



Benefit Summary

Effective: 1/1/2026 - 3/31/2026

Version Updated: 09/15/2025

DBOV-1E-26/26	Dental Blue Options	
Rating Region: Rochester	Small Group	
Rate		
4-Tier- Ind/Subscriber Spouse/Subscriber Child(ren)/Family		
Single	\$49.52	
Sub w/Spouse	\$99.03	
Sub w/Child	\$99.78	
Sub w/Children	\$99.78	
Sub w/Spouse and one or more Children	\$159.28	
We are quoting these rates on the express condition that, if the rates actually approved by the New York State Insurance Department are different than the rates quoted above, your rates for the effective date will change		
The Sales Representative providing this quote is a New York State licensed insurance producer employed by Excellus Health Plan. The individual represents Excellus Health Plan in this transaction and will be compensated by Excellus Health Plan in part based on this sale. The amount of compensation is based on a number of factors, including the contract selected and the volume of sales. You may request information about the expected compensation from your Sales Representative.		
For Groups moving to Plan Year benefit renewal: I understand that my benefit plan year will change to the coverage effective date indicated below and that my group dental plan premium rate will also change on the coverage effective date indicated below. As a result of this change, all current deductibles, benefit limits, and annual maximum accumulators for all plan offerings will reset to zero on the coverage effective date indicated below. I agree to hold a new open enrollment for my employees and communicate to my employees the fact that their accumulators will reset to zero.		

Signature: _____

Title: _____

Date: _____

Group Name: _____

Total Employees: _____

Total Eligible: _____

Coverage Effective Date: _____

Broker: _____

DBOV-1E-26/26		Dental Blue Options	
Plan Overview			
Package ID	DBOV-1E-26/26		
Plan Name	Dental Blue Options		
Plan Type	PPO Voluntary		
Package Status	Existing		
Effective Date	1/1/2026 - 3/31/2026		
Activity Status	Active		
Dental Plan Features			
Dependents and students	Qualified dependents and students are covered to age 26.		
Annual Deductible	\$50 Single/\$150 Family; applies to classes II, IIA and III		
Annual Maximum	\$1,500 applies to classes II, IIA and III		
Annual Maximum Rollover	N/A		
Orthodontia Lifetime Maximum includes dependents to age 19	\$1,500 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.		
Domestic partner	Covered		
Waiting periods & other limitations	Does not apply to members who are timely entrants		
Network Benefits			
	In-Network	Out Of Network	
In Area	Coverage provided through Excellus BlueShield dental provider network	Covered at fee schedule, subject to balance billing	
Out of area	Coverage provided through National Dental Grid+ DenteMax provider network	Covered at fee schedule, subject to balance billing	
Plan Benefits			
Class I - Preventive	In-Network	Out Of Network	
Class I - Coinsurance	Covered at 100%	Covered at 100%, subject to balance billing	
Cleanings & exams	Covered at 100%	Covered at 100%, subject to balance billing	
Fluoride treatments covered to age 16	Covered at 100%	Covered at 100%, subject to balance billing	
Sealants	Covered at 100%	Covered at 100%, subject to balance billing	
Bitewing x-rays	Covered at 100%	Covered at 100%, subject to balance billing	
Full mouth and panorex x-rays	Covered at 100%	Covered at 100%, subject to balance billing	
Space maintainers	Covered at 100%	Covered at 100%, subject to balance billing	
Emergency palliative treatment	Covered at 100%	Covered at 100%, subject to balance billing	
Dental Prophylaxis	Covered at 100%	Covered at 100%, subject to balance billing	
Class II - Basic Restorative	In-Network	Out Of Network	
Class II - Coinsurance	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing	
Fillings	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing	
Simple Extraction Oral Surgery	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing	
Class II A - Basic Restorative	In-Network	Out Of Network	
Class II A - Coinsurance	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing	
Oral surgery	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing	
Endodontics	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing	
Periodontal surgery	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing	
Periodontal scaling and root planing	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing	

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Periodontal maintenance following surgery	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible and balance billing
Class III - Major Restorative	In-Network	Out Of Network
Class III - Coinsurance	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Fixed prosthetics	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Removable prosthetics	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Inlays / Onlays / Crowns	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Relines / rebases	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Implants	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible and balance billing
Class IV - Orthodontia Group must have 5 contracts enrolled	In-Network	Out Of Network
Class IV - Coinsurance	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Covered at 50% to age 19, subject to balance billing and orthodontia lifetime maximum
Braces	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Covered at 50% to age 19, subject to balance billing and orthodontia lifetime maximum

This is not a contract or binding agreement, but a summary of benefits and services. You should rely on the subscriber contract as the complete description of member rights, responsibilities, benefits available under the benefit plan, and the definition of contract year as it applies to any benefit limitations. In the event of a dispute between this summary and your member contract, the member contract will prevail.

Certain services require pre-certification. Please refer to your contract for additional information regarding applicable services and penalties charged if pre-certification is not obtained.

For technical web issues please contact our Web Help Desk at 1-800-278-1247