



Dental Monthly Rates
Employee Only- \$29.89
Employee+1 - \$75.78
Family - \$96.29

Summary of Benefits: Blue Edge Dental Preferred

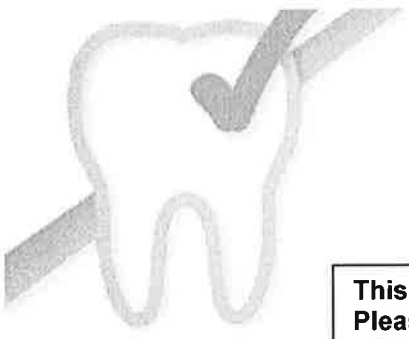
Blue Edge Dental Preferred plan options provide you maximum cost savings. Benefits are increased when participating dentists are utilized. The listed percentages represent the portion of the maximum allowable charge (MAC) for which the plan is responsible. Network providers agree to accept the MAC as payment in full and agree to file your claims. **If you receive covered services from an out-of-network provider, the plan will apply the percentages shown to the MAC for covered services and you will be responsible for the difference, up to the provider's charge.** Standard deductibles, exclusions and limitations apply. Network dentists may elect to discount non-covered services and services above the annual maximum. Discounts vary by service and region and when agreed to by the provider; not permitted in all jurisdictions.

OPCMIA Local 526 - Blue Edge Dental Preferred 10W (No Ortho) - NS # 084067-90		
	In-Network	Out-of-Network
Network	Advantage Plus	MAC
Deductible – Individual/Family (waived for In-network Class I services)	\$0	\$50 / \$150
Benefit Period Maximum per member	\$1,000	
Class I Services		
Exams	100%	100%
X-rays	100%	100%
Cleanings	100%	100%
Fluoride Treatment	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
Palliative Treatment (Emergency)	100%	100%
Class II Services		
Basic Restorative (Fillings), Posterior Resins	100%	80%
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	100%	80%
Periodontics (Surgical and Nonsurgical)	100%	80%
Oral Surgery (including Simple and Surgical Extractions)	100%	80%
General Anesthesia	100%	80%
Endodontics	100%	80%
Class III Services		
Inlays, Onlays, Crowns	60%	50%
Prosthetics (Bridges, Dentures)	60%	50%
Orthodontics (dependents to age 19)		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Orthodontic Lifetime Maximum per covered dependent	Not Applicable	
Implants		
Implant Surgery, Supported Restoration	60%	50%
Additional Features		
<input type="checkbox"/> TMD/TMJ*	<input checked="" type="checkbox"/> Smile for Health®--Wellness	<input checked="" type="checkbox"/> Pregnancy
<input checked="" type="checkbox"/> Annual Maximum Rollover*	<input checked="" type="checkbox"/> College Tuition Benefit	<input type="checkbox"/> Preventive Incentive*
<input type="checkbox"/> Occlusal Guard*		

Insurance may be provided by Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage, First Priority Life Insurance Company or First Priority Health, all of which are independent licensees of the Blue Cross and Blue Shield Association. United Concordia is a separate company that administers Highmark dental benefits.

Smile for Health--Wellness is a registered service mark of United Concordia Companies, Inc.

*These features are for Large Group only. Additional fees may apply.



Summary of Limitations: Blue Edge Dental

**This is an abbreviated list of Highmark's Standard Limitations.
Please refer to your specific benefit design as to what services are covered.**

Blue Edge Dental

Benefit Category	Highmark's Standard Frequency Limitations
Exams	2 every 12 months
X-rays (Bitewings Only)	1 set every 12 months under age 19 and one set every 18 months age 19 and over
X-rays (All Others)	1 every 5 years for Full Mouth and Panoramic X-rays Limitations may apply to other types of X-rays
Cleanings; Fluoride Treatment	2 every 12 months; 1 every 12 months under age 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
Space Maintainers	1 every 5 years under age 14
Palliative Treatment (Emergency)	2 per 12 months in combination with pulpal debridement
Basic Restorative	Not within 24 months of previous placement. Includes coverage for posterior resins
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	1 per 36 months
Simple Extractions	Any frequency (no limitations)
General Anesthesia	Limited to 60 minutes per session
Endodontics	Pulpal therapy: primary teeth that have no permanent tooth to replace it Root canal treatment: 1 per tooth per lifetime
Periodontics (Nonsurgical)	Full mouth debridement: 1 per lifetime Scaling and root planing: 1 per 36 months (per area of mouth) Periodontal maintenance: 2 every 12 months (in addition to routine prophylaxis following active periodontal therapy)
Periodontics (Surgical)	Surgical periodontal procedures: 1 per 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime
Complex Oral Surgery	May vary by procedure
Inlays, Onlays, Crowns	Not within 5 years of previous placement
Prosthetics (Bridges, Dentures)	Not within 5 years of previous placement
Orthodontics (dependents to age 19) Diagnostic, Active, Retention Treatment	Payment for orthodontic services, if covered, shall cease at the end of the month after termination by the Company.
Alternative Benefit Provision	An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP.
Smile for Health®--Wellness <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i>	<ul style="list-style-type: none"> • Covers 1 additional periodontal maintenance per year and all are covered at 100% • Scaling and root planing are covered at 100% • 4 periodontal surgery procedures are covered at 100%
Pregnancy Benefit	<ul style="list-style-type: none"> • Covers 1 additional cleaning during pregnancy • Covers 1 additional periodontal maintenance • Scaling and root planing • 4 periodontal surgery procedures
Preventive Incentive	Class I services do not count toward your annual program maximum
Annual Maximum Rollover	Members can roll over \$300 of unused benefit dollars to the following plan year
College Tuition Benefit	<ul style="list-style-type: none"> • Earn Tuition Rewards® points redeemable for tuition discounts • Receive 2,000 points/year • Each child enrolled receives a one-time bonus of 500 Tuition Rewards points • One Tuition Rewards point = \$1 reduction in full tuition • Use Tuition Rewards points at participating private colleges and universities
Occlusal Guard	<ul style="list-style-type: none"> • 1 per 60 months for members 22 years and older after a 6 month waiting period • Covered at 50% • \$1,000 Lifetime maximum

Vision Monthly Rates

Employee only \$6.56
 Employee/Child(ren) \$9.95
 Employee/Spouse \$9.95
 Family \$17.49



OPCMIA Local #526

In-Network Benefits – Voluntary		Designer Value	
Frequency – Once Every:			
Eye Examination (including dilation when professionally indicated)		12 months	
Spectacle Lenses		12 months	
Frame		24 months	
Contact Lenses (in lieu of eyeglass lenses)		12 months	
Copayments			
Eye Examination		\$0	
Spectacle Lenses		\$20	
Contact Lens Evaluation, Fitting & Follow-Up Care		n/a	
Eyeglass Benefit - Frame	Average Retail Value		
Non-Collection Frame Allowance (Retail):	Up to \$135	Up to \$120	
Enhanced Visionworks Frame Allowance¹		Up to \$170	
Davis Vision Frame Collection² (in lieu of Allowance):			
- Fashion level	Up to \$125	Included	
- Designer level	Up to \$175	Included	
- Premier level	Up to \$225	\$25	
Eyeglass Benefit - Spectacle Lenses	Average Retail Value	Member Charges	
Lenses: Single Lined Bifocal Trifocal Lenticular	\$60-\$120	Included	
Oversize Lenses	\$20	Included	
Tinting of Plastic Lenses	\$20	\$0	
Scratch-Resistant Coating	\$25-\$40	Included	
Scratch Protection Plan: Single Vision Multifocal Lenses	\$60 - \$120	\$20 \$40	
Polycarbonate Lenses ³	\$60-\$75	\$0 or \$30	
Ultraviolet Coating	\$25-\$30	\$12	
Anti-Reflective Coating: Standard Premium Ultra Ultimate	\$50-\$70	\$35 \$48 \$60 \$85	
Progressive Lenses: Standard Premium Ultra Ultimate	\$150-\$300	\$50 \$90 \$140 \$175	
High-Index Lenses: 1.67 1.74	\$90-\$150	\$55 \$120	
Polarized Lenses	\$95-\$110	\$75	
Plastic Photosensitive Lenses	\$95-\$150	\$65	
Blue Light Filtering	\$25	\$15	
Contact Lens Benefit (in lieu of eyeglasses)			
Non-Collection Contact Lenses: Materials Allowance		Up to \$120	
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types		Included	
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types		Up to \$60	
Collection Contact Lenses² (in lieu of Allowance): Materials			
- Disposable		4 boxes	
- Planned Replacement		2 boxes	
- Evaluation, Fitting & Follow-Up Care		Included	
Out-of-Network Reimbursement Schedule: up to			
Eye Examination: \$46	Single Vision Lenses: \$47	Trifocal Lenses: \$85	Elective Contact Lenses: \$105
Frame: \$47	Bifocal/Progressive Lenses: \$66	Lenticular Lenses: \$125	Medically Necessary CL: \$225

¹Increased frame allowance is only available when frame is purchased through a Visionworks location.

²Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

³Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

One-year eyeglass breakage warranty included

Network providers—The Davis Vision provider network is being used through a contractual arrangement between Davis Vision and Highmark. Davis Vision is an independent company that manages a network of licensed vision providers in both private practice and retail locations. Network providers are reviewed and credentialed to ensure that standards for quality and service are maintained.

Network retail locations—In order to provide you with the greatest amount of flexibility and convenience, the network includes a number of retail establishments. Benefits at the retail locations may vary slightly from other locations, as noted in this benefit description. However, your value is comparable.

Locating a network provider—To find a network provider, go to www.highmarkbcbs.com and click on "Find a Doctor or Rx." Click on "Find an Eyecare Provider". Enter your zip code and mile radius then click on "Search" to see the most current listing of providers that will accept your vision plan.

Receiving services from a network provider:

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Highmark member, or eligible dependent, in a vision plan administered by Davis Vision.
- Provide the office with your identification (ID) number (located on your Highmark ID card), and the name and birth date of the covered dependent receiving services.

It's that easy! The provider's office will verify your eligibility for services. No claim forms are required!

Frame benefit—You may choose from 'The Collection' in most independent network provider offices or a program allowance will be applied toward a network provider's own frames. Many Collection frames are covered in full or have a nominal copayment which helps you select high-quality frames, while minimizing out-of-pocket expenses. Network retail providers typically do not display the Collection. You will instead be given a program allowance toward your frame purchase. If the chosen frame exceeds the allowance, you will be responsible for any remaining balance.

Contact lenses benefit—Contact lenses may be selected in lieu of eyeglass lenses. No copayment applies towards the initial supply of formulary contact lenses (many of the most popular standard, soft daily wear; disposable or planned replacement) including fitting/follow-up charges. A program allowance will be applied toward contact lenses from the provider's own supply (which may or may not include fitting/follow-up charges). At a network retail location, you will receive an allowance toward the cost of lenses from the retailer's supply. With prior approval, medically necessary contact lenses will be covered in full at all network provider locations.

Low vision services—You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up visits will be covered during the five-year period.

Exclusions—This vision program excludes coverage for certain items and services, including: medical treatment of eye disease or injury; vision therapy; special lens designs or coatings other than those previously described; replacement of lost or stolen eyewear; non-prescription (Plano) lenses; and services not performed by licensed personnel.

VALUE-ADDED FEATURES

Replacement contact lens program—Highmark offers a contact lens replacement program to members. This mail order program exclusively allows you to enjoy the guaranteed lowest prices on contact lens replacement materials. Visit www.davisvisioncontacts.com or call 1-855-589-7911 with a current prescription. Every order comes with a complimentary starter kit.

Laser Vision Correction —Highmark members enjoy lower prices on LASIK procedures than other carriers, along with flexible financing options – up to 12 months interest free. These savings are up to 40%-50% off the national average price of traditional LASIK and are available at over 1,000 locations across our nationwide network of laser vision correction providers. Laser vision correction services are administered by QualSight, LLC. Terms and conditions are subject to change. Locate a participating provider by calling 1-855-502-2020.

Hearing Aid Discounts—Our members have access to exclusive discounts from Your Hearing Network to get started on the way to better hearing. Members receive a free hearing exam, and discounts of up to 40% off premium hearing aids. Each order includes:

- A Trial period - 60 day money back guarantee
- 1 year of follow-up care
- A 4-year service warranty, including 1 year of loss and damage
- A 4-year supply of batteries (included with each hearing aid purchase)

Call 1 (888) 809-0044 for more information, or to schedule your consultation with a local hearing aid professional.

Call Member Service at 1-800-223-4795 (TTY users call 1-800-523-2847).

Monday through Friday, 8:00 am to 5:00 pm, Eastern Standard Time (EST) to find a network provider, ask benefit questions, verify eligibility or request an out-of-network provider reimbursement form.

Performance Flex Blue network facility listing

Enhanced Value Level

ADAMS

- WellSpan Gettysburg Hospital

ALLEGHENY

- Allegheny General Hospital
- Allegheny Valley Hospital
- AHN Brentwood Neighborhood Hospital
- AHN Harmar Neighborhood Hospital
- AHN McCandless Neighborhood Hospital
- AHN Wexford Hospital
- Forbes Hospital
- Heritage Valley Kennedy
- Heritage Valley Sewickley
- Jefferson Hospital
- St. Clair Memorial Hospital
- UPMC Children's Hospital of Pittsburgh
- UPMC Western Psychiatric Hospital
- West Penn Hospital

ARMSTRONG

- Armstrong County Memorial Hospital

BEAVER

- Heritage Valley Beaver

BEDFORD

- UPMC Bedford Memorial Hospital

BERKS

- Penn State Health St. Joseph
- Surgical Institute of Reading

BLAIR

- Conemaugh Nason Medical Center
- Penn Highlands Tyrone Hospital
- UPMC Altoona

BRADFORD

- Guthrie Robert Packer Hospital
- Guthrie Towanda Memorial Hospital
- Guthrie Troy Community Hospital

BUTLER

- Butler Memorial Hospital

CAMBRIA

- Conemaugh Memorial Medical Center
- Conemaugh Miners Medical Center

CARBON

- Lehigh Valley Hospital – Carbon (Opening 2022)

CENTRE

- Mount Nittany Medical Center

CLARION

- Clarion Hospital

CLEARFIELD

- Penn Highlands Clearfield
- Penn Highlands DuBois

CLINTON

- Bucktail Medical Center
- UPMC Lock Haven

COLUMBIA

- Berwick Hospital Center

CRAWFORD

- Meadville Medical Center
- Titusville Area Hospital

CUMBERLAND

- Penn State Health Hampden Medical Center
- Penn State Health Holy Spirit Medical Center

DAUPHIN

- Penn State Health Milton S. Hershey Medical Center
- Penn State Health Children's Hospital

ELK

- Penn Highlands Elk

ERIE

- Corry Memorial Hospital
- Millcreek Community Hospital
- Saint Vincent Hospital

FAYETTE

- Highlands Hospital
- Uniontown Hospital

FRANKLIN

- WellSpan Chambersburg Hospital
- WellSpan Waynesboro Hospital

FULTON

- Fulton County Medical Center

GREENE

- Washington Health System – Greene

HUNTINGDON

- Penn Highlands Huntingdon

INDIANA

- Indiana Regional Medical Center

JEFFERSON

- Penn Highlands Brookville
- Punxsutawney Area Hospital

Performance Flex Blue network facility listing

Enhanced Value Level, continued

LACKAWANNA

- Lehigh Valley Hospital – Dickson City (Opening 2022)
- Moses Taylor Hospital
- Regional Hospital of Scranton

LANCASTER

- Lancaster General Hospital
- Lancaster General Women and Babies Hospital
- Penn State Health Lancaster Medical Center (Opening 2022)
- WellSpan Ephrata Community Hospital

LAWRENCE

- UPMC Jameson

LEBANON

- WellSpan Good Samaritan Hospital

LEHIGH

- Lehigh Valley Hospital – Cedar Crest
- Lehigh Valley Hospital – Coordinated Health Allentown
- Lehigh Valley Hospital – 17th Street

LUZERNE

- Lehigh Valley Hospital – Hazleton
- Wilkes-Barre General Hospital

LYCOMING

- Divine Providence Hospital
- Geisinger Jersey Shore Hospital
- UPMC Muncy
- UPMC Williamsport

MCKEAN

- Bradford Regional Medical Center
- UPMC Kane

MERCER

- AHN Grove City
- Edgewood Surgical Hospital
- Sharon Regional Medical Center
- UPMC Horizon

MIFFLIN

- Geisinger – Lewistown Hospital

MONROE

- Lehigh Valley Hospital – Pocono

NORTHAMPTON

- Lehigh Valley Hospital – Coordinated Health Bethlehem
- Lehigh Valley Hospital – Hecktown Oaks
- Lehigh Valley Hospital – Muhlenberg

POTTER

- UPMC Cole

SCHUYLKILL

- Lehigh Valley Hospital – Schuylkill

SOMERSET

- Chan Soon-Shiong Medical Center at Windber
- Conemaugh Meyersdale Medical Center, LLC
- UPMC Somerset

SUSQUEHANNA

- Barnes-Kasson County Hospital
- Endless Mountain Health System

TIOGA

- UPMC Wellsboro

UNION

- Evangelical Community Hospital

VENANGO

- UPMC Northwest

WARREN

- Warren General Hospital

WASHINGTON

- Advanced Surgical Hospital
- Canonsburg Hospital
- Penn Highlands Mon Valley Hospital
- The Washington Hospital

WAYNE

- Wayne Memorial Hospital

WESTMORELAND

- AHN Hempfield Neighborhood Hospital
- Excelsa Health Latrobe Hospital
- Excelsa Health Frick Hospital
- Excelsa Health Westmoreland Hospital

YORK

- OSS Orthopaedic Hospital
- WellSpan Surgery and Rehabilitation Hospital
- WellSpan York Hospital

Performance Flex Blue network facility listing

Standard Value Level

BERKS

- Reading Hospital

CARBON

- St. Luke's Hospital – Lehigh Campus

COLUMBIA

- Geisinger Bloomsburg Hospital

CUMBERLAND

- UPMC Carlisle
- UPMC West Shore

DAUPHIN

- UPMC Pinnacle Community Osteopathic
- UPMC Pinnacle Harrisburg

LACKAWANNA

- Geisinger Community Medical Center

LANCASTER

- UPMC Lititz

LEHIGH

- St. Luke's Hospital – Allentown Campus
- St. Luke's Hospital – Sacred Heart Campus

LUZERNE

- Geisinger Wyoming Valley Medical Center

MONROE

- St. Luke's Hospital – Monroe Campus

MONTOUR

- Geisinger Medical Center

NORTHAMPTON

- St. Luke's Hospital – Easton Campus
- St. Luke's Hospital – Anderson Campus
- St. Luke's Hospital – Bethlehem Campus

NORTHUMBERLAND

- Geisinger Shamokin Campus

SCHUYLKILL

- Geisinger St. Luke's Hospital
- St. Luke's Miners Memorial Hospital

YORK

- UPMC Hanover
- UPMC Memorial

Provider list as of April 2022. Please refer to the online Find a Doctor tool at highmarkbcbs.com for a current list of in-network providers.

With BlueCard[®], you have access to thousands of providers and hospitals nationwide. When you're outside of PA, providers in the local Blue Cross and/or Blue Shield plan will recognize and honor your card, and BlueCard providers participate at the Enhanced benefit level.*

**Members have access to BlueCard[®] providers in Bucks, Montgomery, Philadelphia, Chester, and Delaware counties, as well as out of state.*

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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).

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）。

04/22 Z MX1464661



Network hospitals in western Pennsylvania

ALLEGHENY

- AHN Allegheny General Hospital
- AHN Allegheny Valley Hospital
- AHN Brentwood Neighborhood Hospital
- AHN Forbes Hospital
- AHN Harmor Neighborhood Hospital
- AHN Jefferson Hospital
- AHN McCandless Neighborhood Hospital
- AHN West Penn Hospital
- AHN Wexford Hospital
- Heritage Valley Kennedy
- Heritage Valley Sewickley
- St. Clair Hospital
- Western Psychiatric Institute and Clinic
- UPMC Children's Hospital
- UPMC East
- UPMC Magee-Womens Hospital
- UPMC McKeesport
- UPMC Mercy
- UPMC Passavant
- UPMC Presbyterian Shadyside
- UPMC St. Margaret

ARMSTRONG

- Armstrong County Memorial Hospital

BEAVER

- Heritage Valley Beaver

BEDFORD

- UPMC Bedford

BLAIR

- Conemaugh Nason Medical Center
- Penn Highlands Tyrone Hospital
- UPMC Altoona

BUTLER

- Butler Memorial
- UPMC Passavant-Cranberry

CAMBRIA

- Conemaugh Memorial Medical Center
- Conemaugh Miners Medical Center

CENTRE

- Mount Nittany Medical Center

CLARION

- Clarion Hospital

CLEARFIELD

- Penn Highlands Clearfield
- Penn Highlands DuBois

CRAWFORD

- Meadville Medical Center
- Titusville Area Hospital

ELK

- Penn Highlands Elk

ERIE

- AHN Saint Vincent Hospital
- Corry Memorial Hospital
- Millcreek Community Hospital
- UPMC Hamot

FAYETTE

- Penn Highlands Connellsville Hospital
- Uniontown Hospital

GREENE

- Washington Health System Greene

HUNTINGDON

- Penn Highlands Huntingdon

INDIANA

- Indiana Regional Medical Center

JEFFERSON

- Penn Highlands Brookville
- Punxsutawney Area Hospital

LAWRENCE

- UPMC Jameson

MCKEAN

- Bradford Regional Medical Center
- UPMC Kane

MERCER

- AHN Grove City
- Edgewood Surgical Hospital
- Sharon Regional Medical Center
- UPMC Horizon

POTTER

- UPMC Cole

SOMERSET

- Chan Soon-Shiong Medical Center at Windber
- Conemaugh Meyersdale Medical Center
- UPMC Somerset

VENANGO

- UPMC Northwest

WARREN

- Warren General Hospital

WASHINGTON

- Advanced Surgical Hospital
- Canonsburg Hospital
- Penn Highlands Mon Valley Hospital
- Washington Hospital

WESTMORELAND

- AHN Hempfield Neighborhood Hospital
- Excelsa Frick Hospital
- Excelsa Latrobe Hospital
- Excelsa Westmoreland Hospital

* Provider list as of June 2022. Please refer to the online Find a Doctor tool at highmarkbcbs.com for a current list of in-network providers.

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