



# Summary of Benefits: Blue Edge Dental Preferred

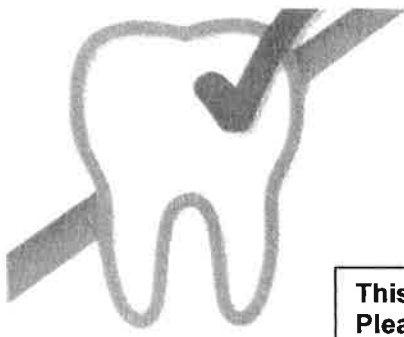
Blue Edge Dental Preferred plan options provide you maximum cost savings. Benefits are increased when participating dentists are utilized. The listed percentages represent the portion of the maximum allowable charge (MAC) for which the plan is responsible. Network providers agree to accept the MAC as 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.

<b>Cement Masons Local 526 - Blue Edge Dental Preferred 10W (No Ortho) - NS # 084067-90</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
Network	Advantage Plus	MAC
Deductible – Individual/Family (waived for In-network Class I services)	\$0	\$50 / \$150
Benefit Period Maximum per member	\$1,000	
<b>Class I Services</b>		
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%
<b>Class II Services</b>		
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%
<b>Class III Services</b>		
Inlays, Onlays, Crowns	60%	50%
Prosthetics (Bridges, Dentures)	60%	50%
<b>Orthodontics (dependents to age 19)</b>		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Orthodontic Lifetime Maximum per covered dependent	Not Applicable	
<b>Implants</b>		
Implant Surgery, Supported Restoration	60%	50%
<b>Additional Features</b>		
<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.

<b>Blue Edge Dental</b>	
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"> <li>• Covers 1 additional periodontal maintenance per year and all are covered at 100%</li> <li>• Scaling and root planing are covered at 100%</li> <li>• 4 periodontal surgery procedures are covered at 100%</li> </ul>
Pregnancy Benefit	<ul style="list-style-type: none"> <li>• Covers 1 additional cleaning during pregnancy</li> <li>• Covers 1 additional periodontal maintenance</li> <li>• Scaling and root planing</li> <li>• 4 periodontal surgery procedures</li> </ul>
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"> <li>• Earn Tuition Rewards® points redeemable for tuition discounts</li> <li>• Receive 2,000 points/year</li> <li>• Each child enrolled receives a one-time bonus of 500 Tuition Rewards points</li> <li>• One Tuition Rewards point = \$1 reduction in full tuition</li> <li>• Use Tuition Rewards points at participating private colleges and universities</li> </ul>
Occlusal Guard	<ul style="list-style-type: none"> <li>• 1 per 60 months for members 22 years and older after a 6 month waiting period</li> <li>• Covered at 50%</li> <li>• \$1,000 Lifetime maximum</li> </ul>

In-Network Benefits – Voluntary		Designer Value	
<b>Frequency – Once Every:</b>			
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	
<b>Copayments</b>			
Eye Examination		\$0	
Spectacle Lenses		\$20	
Contact Lens Evaluation, Fitting & Follow-Up Care		n/a	
<b>Eyeglass Benefit - Frame</b>		<b>Average Retail Value</b>	
<b>Non-Collection Frame Allowance (Retail):</b>		Up to \$135	
<b>Enhanced Visionworks Frame Allowance<sup>1</sup></b>		Up to \$170	
<b>Davis Vision Frame Collection<sup>2</sup> (in lieu of Allowance):</b>			
- Fashion level		Up to \$125	
- Designer level		Up to \$175	
- Premier level		Up to \$225	
		\$25	
<b>Eyeglass Benefit - Spectacle Lenses</b>		<b>Average Retail Value</b>	
Lenses: Single   Lined Bifocal   Trifocal   Lenticular		\$60-\$120	
Oversize Lenses		\$20	
Tinting of Plastic Lenses		\$20	
Scratch-Resistant Coating		\$25-\$40	
Scratch Protection Plan: Single Vision   Multifocal Lenses		\$60 - \$120	
Polycarbonate Lenses <sup>3</sup>		\$60-\$75	
Ultraviolet Coating		\$25-\$30	
Anti-Reflective Coating: Standard   Premium   Ultra   Ultimate		\$50-\$70	
Progressive Lenses: Standard   Premium   Ultra   Ultimate		\$150-\$300	
High-Index Lenses: 1.67   1.74		\$90-\$150	
Polarized Lenses		\$95-\$110	
Plastic Photosensitive Lenses		\$95-\$150	
Blue Light Filtering		\$25	
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>			
<b>Non-Collection Contact Lenses: Materials Allowance</b>		Up to \$120	
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types		Included	
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types		Up to \$60	
<b>Collection Contact Lenses<sup>2</sup> (in lieu of Allowance): Materials</b>			
- Disposable		4 boxes	
- Planned Replacement		2 boxes	
- Evaluation, Fitting & Follow-Up Care		Included	
<b>Out-of-Network Reimbursement Schedule: up to</b>			
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

<sup>1</sup>Increased frame allowance is only available when frame is purchased through a Visionworks location.

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

<sup>3</sup>Polycarbonate 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](http://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](http://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.