HIGHMARK
HEALTH INSURANCE COMPANY

HIGHMARK BLUE EDGE DENTAL PLANS

PREMIER

Is only the best good enough? Then consider our Blue Edge Dental Premier Plan, which provides our highest level of coverage. Know that you're covered 100% on the basics like exams, cleanings and x-rays, with a premium level of coverage for additional services like fillings and extractions, plus much more. You'll also enjoy excellent coverage on an extensive list of procedures, and can receive average discounts of 30% on non-covered services through United Concordia's provider network. If you don't compromise when it comes to your health and well-being, this could be the plan for you.

HIGH

Want more complete coverage? Enjoy peace of mind knowing that you'll have coverage across a range of dental services with our Blue Edge Dental High Plan. You'll be covered 100% for a variety of preventive services, with a superior level of coverage over an extended range of dental procedures, not just fillings and extractions. And should you need services that aren't covered, you'll be eligible for discounts through United Concordia's provider network, with average savings of 30%. Help ensure your good oral health while being prepared for those occasions when additional care is needed.

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 many preventive services, such as exams and cleanings, with basic 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 in check and not skimping on coverage you need.

BASIC

Need just the basics? If you can't remember when you had your last cavity and going to the dentist generally involves no more than an exam and cleaning, choose the Blue Edge Dental Basic Plan, which provides basic preventive coverage for you. Why pay for more than you need? You will be covered 100% for regular exams and cleaning. And should you ever need more extensive services that aren't covered, you'll be eligible for discounts through United Concordia's provider network, with average savings of 30%. Maintain your good oral health while keeping costs down.

	PREMIER	HIGH	VALUE	BASIC
Age Band Rating (per member per month)*				
0-25	$28.95	$28.43	$19.41	$17.14
26-39	$30.76	$30.21	$20.62	$19.16
40-49	$36.19	$35.54	$24.26	$20.67
50-63	$42.52	$41.76	$28.51	$21.18
64+	$43.43	$42.65	$29.11	$21.18

*Individual rates are summed to determine two party and family premium.

For family policies with more than three dependent children, only the rates for the parent/parents, the dependent children ages 21 to 26 and the oldest three dependent children under age 21 are used to calculate the family monthly premium.

Individual Child only policies are permitted. Sibling policies are not permitted.

	AGE	RATE
Calculate Your Monthly Premium		
Contract Holder		
Spouse		
Dependent		
Dependent		
Dependent		
Dependent		
Dependent		
Monthly Premium		

CHOOSING YOUR BLUE EDGE DENTAL PLAN

	PREMIER	HIGH	VALUE	BASIC
Annual Deductible Per Insured Person	$50 Per Calendar Year	$50 Per Calendar Year	$0 Per Calendar Year	$0 Per Calendar Year
Annual Maximum Per Insured Person	$1,000	$1,000	$500	$1,000
Description of Service	POLICY PAYS	POLICY PAYS	POLICY PAYS	POLICY PAYS
Oral Evaluations (Exams)	100%	100%	100%	100%
Radiographs (All X-Rays)	100%	100%	100%	100%
Prophylaxis (Cleanings)	100%	100%	100%	100%
Fluoride Treatments	100%	100%	0%	0%
Palliative Treatment (Emergency)	100%	100%	100%	0%
Sealants	100%	100%	0%	0%
Space Maintainers	80%	70%	0%	0%
Repairs of Crowns, Inlays, Onlays, Fixed Partial Dentures and Dentures	50%	50%	0%	0%
Basic Restorative (Fillings, etc.)	80%	70%	60%	0%
Simple Extractions	80%	70%	60%	0%
Surgical Extractions	50%	50%	60%	0%
Complex Oral Surgery	50%	50%	60%	0%
Endodontics (Root canals, etc.)	50%	50%	60%	0%
General Anesthesia and/or Nitrous Oxide and/or IV Sedation	50%	50%	0%	0%
Nonsurgical Periodontics	50%	50%	0%	0%
Periodontal Maintenance	50%	50%	0%	0%
Surgical Periodontics	50%	50%	0%	0%
Crowns, Inlays, Onlays	50%	50%	0%	0%
Prosthetics (Fixed Partial Dentures, Dentures)	50%	50%	0%	0%
Adjustments and Repairs of Prosthetics	50%	50%	0%	0%
Implant Services	0%	0%	0%	0%
Consultations	100%	100%	0%	0%
Orthodontics	0%	0%	0%	0%

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 on this Schedule of Benefits are subject to the Schedule of Exclusions and Limitations.

Highmark Health Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association. Highmark is a registered mark of Highmark Inc.

Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association.

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HIGHMARK® HEALTH INSURANCE COMPANY

BLUE EDGE DENTAL
APPLICATION FOR INDIVIDUAL DENTAL INSURANCE

POLICYHOLDER'S INFORMATION

Effective Date (See ID Card issued with Policy)				Social Security Number
Policyholder's Name *(Last)*	*(First)*	*(Middle Initial)*	*(Suffix)*	❑ Male ❑ Female
Phone Number ( )	❑ Home	❑ Work	❑ Other	Date of Birth
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					❑ Male ❑ Female	
Dependent (A)					❑ Male ❑ Female	❑ Yes ❑ No
Dependent (B)					❑ Male ❑ Female	❑ Yes ❑ No
Dependent (C)					❑ Male ❑ Female	❑ Yes ❑ No
Dependent (D)					❑ Male ❑ Female	❑ Yes ❑ No

GENERAL INFORMATION

My Individual Dental Insurance will be covering: ❑ Self ❑ Two Person ❑ Family

Plan Selection: ❑ Premier ❑ High ❑ Value ❑ Basic

Monthly Premium Payment: $ ____________________

READ AND SIGN BELOW

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 subjects such person to criminal and civil penalties.

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 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's Notice of Privacy Practices is available on Highmark's Web site, or from the Highmark Privacy Office.

Applicant's Signature **Date**

PAYMENT INFORMATION

Payment Enclosed	Group Number	Company Code	Applicant's Social Security Number
$	034000-00	13	

Mail to Highmark Health Insurance Company, P.O. Box 382061, Pittsburgh, PA 15251-8061

PRODUCER USE ONLY

PRODUCER'S CERTIFICATE

Attention Producer:

If you have questions concerning the completion of this application, please call the Producer Line at 1-866-602-1248.

If this section is not fully completed, commission will not be paid.

HHIC Agency No. | | | | | |

HHIC Producer No. | | | | | |

Agency Name ______________________________

Producer's Name ______________________________
LAST *FIRST* *MI*

Producer's Signature ______________________________

Business Phone (   ) ______________________________
Area Code

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