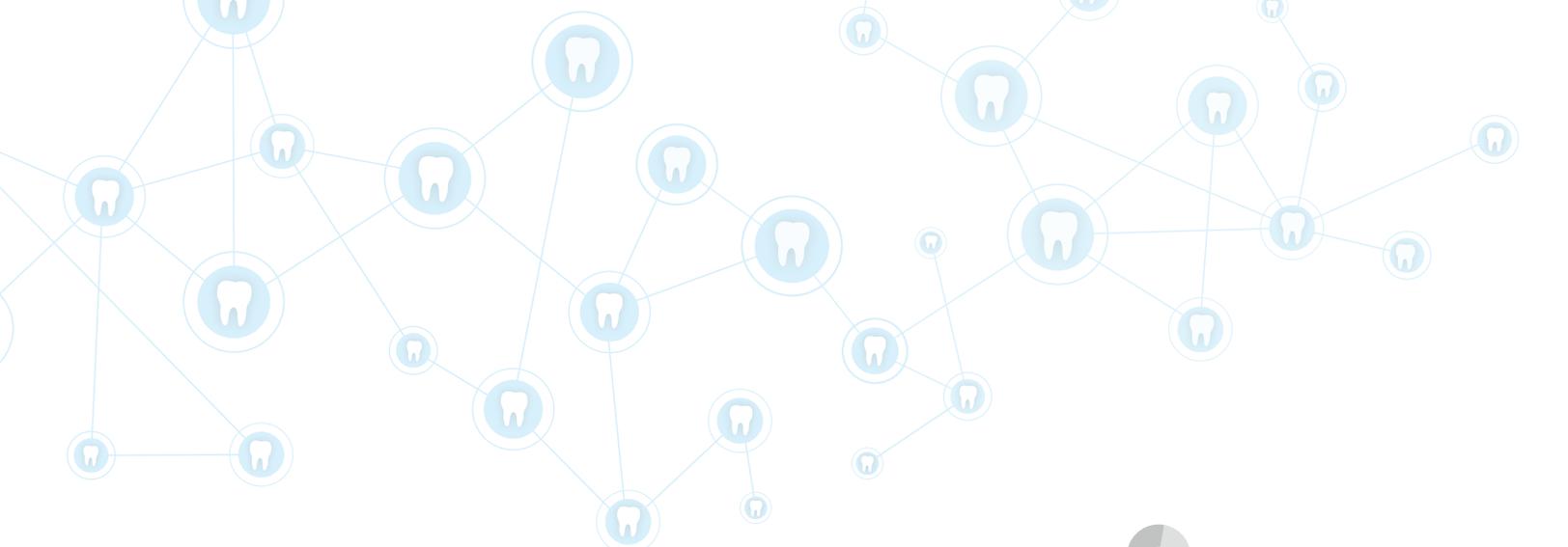
- Visit [Highmark.com/BCBSWNY](https://www.Highmark.com/BCBSWNY).
- Talk to a licensed representative at 1-800-888-5407.
- Talk to your local insurance agent.

Why Choose Blue Edge Dental?

Generations of satisfied members have trusted Highmark Blue Cross Blue Shield of Western New York for their medical coverage. You'll gain the same experience and access with Blue Edge Dental.

- You can choose from a wide range of plan options, from basic to comprehensive coverage. You have access to the United Concordia network of dentists, with more than 96,000 participating dentists in more than 260,000 locations across the country. So it's easy to find a quality dentist close to where you live and work.
- Our member website makes it easy to:
 - View claims and benefits.
 - Find participating dentists.
 - Get dental health information.
 - Get information about your benefits.

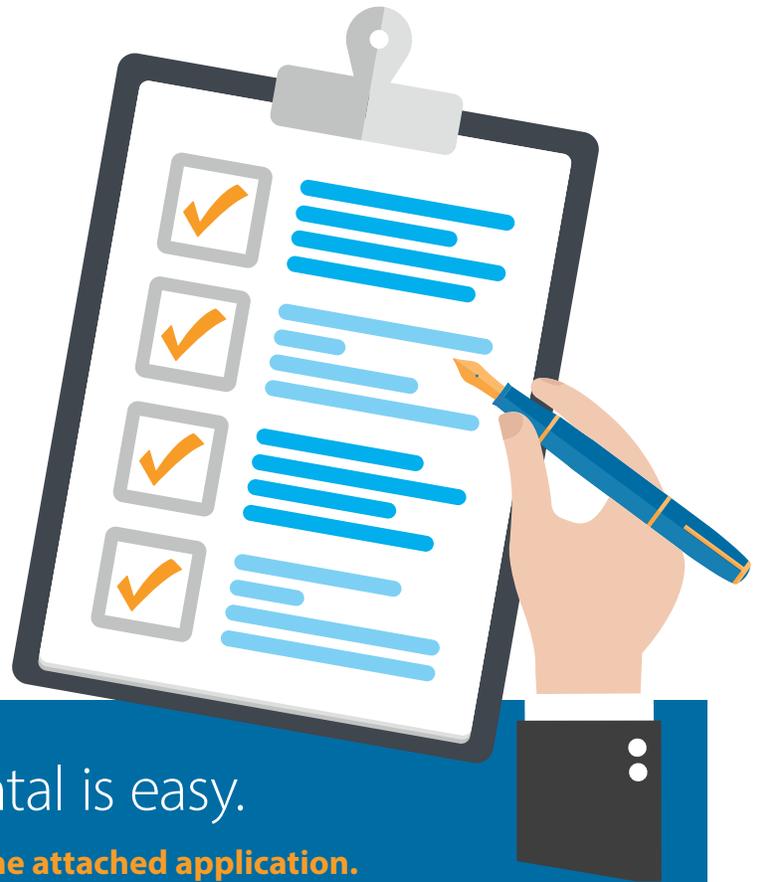




How-To Guide: Pick the Right Coverage for You

On the next page, you can review the Blue Edge Dental coverages to determine which plan is right for you. A comparison of the plans is located on Page 8. (For more detailed information, please visit [Highmark.com/BCBSWNY](https://www.highmark.com/BCBSWNY)). Waiting periods may apply for certain services before they are covered.

Calculate the monthly premium by utilizing the rate table on Page 7. This will determine how much your monthly premium will be for the plan that you have selected.



Applying for Blue Edge Dental is easy.

Simply follow the steps below to complete the attached application.

1. Requested Effective Date — 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.
2. Complete all Policyholder Information. **This information is required.**
3. Complete Spouse/Dependent Information (if applicable).
4. Complete General Information by checking the appropriate boxes for who the policy is covering and the plan selected.
5. Sign and date.
6. Mail your payment (check or money order) and application to the P.O. Box listed at the bottom of the application.
7. You will be notified of your effective date once your application is processed and you have received your ID card. Your member handbook will be available online. Please register on our website to access all of your Blue Edge Dental information at [Highmark.com/BCBSWNY](https://www.highmark.com/BCBSWNY).

HIGHMARK BLUE CROSS BLUE SHIELD OF WESTERN NEW YORK (HIGHMARK BCBSWNY) BLUE EDGE DENTAL PLANS

PREMIER

Is only the best good enough? Then consider Highmark BCBSWNY’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.

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.

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.

| | BLUE EDGE PREMIER DENTAL | BLUE EDGE VALUE DENTAL |
|----------------------------------|--------------------------|------------------------|
| Monthly Premium | | |
| Self | \$32.98 | \$27.37 |
| Self and spouse/domestic partner | \$63.06 | \$51.84 |
| Self and child(ren) | \$77.82 | \$63.92 |
| Family | \$116.85 | \$95.70 |

Individual child-only policies are permitted. Sibling policies are not permitted.

CHOOSING YOUR BLUE EDGE DENTAL PLAN

| | PREMIER | VALUE |
|--|-----------------------|-----------------------|
| Annual Deductible Per Insured Person | \$50/\$150 - All Ages | \$50/\$150 - All Ages |
| Annual Maximum Per Insured Person | \$1,000 - All Ages | \$1,000 |
| Description of Service | POLICY PAYS | POLICY 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% |
| Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures and Dentures | 80% after deductible | 80% after deductible |
| Resin Based Composite–Anterior (White Fillings) | 80% after deductible | 80% after deductible |
| Resin Based Composite–Posterior (White Filling) | 80% after deductible | 80% after deductible |
| Amalgam Restorations | 80% after deductible | 80% after deductible |
| Simple Extractions | 80% after deductible | 80% after deductible |
| Surgical Extractions | 80% after deductible | 80% after deductible |
| Complex Oral Surgery | 80% after deductible | 80% after deductible |
| Endodontics (Root canals, etc.) | 80% after deductible | 80% after deductible |
| General Anesthesia and/or Nitrous Oxide and/or IV Sedation | 80% after deductible | 80% after deductible |
| Nonsurgical Periodontics | 80% after deductible | 80% after deductible |
| Periodontal Maintenance | 80% after deductible | 80% after deductible |
| Surgical Periodontics | 80% after deductible | 80% after deductible |
| Crowns, Inlays, Onlays | 50% after deductible | Not Covered |
| Prosthetics (Fixed Partial Dentures, Dentures) | 50% after deductible | Not Covered |
| Adjustments and Repairs of Prosthetics | 80% after deductible | 80% after deductible |
| Implant Services | Not Covered | Not Covered |
| Consultations | 100% | 100% |
| Medically Necessary Orthodontics | Not Covered | Not Covered |
| Cosmetic Orthodontics | Not Covered | Not Covered |

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.

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

Blue Edge Dental does not include New York State Essential Health Pediatric Dental benefits. These plans are not considered Qualified Dental Plans.



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

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"/> Cell | Date of Birth | | Email | |
| 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 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 of Western New York 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 BCBSWNY's Notice of Privacy Practices is available on Highmark BCBSWNY's website, or from the Highmark BCBSWNY 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 of Western New York, P.O. Box 640728, Pittsburgh, PA 15264-0728

**Only producers need to bother with this next section.
If you aren't a producer, you do not need to fill this page out.**

Producers Certificate

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

NATIONAL PRODUCER NUMBER (NPN)

AGENCY NAME

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 his/her dependents applying for this coverage?

Yes No

PRODUCER SIGNATURE

DATE

AGENCY

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

Yes No

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

Yes No

- 4.** Is this applicant a current customer of Highmark BCBSWNY?

Yes No

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

Yes 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 BCBSWNY's rights or requirements.



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

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.

Internal use only

NATIONAL PRODUCER NUMBER (NPN)

Notice of Nondiscrimination

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. The plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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)
- 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, please call the customer service number on the back of your member ID card or 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, you can file a grievance with: Civil Rights Coordinator, PO Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295 (TTY 711), Fax: 1-412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org

You can file a grievance in person or by mail, fax, or email. You can also file a civil rights complaint with the US 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 US Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

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

For assistance in English, call the customer service number listed on your member ID card.

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

פאר הילף אין אידיש, רופט די קאסטומער סערוויס אויפן נומער וואס שטייט אויף אייער ID קארטל.

বাংলায় সহায়তার জন্য, আপনার আইডি কার্ডে অলকাভুক্ত নম্বর দ্বারা পররবে বায় কান করুন।

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

اردو میں مدد کے لیے، کسٹمر سروس آپ کے شناختی کارڈ پر درج کردہ نمبر پر کال کریں

Pour une assistance en français, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

اردو زبان میں مدد کے لیے، کسٹمر سروس کو اپنے آئی ڈی کارڈ پر درج نمبر پر کال کریں۔

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Για βοήθεια στα ελληνικά, καλέστε το τμήμα εξυπηρέτησης πελατών στον αριθμό που αναφέρεται στην ταυτότητά σας.

Për ndihmë në gjuhën shqipe, merrni në telefon shërbimin klientor në numrin e renditur në kartën tuaj të identitetit.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.



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

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