



## Dental Plans for Small Businesses

Version Updated: 09/15/2025

Rating Region: Rochester

Package ID	Plan Name	Single-4T	Plan Type	Effective Date	Annual Deductible	Annual Maximum	Annual Maximum Rollover	Orthodontia Lifetime Maximum includes dependents to age 19	Class I - Coinsurance	Class II - Coinsurance	Class II A - Coinsurance	Class III - Coinsurance	Class IV - Coinsurance	Waiting periods & other limitations
DBOER-1-26/26	Dental Blue Options	\$45.22	PPO EmpSponsored - Rollover	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	Includes rollover benefit with a threshold of \$500, allowing \$250 per year to rollover up to an account maximum of \$1,000	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Not covered	Does not apply
DBOER-2-26/26	Dental Blue Options	\$45.18	PPO EmpSponsored - Rollover	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	Includes rollover benefit with a threshold of \$500, allowing \$250 per year to rollover up to an account maximum of \$1,000	\$1,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOER-3-26/26	Dental Blue Options	\$41.52	PPO EmpSponsored - Rollover	1/1/2026 - 3/31/2026	\$75 Single/\$225 Family; applies to classes II, IIA and III	\$750 applies to classes II, IIA and III	Includes rollover benefit with a threshold of \$350, allowing \$125 per year to rollover up to an account maximum of \$500	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Not covered	Does not apply
DBOER-4-26/26	Dental Blue Options	\$47.05	PPO EmpSponsored - Rollover	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,500 applies to classes II, IIA and III	Includes rollover benefit with a threshold of \$500, allowing \$250 per year to rollover up to an account maximum of \$1,000	\$2,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOER-5-26/26	Dental Blue Options	\$47.10	PPO EmpSponsored - Rollover	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,500 applies to classes II, IIA and III	Includes rollover benefit with a threshold of \$500, allowing \$250 per year to rollover up to an account maximum of \$1,000	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Not covered	Does not apply
DBOE-1-26/26	Dental Blue Options	\$46.00	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,500 applies to classes II, IIA and III	N/A	\$2,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOE-2-26/26	Dental Blue Options	\$43.31	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	\$2,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply

DBOE-3-26/26	Dental Blue Options	\$43.31	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	\$1,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOE-4-26/26	Dental Blue Options	\$43.31	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Not covered	Does not apply
DBOE-5-26/26	Dental Blue Options	\$35.94	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	\$1,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 50%, subject to deductible	Covered at 50%, subject to the deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOE-6-26/26	Dental Blue Options	\$35.94	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	Not covered	Covered at 100%	Covered at 50%, subject to deductible	Covered at 50%, subject to the deductible	Covered at 50%, subject to deductible	Not covered	Does not apply
DBOE-7-26/26	Dental Blue Options	\$34.26	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Not covered	Not covered	Does not apply
DBOE-12-26/26	Dental Blue Options	\$47.08	PPO EmpSponsored - UCR90	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,500 applies to classes II, IIA and III	N/A	\$2,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOE-15-26/26	Dental Blue Options	\$45.81	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$25 Single/\$75 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	\$1,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 85%, subject to deductible	Covered at 85%, subject to the deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOE-16-26/26	Dental Blue Options	\$43.31	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	\$750 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOE-17-26/26	Dental Blue Options	\$36.86	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$25 Single/\$75 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	\$750 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOE-22-26/26	Dental Blue Options	\$46.00	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,500 applies to classes II, IIA and III	N/A	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Not covered	Does not apply
DBOE-24-26/26	Dental Blue Options	\$28.09	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$25 Single/\$75 Family; applies to classes II, IIA and III	\$500 applies to classes II, IIA, and III	N/A	Not Covered	Covered at 80%	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Not Covered	Does not apply

DBOE-26-26/26	Dental Blue Options	\$38.97	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes I, II, IIA and III	N/A	\$1,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOE-27-26/26	Dental Blue Options	\$38.97	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes I, II, IIA and III	N/A	Not Covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Not Covered	Does not apply
DBOE-28-26/26	Dental Blue Options	\$41.72	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	\$1,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOE-30-26/26	Dental Blue Options	\$47.08	PPO EmpSponsored - UCR90	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,500 applies to classes II, IIA and III	N/A	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Not covered	Does not apply
DBOE-32-26/26	Dental Blue Options	\$41.72	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to deductible	Not covered	Does not apply
DBOE-6E-26/26	Dental Blue Options	\$43.17	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,500 applies to classes II, IIA and III	N/A	\$1,500 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 50%, subject to the deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOE-18E-26/26	Dental Blue Options	\$40.94	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 50%, subject to the deductible	Covered at 50%, subject to deductible	Not covered	Does not apply
DBOE-41-26/26	Dental Blue Options	\$30.15	PPO EmpSponsored	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	\$750 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 80%	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply
DBOVR-1-26/26	Dental Blue Options	\$48.59	PPO Voluntary - Rollover	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	Includes rollover benefit with a threshold of \$500, allowing \$250 per year to rollover up to an account maximum of \$1,000	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Not covered	Does not apply to members who are timely entrants
DBOVR-2-26/26	Dental Blue Options	\$48.59	PPO Voluntary - Rollover	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	Includes rollover benefit with a threshold of \$500, allowing \$250 per year to rollover up to an account maximum of \$1,000	\$1,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply to members who are timely entrants
DBOVR-3-26/26	Dental Blue Options	\$44.56	PPO Voluntary - Rollover	1/1/2026 - 3/31/2026	\$75 Single/\$225 Family; applies to classes II, IIA and III	\$750 applies to classes II, IIA and III	Includes rollover benefit with a threshold of \$350, allowing \$125 per year to rollover up to an account maximum of \$500	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Not covered	Does not apply to members who are timely entrants

DBOV-1E-26/26	Dental Blue Options	\$49.52	PPO Voluntary	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,500 applies to classes II, IIA and III	N/A	\$1,500 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply to members who are timely entrants
DBOV-3-26/26	Dental Blue Options	\$46.54	PPO Voluntary	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	\$1,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply to members who are timely entrants
DBOV-4-26/26	Dental Blue Options	\$46.48	PPO Voluntary	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Not covered	Does not apply to members who are timely entrants
DBOV-6-26/26	Dental Blue Options	\$38.53	PPO Voluntary	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	Not covered	Covered at 100%	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Not covered	Does not apply to members who are timely entrants
DBOV-12-26/26	Dental Blue Options	\$36.43	PPO Voluntary	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	Not Covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Not Covered	Not Covered	Does not apply to members who are timely entrants
DBOV-13-26/26	Dental Blue Options	\$43.86	PPO Voluntary	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Not covered	Does not apply to members who are timely entrants
DBOV-15-26/26	Dental Blue Options	\$38.58	PPO Voluntary	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	\$1,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply to members who are timely entrants
DBOV-16-26/26	Dental Blue Options	\$44.81	PPO Voluntary	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	Not covered	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Not covered	Does not apply to members who are timely entrants
DBOV-17-26/26	Dental Blue Options	\$44.86	PPO Voluntary	1/1/2026 - 3/31/2026	\$50 Single/\$150 Family; applies to classes II, IIA and III	\$1,000 applies to classes II, IIA and III	N/A	\$1,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.	Covered at 100%	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	Covered at 50%, subject to deductible	Covered at 50% to age 19, subject to orthodontia lifetime maximum	Does not apply to members who are timely entrants

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.

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