2027 dental plans

Nonvoluntary plans

Also known as employer-paid plans. The employer pays at least 35% of the employees' premium.

MAC = maximum allowable cost Class I = diagnostic and preventive services Class II = basic services Class III = major services Class IV = orthodontic services

Blue Dental℠ PPO Plus MAC	Deductible		Class I Coverage		Class II Coverage after deductible		Class III Coverage after deductible		Class IV Coverage		Annual maximum		Lifetime maximum	
	Individual	Family	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
BD PPO Plus 100/80/50 1000 MAC SG	$25	$75	100%		80%		50%		–		$1,000		–	
BD PPO Plus 100/80/50/50 1000 MAC SG	$25	$75	100%		80%		50%		50%		$1,000		$1,000	

Blue Dental℠ PPO Plus	Deductible		Class I Coverage		Class II Coverage after deductible		Class III Coverage after deductible		Class IV Coverage		Annual maximum		Lifetime maximum	
	Individual	Family	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
BD PPO Plus 100/80/50 1500 SG	$25	$75	100%		80%		50%		–		$1,000		–	
BD PPO Plus 100/80/50/50 1500 SG	$25	$75	100%		80%		50%		50%		$1,000		$1,500	
BD PPO Plus 100/80/50 1000 SG	$25	$75	100%		80%		50%		–		$1,000		–	
BD PPO Plus 100/80/50/50 1000 SG	$25	$75	100%		80%		50%		50%		$1,000		$1,000	
BD PPO Plus 100/50/50 SG	$25	$75	100%		50%		50%		–		$1,000		–	
BD PPO Plus 100/50/50/50 SG	$25	$75	100%		50%		50%		50%		$1,000		$1,000	
BD PPO Plus 80/50/50 SG	$25	$75	80%		50%		50%		–		$1,000		–	
BD PPO Plus 80/50/50/50 SG	$25	$75	80%		50%		50%		50%		$1,000		$1,000	
BD PPO Plus 80/50/50 Pediatric SG	$25	$75	80%		50%		50%		–		–		–	

2027 dental plans

Nonvoluntary plans *continued*

Also known as employer-paid plans. The employer pays at least 35% of the employees' premium.

Class I = diagnostic and preventive services Class II = basic services Class III = major services Class IV = orthodontic services

Blue Dental℠ PPO	**Deductible**		**Class I** Coverage		**Class II** Coverage after deductible		**Class III** Coverage after deductible		**Class IV** Coverage		**Annual maximum**		**Lifetime maximum**	
	Individual	**Family**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
BD PPO 100/80/50 (80/50/50) SG	$25/$50	$75/$150	100%	80%	80%	50%	50%	50%	–	–	$1,250	$800*	–	
BD PPO 100/80/50/50 (80/50/50/50) SG	$25/$50	$75/$150	100%	80%	80%	50%	50%	50%	50%	50%	$1,250	$800*	$1,250	
BD PPO 100/80/50 (50/50/50) 1500 SG	$25/$50	$75/$150	100%	50%	80%	50%	50%	50%	–	–	$1,500		–	
BD PPO 100/80/50/50 (50/50/50/50) 1500 SG	$25/$50	$75/$150	100%	50%	80%	50%	50%	50%	50%	50%	$1,500		$1,500	
BD PPO 100/80/50 (50/50/50) 1000 SG	$25/$50	$75/$150	100%	50%	80%	50%	50%	50%	–	–	$1,000		–	
BD PPO 100/80/50/50 (50/50/50/50) 1000 SG	$25/$50	$75/$150	100%	50%	80%	50%	50%	50%	50%	50%	$1,000		$1,000	
BD PPO 80/50/50 (50/50/50) SG	$25/$50	$75/$150	80%	50%	50%	50%	50%	50%	–	–	$800		–	
BD PPO 80/50/50/50 (50/50/50/50) SG	$25/$50	$75/$150	80%	50%	50%	50%	50%	50%	50%	50%	$800		$800	

*The in-network amount is the total annual maximum. Of this total, no more than the dollar amount shown can be used for services provided by non-PPO dentists.

Blue Dental℠ EPO *Members must see PPO dentists*	**Deductible**		**Class I** Coverage		**Class II** Coverage after deductible		**Class III** Coverage after deductible		**Class IV** Coverage		**Annual maximum**		**Lifetime maximum**	
	Individual	**Family**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
BD EPO 100/80/50 (0/0/0) SG	$25	$75	100%	0%	80%	0%	50%	0%	–	–	$1,250	–	–	–
BD EPO 100/80/50/50 (0/0/0/0) SG	$25	$75	100%	0%	80%	0%	50%	0%	50%	0%	$1,250	–	$1,250	–

2027 dental plans

Voluntary plans

The employer pays less than 35% of the employees' premium.

MAC = maximum allowable cost V = voluntary DBC = dental benefit changes Class I = diagnostic and preventive services Class II = basic services Class III = major services Class IV = orthodontic services

Blue Dental℠ PPO Plus MAC	Deductible		Class I Coverage		Class II Coverage after deductible		Class III Coverage after deductible		Class IV Coverage		Annual maximum		Lifetime maximum	
	Individual	Family	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
BD PPO Plus 100/80/50 V MAC SG	$25	$75	100%		80%		50%		–		$1,000		–	
BD PPO Plus 100/80/50/50 V MAC SG	$25	$75	100%		80%		50%		50%		$1,000		$1,000	

Blue Dental℠ PPO Plus	Deductible		Class I Coverage		Class II Coverage after deductible		Class III Coverage after deductible		Class IV Coverage		Annual maximum		Lifetime maximum	
	Individual	Family	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
BD PPO Plus 100/80/50 V SG	$25	$75	100%		80%		50%		–		$1,000		–	
BD PPO Plus 100/80/50/50 V SG	$25	$75	100%		80%		50%		50%		$1,000		$1,000	
BD PPO Plus 100/50/50 V SG	$25	$75	100%		50%		50%		–		$1,000		–	
BD PPO Plus 100/50/50/50 V SG	$25	$75	100%		50%		50%		50%		$1,000		$1,000	
BD PPO Plus 80/50/50 V SG	$25	$75	80%		50%		50%		–		$1,000		–	
BD PPO Plus 80/50/50/50 V SG	$25	$75	80%		50%		50%		50%		$1,000		$1,000	

2027 dental plans

Voluntary plans *continued*

The employer pays less than 35% of the employees' premium.

V = voluntary Class I = diagnostic and preventive services Class II = basic services Class III = major services Class IV = orthodontic services

Blue Dental℠ PPO	**Deductible**		**Class I** Coverage		**Class II** Coverage after deductible		**Class III** Coverage after deductible		**Class IV** Coverage		**Annual maximum**		**Lifetime maximum**	
	Individual	**Family**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
BD PPO 100/80/50 (80/50/50) 1000 V SG	$25/$50	$75/$150	100%	80%	80%	50%	50%	50%	–	–	$1,000	$800*	–	
BD PPO 100/80/50/50 (80/50/50/50) 1000 V SG	$25/$50	$75/$150	100%	80%	80%	50%	50%	50%	50%	50%	$1,000	$800*	$1,000	

*The in-network amount is the total annual maximum. Of this total, no more than the dollar amount shown can be used for services provided by non-PPO dentists.

Blue Dental℠ EPO *Members must see PPO dentists*	**Deductible**		**Class I** Coverage		**Class II** Coverage after deductible		**Class III** Coverage after deductible		**Class IV** Coverage		**Annual maximum**		**Lifetime maximum**	
	Individual	**Family**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**	**In**	**Out**
BD EPO 100/80/50 (0/0/0) V SG	$25	$75	100%	0%	80%	0%	50%	0%	–	–	$1,250	–	–	–
BD EPO 100/80/50/50 (0/0/0/0) V SG	$25	$75	100%	0%	80%	0%	50%	0%	50%	0%	$1,250	–	$1,250	–