Dental Blue Options

Excellus

Everybody Benefits

With an emphasis on preventive care and access to a broad network of dentists, we help your employees maintain their oral health, reducing the need for more costly dental care in the future.

Dental Blue Options plans feature:

- Easy access to a broad network of providers
- Lower out-of-pocket costs when members use the network
- 100% employee-paid options available
- National Dental GRID+ DenteMax network included on all Dental Blue Options packages

To help make selecting the right plan for your employees even easier, we've provided some variations on our most popular plans. Additional package configurations and benefit combinations are available for quoting.

Package description	Our most popular packages			Need more coverage? These plans include the same deductible as our most popular plans		Similar to our most popular packages with less coverage	
	No orthodontia coverage	$1,000 orthodontia coverage	$2,000 orthodontia coverage	$1,500 annual maximum	$1,500 annual maximum and $2,000 orthodontia coverage	Class IIA	Classes II and IIA
Deductible	$50	$50	$50	$50	$50	$50	$50
Annual max	$1,000	$1,000	$1,000	$1,500	$1,500	$1,000	$1,000
Class I	0%	0%	0%	0%	0%	0%	0%
Class II	20%*	20%*	20%*	20%*	20%*	20%*	50%*
Class IIA	20%*	20%*	20%*	20%*	20%*	50%*	50%*
Class III	50%*	50%*	50%*	50%*	50%*	50%*	50%*
Class IV	N/A	50% up to age 19, subject to orthodontia lifetime maximum	50% up to age 19, subject to orthodontia lifetime maximum	N/A	50% up to age 19, subject to orthodontia lifetime maximum	N/A	N/A
Ortho max**	N/A	$1,000	$2,000	N/A	$2,000	N/A	N/A

Rochester rates - effective 1/1/2027 - 3/31/2027

Plan type	Employer sponsored	Voluntary	Employer sponsored	Voluntary	Employer sponsored	Voluntary	Employer sponsored	Voluntary	Employer sponsored	Voluntary	Employer sponsored	Voluntary	Employer sponsored	Voluntary
Package ID	DBOE-4-26/26	DBOV-4-26/26	DBOE-3-26/26	DBOV-3-26/26	DBOE-2-26/26	N/A	DBOE-22-26/26	N/A	DBOE-1-26/26	N/A	DBOE-18E-26/26	DBOV-13-26/26	DBOE-6-26/26	DBOV-6-26/26
Single	$44.63	$47.92	$44.63	$47.97	$44.63	-	$47.39	-	$47.39	-	$42.17	$45.19	$36.99	$39.63
Subscriber & spouse	$89.25	$95.83	$89.25	$95.96	$89.25	-	$94.75	-	$94.75	-	$84.35	$90.37	$73.96	$79.28
Subscriber & child(ren)	$83.08	$89.21	$87.80	$94.36	$93.78	-	$88.21	-	$98.92	-	$78.52	$84.12	$68.88	$73.81
Family	$135.16	$145.12	$140.96	$151.50	$148.31	-	$143.50	-	$156.65	-	$127.74	$136.84	$112.02	$120.06

* Subject to deductible.
** For orthodontia coverage, group must have 5 contracts enrolled.
The plans shown reflect our most popular package options. For additional package options, ask your account manager or visit ExcellusBCBS.com.
Values shown reflect member responsibility.

SimplyBlue Plus Dental packages

Affordable Care Act (ACA)-compliant dental plans that are designed specifically for small groups.

By combining your medical and dental benefits with Excellus BlueCross BlueShield, you can catch small problems early to keep costs in check. SimplyBlue Plus Dental offers a growing network of dentists to help your team be more proactive about care — and more productive in the workplace.

SimplyBlue Plus Dental plans feature:

- Range of package options to meet budget needs
- Provides Affordable Care Act (ACA) compliance in a standalone dental plan
- Deductibles as low as $0
- Full family coverage
- No annual maximum for pediatric services
- National Dental GRID+ DenteMax network included on all SimplyBlue Plus Dental packages

Package ID	78124NY1180001-00 2027 ID: SBPD-1500-PPO		78124NY1180002-00 2027 ID: SBPD-1000-PPO		78124NY1180003-00 2027 ID: SBPD-1000B-PPO		78124NY1180004-00 2027 ID: SBPD-750-PPO	
	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)
Deductible Enrollee/2+ enrollees	None	None	$25/$75	$75/$225	$25/$75	$75/$225	$25/$75	$100/$300
Out-of-pocket maximum Enrollee/2+ enrollees	$350/$700[1]	N/A	$350/$700[1]	N/A	$350/$700[1]	N/A	$350/$700[1]	N/A
Annual maximum	N/A	$1,500	N/A	$1,000	N/A	$1,000	N/A	$750
Preventive services	$0 copay	100%	100%	100%	100%*	100%*	100%*	100%*
Basic services	$25 copay	50%	50%*	50%*	50%*	50%*	50%*	50%*
Major services	$100 copay	50%	50%*	50%*	50%*	50%*	50%*	N/A
Orthodontics[2]	$300 copay	N/A	50%*	N/A	50%*	N/A	50%*	N/A
Rochester rates - effective 1/1/2027 - 3/31/2027								
Single	$30.71		$25.30		$24.84		$16.79	
Subscriber & spouse	$61.43		$50.60		$49.67		$33.59	
Subscriber & child(ren)	$76.82		$64.23		$63.36		$50.56	
Family	$120.37		$100.34		$98.89		$76.54	

*Subject to plan deductible.
[1] Out-of-pocket maximum applies to in-network only.
[2] Service requires prior authorization and must be medically necessary.
Adult benefits subject to plan annual maximum.
Same coverage for in- and out-of-network; out-of-network is subject to balance billing (excluding out-of-pocket maximum).
Service categories vary between adult and pediatric coverage.
A nonprofit independent licensee of the Blue Cross Blue Shield Association

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