Lead with a smile

When you add dental to your Highmark medical, the benefits multiply.



WESTERN PENNSYLVANIA REGION

Dental coverage options for small groups

January – June 2027

HIGHMARK. Blue Edge Dental



Having your dental plan with Highmark has some big advantages.



Comprehensive Dental Care

Designed to address unique overall health needs.
Emphasis on improving health outcomes.



Competitive Plans and Benefits

Blue Edge Dental offers flexible benefit plan options designed to balance affordability and provide comprehensive coverage.



Differentiated Products and Solutions

Take advantage of additional benefit program opportunities like **Smile for Health® Wellness** and the **Pregnancy Benefit**.



Robust National Network

Easy access to consistent, high-quality and reliable care.
Simple coverage with no claims to file for in-network services.



Streamlined Administration

Experience hassle-free administration with Blue Edge Dental, including dedicated customer service, convenient ID card access, clear customer billing, and the member portal.



Blue Edge Dental offers competitive benefits for members.



One carrier, multiple benefit solutions.

Diversified bundles integrate expert medical, dental, and vision solutions, offering convenient access to quality coverage for your employees and your business.

Plus, if you bundle your plans and enroll 10 or more contracts in dental, you're eligible for a dental discount.



Plans with high-value extras.

Smile for Health Wellness offers additional care for members who have gum disease and a chronic condition.

A healthy mouth during pregnancy helps babies stay healthier too. The **Pregnancy Benefit** provides moms-to-be with extra services for better health.



Access to one of the largest dental networks in the nation.

With at least two in-network dentists within 10 miles of where they work or live, your employees can always get the care they need with Blue Edge Dental.*

Plus, network discounts help lower their out-of-pocket costs. And to ensure the highest quality care, dentists regularly have their credentials verified and receive on-site inspections.

You have a choice of two networks:

- The **Advantage network** includes nearly 60,000 dentists at over 210,000 locations nationwide.
- The **Advantage Plus network** includes all Advantage providers plus additional providers in strategic locations. It includes more than 70,000 dentists at over 260,000 locations nationwide.

If you are looking for a more extensive network, please contact your sales representative.

*According to 2025 United Concordia Dental internal research and reports.

Blue Edge Dental Flex and Preferred Plans for Western PA Employer Groups

Blue Edge Dental plans come in a wide range of coverage options and price points. All plans come with a large network of dentists and specialists.

Fee for Service Products	Flex	Flex	Flex	Flex	Flex	Flex	Preferred	
							Network	Non-Network
Dental Plan Option	**F-2W**	**F-3W**	**F-3Wo***	**F-3C**	**F-4W**	**F-8W**	**P-10Wo**	
NETWORK								
Network Reimbursement	Advantage or Advantage Plus							
Out-of-Network Reimbursement	Advantage	Advantage	Advantage	Advantage	Advantage	Advantage		Advantage
CLASS I SERVICES — PLAN PAYS								
Exams, Cleanings, and Fluoride Treatments	100%	100%	100%	100%	100%	100%	100%	80%
All X-Rays								
Sealants								
Palliative Treatment (Emergency)								
Space Maintainers								
CLASS II SERVICES — PLAN PAYS								
Basic Restorative (Fillings, etc.)	80%	80%	80%	50% Endodontics and Periodontics 80% All Other Listed Services	100%	100%	80%	60%
Repairs (Crowns, Inlays, Onlays, Bridges, Dentures)								
Oral Surgery (including Simple and Surgical Extractions)								
General Anesthesia								
Endodontics								
Periodontics (Surgical and Nonsurgical)								
Posterior Resins (White Fillings)								
CLASS III SERVICES — PLAN PAYS								
Inlays, Onlays, Crowns	Not Covered	50%	50%	50%	Not Covered	50%	50%	50%
Prosthetics (Bridges, Dentures)								
ORTHODONTICS (dependent children to age 19) — PLAN PAYS								
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered	50%	Not Covered	Not Covered	Not Covered	50%	50%
DEDUCTIBLES and MAXIMUMS								
Calendar Year Deductible (Flex: waived for Orthodontic and Class I services) (Preferred: waived for Orthodontic and In-Network Class I services)	$50/$150	$50/$150	$50/$150	$0/$0	$50/$150	$50/$150	$50/$150	
Orthodontics (dependent children to age 19) Lifetime Maximum	Not Covered	Not Covered	$1,000	Not Covered	Not Covered	Not Covered	$1,000	

*Not available to groups with 2 – 9 contracts.
Benefit waiting periods do not apply to these plans.

Blue Edge Dental Value Plans for Western PA Employer Groups

Blue Edge Dental Value plans give you four options for high-quality dental care at a lower cost. These plans emphasize preventive care and a mix of basic and major services.

Fee for Service Products	Flex	Flex	Flex	Flex
Dental Plan Option	Value 1	Value 2	Value 3	Value 4
NETWORK				
Network Reimbursement	Advantage or Advantage Plus			
Out-of-Network Reimbursement	Advantage	Advantage	Advantage	Advantage
CLASS I SERVICES — PLAN PAYS				
Exams, Cleanings, and Fluoride Treatments	100%	80%	100%	100%
All X-Rays				
Sealants				
Palliative Treatment (Emergency)				
Space Maintainers				
CLASS II SERVICES — PLAN PAYS				
Basic Restorative (Fillings, etc.)	0%	50%	50%	50%
Repairs (Crowns, Inlays, Onlays, Bridges, Dentures)				
Simple Extractions				
General Anesthesia				
Posterior Resins (White Fillings)				
CLASS III SERVICES — PLAN PAYS				
Endodontics	0%	20%	0%	20%
Periodontics (Surgical and Nonsurgical)				
Oral Surgery (including Surgical Extractions)				
Inlays, Onlays, Crowns				
Prosthetics (Bridges, Dentures)				
ORTHODONTICS (dependent children to age 19)				
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered	Not Covered	Not Covered
DEDUCTIBLES and MAXIMUMS				
Calendar Year Deductible (Flex: waived for Class I services) (Preferred: waived for Orthodontic and In-Network Class I services)	$0/$0	$100/$300	$25/$75	$100/$300
Orthodontics (dependent children to age 19) Lifetime Maximum	Not Covered	Not Covered	Not Covered	Not Covered

Benefit waiting periods do not apply to these plans.

FLEX AND PREFERRED

ADVANTAGE NETWORK

2 – 9 Enrolled Contracts

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		F-2W	F-3W	F-3C	F-4W	F-8W	P-10Wo
Minimum Participation		70% – 100%	70% – 100%	70% – 100%	70% – 100%	70% – 100%	70% – 100%
Network		Advantage	Advantage	Advantage	Advantage	Advantage	Advantage
TWO-TIER RATES							
$1,000 Calendar Year Maximum	Employee	$20.00	$29.10	$30.80	$22.30	$31.40	$27.70
	Family	$52.30	$76.30	$80.40	$58.30	$82.30	$88.90
$1,500 Calendar Year Maximum	Employee	$21.00	$30.60	$32.10	$23.40	$32.90	$29.10
	Family	$54.80	$80.00	$83.90	$61.10	$86.30	$92.50
$2,000 Calendar Year Maximum	Employee	$21.60	$31.50	$33.00	$24.10	$34.00	$30.00
	Family	$56.50	$82.40	$86.30	$63.00	$88.90	$94.90
FOUR-TIER RATES							
$1,000 Calendar Year Maximum	Employee	$20.00	$29.10	$30.80	$22.30	$31.40	$27.70
	Employee and 1 Adult	$39.40	$57.60	$60.90	$44.00	$62.10	$54.70
	Employee and Child(ren)	$35.90	$52.20	$55.20	$39.90	$56.30	$65.70
	Family	$59.80	$87.30	$92.40	$66.70	$94.20	$99.00
$1,500 Calendar Year Maximum	Employee	$21.00	$30.50	$32.10	$23.40	$32.90	$29.00
	Employee and 1 Adult	$41.30	$60.40	$63.60	$46.10	$65.20	$57.40
	Employee and Child(ren)	$37.60	$54.70	$57.60	$41.90	$59.00	$68.20
	Family	$62.70	$91.60	$96.40	$69.90	$98.80	$103.20
$2,000 Calendar Year Maximum	Employee	$21.60	$31.50	$33.00	$24.10	$33.90	$30.00
	Employee and 1 Adult	$42.60	$62.30	$65.30	$47.50	$67.20	$59.20
	Employee and Child(ren)	$38.70	$56.40	$59.20	$43.10	$60.80	$69.80
	Family	$64.60	$94.40	$99.10	$72.00	$101.80	$105.90

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

FLEX AND PREFERRED

ADVANTAGE NETWORK

2 – 9 Enrolled Contracts (continued)

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		F-2W	F-3W	F-3C	F-4W	F-8W	P-10Wo
Minimum Participation		20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%
Network		Advantage	Advantage	Advantage	Advantage	Advantage	Advantage
TWO-TIER RATES							
$1,000 Calendar Year Maximum	Employee	$23.00	$33.50	$35.40	$25.60	$36.10	$31.80
	Family	$60.20	$87.70	$92.50	$67.00	$94.60	$102.20
$1,500 Calendar Year Maximum	Employee	$24.10	$35.10	$37.00	$26.90	$37.90	$33.40
	Family	$63.00	$92.00	$96.50	$70.30	$99.20	$106.30
$2,000 Calendar Year Maximum	Employee	$24.80	$36.20	$38.00	$27.70	$39.00	$34.50
	Family	$65.00	$94.80	$99.20	$72.40	$102.30	$109.10
FOUR-TIER RATES							
$1,000 Calendar Year Maximum	Employee	$23.00	$33.50	$35.40	$25.60	$36.10	$31.80
	Employee and 1 Adult	$45.30	$66.20	$70.00	$50.50	$71.50	$62.90
	Employee and Child(ren)	$41.20	$60.00	$63.50	$45.90	$64.70	$75.60
	Family	$68.70	$100.40	$106.20	$76.60	$108.30	$113.80
$1,500 Calendar Year Maximum	Employee	$24.10	$35.10	$36.90	$26.90	$37.90	$33.40
	Employee and 1 Adult	$47.50	$69.40	$73.10	$53.00	$74.90	$66.00
	Employee and Child(ren)	$43.20	$62.90	$66.30	$48.10	$67.90	$78.40
	Family	$72.00	$105.30	$110.90	$80.40	$113.60	$118.60
$2,000 Calendar Year Maximum	Employee	$24.80	$36.20	$38.00	$27.70	$39.00	$34.50
	Employee and 1 Adult	$49.00	$71.60	$75.10	$54.60	$77.20	$68.10
	Employee and Child(ren)	$44.50	$64.90	$68.10	$49.60	$70.00	$80.30
	Family	$74.20	$108.50	$114.00	$82.80	$117.10	$121.80

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

FLEX AND PREFERRED

ADVANTAGE PLUS NETWORK

2 – 9 Enrolled Contracts

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		F-2W	F-3W	F-3C	F-4W	F-8W	P-10Wo
Minimum Participation		70% – 100%	70% – 100%	70% – 100%	70% – 100%	70% – 100%	70% – 100%
Network		Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus
TWO-TIER RATES							
$1,000 Calendar Year Maximum	Employee	$20.40	$29.70	$31.40	$22.80	$32.10	$28.30
	Family	$53.40	$77.80	$81.90	$59.50	$84.00	$90.40
$1,500 Calendar Year Maximum	Employee	$21.40	$31.20	$32.70	$23.80	$33.60	$29.70
	Family	$55.90	$81.60	$85.50	$62.40	$88.00	$94.10
$2,000 Calendar Year Maximum	Employee	$22.10	$32.10	$33.60	$24.60	$34.60	$30.60
	Family	$57.60	$84.10	$87.90	$64.30	$90.70	$96.50
FOUR-TIER RATES							
$1,000 Calendar Year Maximum	Employee	$20.40	$29.70	$31.40	$22.80	$32.10	$28.30
	Employee and 1 Adult	$40.20	$58.80	$62.00	$44.90	$63.40	$55.80
	Employee and Child(ren)	$36.60	$53.30	$56.20	$40.80	$57.50	$66.80
	Family	$61.00	$89.10	$94.10	$68.00	$96.10	$100.80
$1,500 Calendar Year Maximum	Employee	$21.40	$31.20	$32.70	$23.80	$33.60	$29.70
	Employee and 1 Adult	$42.20	$61.60	$64.80	$47.00	$66.50	$58.60
	Employee and Child(ren)	$38.30	$55.90	$58.70	$42.70	$60.20	$69.30
	Family	$63.90	$93.40	$98.20	$71.30	$100.80	$105.00
$2,000 Calendar Year Maximum	Employee	$22.00	$32.10	$33.60	$24.60	$34.60	$30.60
	Employee and 1 Adult	$43.50	$63.50	$66.60	$48.50	$68.60	$60.50
	Employee and Child(ren)	$39.50	$57.60	$60.30	$44.00	$62.10	$71.00
	Family	$65.90	$96.30	$100.90	$73.50	$103.90	$107.80

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

FLEX AND PREFERRED

ADVANTAGE PLUS NETWORK

2 – 9 Enrolled Contracts (continued)

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		F-2W	F-3W	F-3C	F-4W	F-8W	P-10Wo
Minimum Participation		20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%
Network		Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus
TWO-TIER RATES							
$1,000 Calendar Year Maximum	Employee	$23.50	$34.20	$36.10	$26.20	$36.90	$32.50
	Family	$61.40	$89.50	$94.20	$68.40	$96.60	$103.90
$1,500 Calendar Year Maximum	Employee	$24.60	$35.80	$37.60	$27.40	$38.70	$34.10
	Family	$64.30	$93.90	$98.30	$71.70	$101.20	$108.20
$2,000 Calendar Year Maximum	Employee	$25.40	$36.90	$38.70	$28.20	$39.80	$35.20
	Family	$66.30	$96.70	$101.10	$73.90	$104.30	$111.00
FOUR-TIER RATES							
$1,000 Calendar Year Maximum	Employee	$23.50	$34.20	$36.10	$26.20	$36.90	$32.50
	Employee and 1 Adult	$46.20	$67.60	$71.30	$51.60	$72.90	$64.20
	Employee and Child(ren)	$42.10	$61.30	$64.70	$46.90	$66.10	$76.80
	Family	$70.10	$102.50	$108.20	$78.20	$110.60	$115.90
$1,500 Calendar Year Maximum	Employee	$24.60	$35.80	$37.60	$27.40	$38.60	$34.10
	Employee and 1 Adult	$48.50	$70.90	$74.50	$54.10	$76.50	$67.40
	Employee and Child(ren)	$44.10	$64.20	$67.50	$49.10	$69.30	$79.70
	Family	$73.50	$107.50	$112.90	$82.00	$115.90	$120.70
$2,000 Calendar Year Maximum	Employee	$25.30	$36.90	$38.70	$28.20	$39.80	$35.20
	Employee and 1 Adult	$50.00	$73.10	$76.50	$55.70	$78.80	$69.60
	Employee and Child(ren)	$45.40	$66.20	$69.40	$50.60	$71.40	$81.60
	Family	$75.80	$110.80	$116.10	$84.50	$119.50	$124.00

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

FLEX AND PREFERRED

ADVANTAGE NETWORK

10 – 50 Enrolled Contracts

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		F-2W	F-3W	F-3Wo	F-3C	F-4W	F-8W	P-10Wo
Minimum Participation		70% – 100%	70% – 100%	70% – 100%	70% – 100%	70% – 100%	70% – 100%	70% – 100%
Network		Advantage	Advantage	Advantage	Advantage	Advantage	Advantage	Advantage
TWO-TIER RATES								
$1,000 Calendar Year Maximum	Employee	$19.50	$28.30	$28.30	$30.00	$21.70	$30.60	$26.90
	Family	$50.90	$74.20	$86.40	$78.40	$56.70	$80.00	$82.70
$1,500 Calendar Year Maximum	Employee	$20.40	$29.70	$29.70	$31.30	$22.70	$32.00	$28.20
	Family	$53.30	$77.70	$90.00	$81.80	$59.40	$83.90	$86.20
$2,000 Calendar Year Maximum	Employee	$21.00	$30.60	$30.60	$32.20	$23.40	$33.00	$29.10
	Family	$54.90	$80.10	$92.40	$84.10	$61.20	$86.40	$88.50
FOUR-TIER RATES								
$1,000 Calendar Year Maximum	Employee	$19.50	$28.30	$28.30	$30.00	$21.70	$30.50	$26.90
	Employee and 1 Adult	$38.30	$56.00	$56.00	$59.40	$42.70	$60.40	$53.10
	Employee and Child(ren)	$34.90	$50.80	$62.90	$53.90	$38.80	$54.70	$60.20
	Family	$58.10	$84.90	$97.00	$90.10	$64.80	$91.60	$92.60
$1,500 Calendar Year Maximum	Employee	$20.40	$29.70	$29.70	$31.30	$22.70	$32.00	$28.20
	Employee and 1 Adult	$40.20	$58.70	$58.70	$62.00	$44.80	$63.30	$55.70
	Employee and Child(ren)	$36.50	$53.20	$65.30	$56.20	$40.70	$57.40	$62.60
	Family	$60.90	$89.00	$101.10	$94.00	$67.90	$96.00	$96.60
$2,000 Calendar Year Maximum	Employee	$21.00	$30.60	$30.60	$32.20	$23.40	$33.00	$29.10
	Employee and 1 Adult	$41.40	$60.50	$60.50	$63.70	$46.20	$65.30	$57.50
	Employee and Child(ren)	$37.60	$54.80	$66.90	$57.70	$41.90	$59.10	$64.20
	Family	$62.80	$91.70	$103.80	$96.60	$70.00	$99.00	$99.30

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

FLEX AND PREFERRED

ADVANTAGE NETWORK

10 – 50 Enrolled Contracts (continued)

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		F-2W	F-3W	F-3Wo	F-3C	F-4W	F-8W	P-10Wo
Minimum Participation		20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%
Network		Advantage	Advantage	Advantage	Advantage	Advantage	Advantage	Advantage
TWO-TIER RATES								
$1,000 Calendar Year Maximum	Employee	$22.40	$32.60	$32.60	$34.50	$24.90	$35.10	$30.90
	Family	$58.50	$85.30	$99.40	$90.20	$65.20	$92.00	$95.10
$1,500 Calendar Year Maximum	Employee	$23.50	$34.10	$34.10	$36.00	$26.10	$36.80	$32.40
	Family	$61.30	$89.40	$103.50	$94.10	$68.30	$96.40	$99.10
$2,000 Calendar Year Maximum	Employee	$24.20	$35.20	$35.20	$37.00	$26.90	$37.90	$33.50
	Family	$63.20	$92.10	$106.30	$96.70	$70.40	$99.40	$101.80
FOUR-TIER RATES								
$1,000 Calendar Year Maximum	Employee	$22.40	$32.60	$32.60	$34.50	$24.90	$35.10	$30.90
	Employee and 1 Adult	$44.10	$64.40	$64.40	$68.30	$49.10	$69.40	$61.00
	Employee and Child(ren)	$40.10	$58.40	$72.30	$61.90	$44.70	$62.90	$69.30
	Family	$66.80	$97.60	$111.50	$103.60	$74.50	$105.30	$106.40
$1,500 Calendar Year Maximum	Employee	$23.40	$34.10	$34.10	$36.00	$26.10	$36.80	$32.40
	Employee and 1 Adult	$46.20	$67.50	$67.50	$71.30	$51.50	$72.80	$64.10
	Employee and Child(ren)	$42.00	$61.20	$75.10	$64.60	$46.80	$66.00	$72.00
	Family	$70.00	$102.30	$116.30	$108.10	$78.10	$110.40	$111.10
$2,000 Calendar Year Maximum	Employee	$24.20	$35.20	$35.20	$37.00	$26.90	$37.90	$33.50
	Employee and 1 Adult	$47.60	$69.60	$69.60	$73.20	$53.10	$75.10	$66.10
	Employee and Child(ren)	$43.30	$63.10	$77.00	$66.40	$48.20	$68.00	$73.90
	Family	$72.20	$105.50	$119.40	$111.10	$80.50	$113.80	$114.20

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

FLEX AND PREFERRED

ADVANTAGE PLUS NETWORK

10 – 50 Enrolled Contracts

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		F-2W	F-3W	F-3Wo	F-3C	F-4W	F-8W	P-10Wo
Minimum Participation		70% – 100%	70% – 100%	70% – 100%	70% – 100%	70% – 100%	70% – 100%	70% – 100%
Network		Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus
TWO-TIER RATES								
$1,000 Calendar Year Maximum	Employee	$19.90	$28.90	$28.90	$30.60	$22.10	$31.20	$27.40
	Family	$51.90	$75.70	$88.00	$79.80	$57.80	$81.60	$84.20
$1,500 Calendar Year Maximum	Employee	$20.80	$30.30	$30.30	$31.90	$23.20	$32.70	$28.80
	Family	$54.40	$79.30	$91.60	$83.30	$60.60	$85.60	$87.70
$2,000 Calendar Year Maximum	Employee	$21.40	$31.20	$31.20	$32.80	$23.90	$33.70	$29.70
	Family	$56.00	$81.80	$94.10	$85.60	$62.50	$88.20	$90.10
FOUR-TIER RATES								
$1,000 Calendar Year Maximum	Employee	$19.90	$28.90	$28.90	$30.60	$22.10	$31.20	$27.40
	Employee and 1 Adult	$39.10	$57.10	$57.10	$60.50	$43.60	$61.60	$54.20
	Employee and Child(ren)	$35.60	$51.80	$63.90	$54.80	$39.60	$55.90	$61.30
	Family	$59.30	$86.60	$98.70	$91.70	$66.10	$93.40	$94.30
$1,500 Calendar Year Maximum	Employee	$20.80	$30.30	$30.30	$31.90	$23.20	$32.70	$28.80
	Employee and 1 Adult	$41.00	$59.90	$59.90	$63.10	$45.70	$64.60	$56.90
	Employee and Child(ren)	$37.30	$54.30	$66.40	$57.20	$41.50	$58.60	$63.70
	Family	$62.10	$90.80	$102.90	$95.70	$69.30	$98.00	$98.40
$2,000 Calendar Year Maximum	Employee	$21.40	$31.20	$31.20	$32.80	$23.90	$33.70	$29.70
	Employee and 1 Adult	$42.20	$61.80	$61.80	$64.90	$47.10	$66.60	$58.70
	Employee and Child(ren)	$38.40	$56.00	$68.10	$58.80	$42.80	$60.40	$65.30
	Family	$64.00	$93.60	$105.70	$98.40	$71.40	$101.00	$101.10

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

FLEX AND PREFERRED

ADVANTAGE PLUS NETWORK

10 – 50 Enrolled Contracts (continued)

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		F-2W	F-3W	F-3Wo	F-3C	F-4W	F-8W	P-10Wo
Minimum Participation		20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%
Network		Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus
TWO-TIER RATES								
$1,000 Calendar Year Maximum	Employee	$22.80	$33.20	$33.20	$35.20	$25.40	$35.80	$31.60
	Family	$59.70	$87.00	$101.10	$91.80	$66.50	$93.80	$96.80
$1,500 Calendar Year Maximum	Employee	$23.90	$34.80	$34.80	$36.70	$26.70	$37.60	$33.10
	Family	$62.50	$91.20	$105.40	$95.80	$69.70	$98.40	$100.90
$2,000 Calendar Year Maximum	Employee	$24.70	$35.90	$35.90	$37.70	$27.50	$38.70	$34.20
	Family	$64.40	$94.00	$108.20	$98.50	$71.80	$101.40	$103.60
FOUR-TIER RATES								
$1,000 Calendar Year Maximum	Employee	$22.80	$33.20	$33.20	$35.20	$25.40	$35.80	$31.60
	Employee and 1 Adult	$45.00	$65.70	$65.70	$69.50	$50.10	$70.90	$62.30
	Employee and Child(ren)	$40.90	$59.60	$73.50	$63.10	$45.60	$64.20	$70.40
	Family	$68.20	$99.60	$113.50	$105.50	$76.00	$107.40	$108.40
$1,500 Calendar Year Maximum	Employee	$23.90	$34.80	$34.80	$36.70	$26.70	$37.60	$33.10
	Employee and 1 Adult	$47.10	$68.90	$68.90	$72.60	$52.60	$74.30	$65.50
	Employee and Child(ren)	$42.90	$62.40	$76.40	$65.80	$47.70	$67.30	$73.30
	Family	$71.50	$104.40	$118.40	$110.10	$79.70	$112.70	$113.10
$2,000 Calendar Year Maximum	Employee	$24.60	$35.90	$35.90	$37.70	$27.50	$38.70	$34.20
	Employee and 1 Adult	$48.60	$71.00	$71.00	$74.60	$54.20	$76.60	$67.50
	Employee and Child(ren)	$44.20	$64.30	$78.30	$67.60	$49.20	$69.40	$75.10
	Family	$73.60	$107.60	$121.60	$113.10	$82.10	$116.10	$116.30

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

VALUE

ADVANTAGE NETWORK

2 – 9 Enrolled Contracts

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		Value 1	Value 2	Value 3	Value 4
Minimum Participation		70% – 100%	70% – 100%	70% – 100%	70% – 100%
Network		Advantage	Advantage	Advantage	Advantage
TWO-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$12.80	$14.80	$15.10	$16.80
	Family	$33.40	$38.80	$39.60	$43.90
FOUR-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$12.80	$14.80	$15.10	$16.80
	Employee and 1 Adult	$25.50	$29.10	$30.10	$32.90
	Employee and Child(ren)	$23.00	$26.50	$27.10	$30.00
	Family	$38.70	$44.10	$45.70	$49.90

Minimum Participation		20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%
Network		Advantage	Advantage	Advantage	Advantage
TWO-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$14.70	$17.10	$17.40	$19.30
	Family	$38.40	$44.60	$45.50	$50.50
FOUR-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$14.70	$17.10	$17.40	$19.30
	Employee and 1 Adult	$29.30	$33.40	$34.70	$37.90
	Employee and Child(ren)	$26.50	$30.50	$31.20	$34.50
	Family	$44.50	$50.70	$52.50	$57.40

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

VALUE

ADVANTAGE PLUS NETWORK

2 – 9 Enrolled Contracts

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		Value 1	Value 2	Value 3	Value 4
Minimum Participation		70% – 100%	70% – 100%	70% – 100%	70% – 100%
Network		Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus
TWO-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$13.00	$15.20	$15.40	$17.20
	Family	$33.90	$39.70	$40.30	$44.90
FOUR-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$13.00	$15.20	$15.40	$17.20
	Employee and 1 Adult	$25.90	$29.70	$30.70	$33.70
	Employee and Child(ren)	$23.40	$27.10	$27.60	$30.70
	Family	$39.30	$45.10	$46.50	$51.10

Minimum Participation		20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%
Network		Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus
TWO-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$15.00	$17.40	$17.70	$19.70
	Family	$39.00	$45.70	$46.40	$51.60
FOUR-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$15.00	$17.40	$17.70	$19.70
	Employee and 1 Adult	$29.80	$34.20	$35.30	$38.70
	Employee and Child(ren)	$26.90	$31.20	$31.80	$35.30
	Family	$45.20	$51.80	$53.50	$58.70

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

VALUE

ADVANTAGE NETWORK

10 – 50 Enrolled Contracts

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		Value 1	Value 2	Value 3	Value 4
Minimum Participation		70% – 100%	70% – 100%	70% – 100%	70% – 100%
Network		Advantage	Advantage	Advantage	Advantage
TWO-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$12.50	$14.40	$14.80	$16.30
	Family	$32.70	$37.60	$38.60	$42.60
FOUR-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$12.50	$14.40	$14.80	$16.30
	Employee and 1 Adult	$25.00	$28.20	$29.40	$31.90
	Employee and Child(ren)	$22.50	$25.70	$26.50	$29.10
	Family	$37.90	$42.70	$44.50	$48.40

Minimum Participation		20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%
Network		Advantage	Advantage	Advantage	Advantage
TWO-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$14.40	$16.50	$17.00	$18.70
	Family	$37.60	$43.30	$44.40	$49.00
FOUR-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$14.40	$16.50	$17.00	$18.70
	Employee and 1 Adult	$28.70	$32.40	$33.80	$36.70
	Employee and Child(ren)	$25.90	$29.60	$30.40	$33.50
	Family	$43.50	$49.10	$51.20	$55.60

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

VALUE

ADVANTAGE PLUS NETWORK

10 – 50 Enrolled Contracts

Dental Rates for Western PA Employer Groups

Valid programs and rates for effective dates of January 1, 2027, through June 30, 2027. Rates are guaranteed for 24 months from the effective date, provided the group meets underwriting guidelines. The rates on this card do not apply to existing United Concordia Dental or Blue Edge Dental groups.

Dental Plan Option		Value 1	Value 2	Value 3	Value 4
Minimum Participation		70% – 100%	70% – 100%	70% – 100%	70% – 100%
Network		Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus
TWO-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$12.70	$14.70	$15.00	$16.60
	Family	$33.20	$38.50	$39.30	$43.50
FOUR-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$12.70	$14.70	$15.00	$16.60
	Employee and 1 Adult	$25.40	$28.80	$29.90	$32.60
	Employee and Child(ren)	$22.90	$26.30	$27.00	$29.70
	Family	$38.50	$43.70	$45.40	$49.50

Minimum Participation		20% – 69.99%	20% – 69.99%	20% – 69.99%	20% – 69.99%
Network		Advantage Plus	Advantage Plus	Advantage Plus	Advantage Plus
TWO-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$14.60	$16.90	$17.30	$19.10
	Family	$38.20	$44.20	$45.20	$50.10
FOUR-TIER RATES					
$1,000 Calendar Year Maximum	Employee	$14.60	$16.90	$17.30	$19.10
	Employee and 1 Adult	$29.20	$33.10	$34.40	$37.50
	Employee and Child(ren)	$26.30	$30.20	$31.00	$34.20
	Family	$44.20	$50.20	$52.10	$56.90

Valid in the following counties: Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clearfield, Elk, Fayette, Greene, Huntingdon, Indiana, Jefferson, Lawrence, Potter, Somerset, Washington, Westmoreland.

Underwriting Guidelines

The following underwriting guidelines apply to the program on the attached document.

1. In-network benefits are calculated using selected networks' Maximum Allowable Charge (MAC). Out-of-network benefits are calculated based upon selected networks' MAC.
2. Both minimum enrolled contract count and participation requirement must be achieved.
3. Programs assume dependent children are eligible to age 26 and full-time students to age 26. (Termination will occur first of month following 26th birthdate.)
4. Class I, II, and III services are counted toward the Benefit Period maximum.
5. Standard Highmark Health Insurance Company policies and procedures and exclusions and limitations apply (refer to Exclusions and Limitations included).
6. If the group consists of members in multiple states, at least 25% of eligible employees must reside in the rate card region.
7. This chart is a representative listing of services covered under the proposed program.
8. A client's member-to-contract ratio must be less than five (5).
9. Groups of one can only be written if medical is in force. The dental effective date must align with the medical renewal date if added off-cycle.
10. Dental plan is not offered in conjunction with another dental plan or another carrier.
11. All proposed rates, guarantees, and caps assume no change to the proposed benefit design. Highmark Health Insurance Company reserves the right to reevaluate proposed rates and benefits if any state or federally mandated benefits or fees are imposed.
12. A client cannot choose a Preferred (P) dental plan option if the group has any membership in Texas.

Highmark Health Insurance Company reserves the right to replace this rate card at any time. Please contact your sales representative to ensure that you have the most updated information.

Producers

Highmark Health Insurance Company will not accept business submitted by or pay commissions to producers who are not appointed.

SCHEDULE OF EXCLUSIONS AND LIMITATIONS

This plan does NOT meet the minimum essential health BENEFIT REQUIREMENTS FOR pediatric ORAL HEALTH AS REQUIRED UNDER THE FEDERAL Affordable Care Act.

Only American Dental Association procedure codes are covered. In the event of conflict between the Group Contract and this proposal, the Group Contract will govern.

EXCLUSIONS – The following services, supplies, or charges are excluded:

1. Started prior to the Member's Effective Date or after the Termination Date of coverage under the Group Policy (for example but not limitation, multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays and dentures).
2. For house or hospital calls for dental services and for hospitalization costs (facility-use fees).
3. That are the responsibility of Workers' Compensation or employer's liability insurance policy. The Company's benefits would be excess to the third-party benefits and, therefore, the Company would have right of recovery for any benefits paid in excess.
4. For prescription and nonprescription drugs, vitamins, or dietary supplements.
5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.
6. Which are Cosmetic in nature as determined by the Company (for example but not limitation, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures).
7. Elective procedures (for example but not limitation, the prophylactic extraction of third molars).
8. For congenital mouth malformations or skeletal imbalances (for example but not limitation, treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment).
9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered under the Certificate.
10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under the Certificate. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves, and other tissues related to the joint.
11. For treatment of fractures and dislocations of the jaw.
12. For treatment of malignancies or neoplasms.
13. Services and/or appliances that alter the vertical dimension (for example but not limitation, full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances, or any other method.
14. Replacement or repair of lost, stolen, or damaged prosthetic or orthodontic appliances.
15. Preventive restorations.
16. Periodontal splinting of teeth by any method.
17. For duplicate dentures, prosthetic devices, or any other duplicative device.
18. For which in the absence of insurance the Member would incur no charge.
19. For plaque control programs, tobacco counseling, oral hygiene, and dietary instructions.
20. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority.
21. For treatment and appliances for bruxism (night grinding of teeth).
22. For any claims submitted to the Company by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.
23. Incomplete treatment (for example but not limitation, patient does not return to complete treatment) and temporary services (for example but not limitation, temporary restorations).
24. Procedures that are:
    - part of a service but are reported as separate services; or
    - reported in a treatment sequence that is not appropriate; or
    - misreported or that represent a procedure other than the one reported.
25. Specialized procedures and techniques (for example but not limitation, precision attachments, copings, and intentional root canal treatment).
26. Fees for broken appointments.
27. Those specifically listed on the Schedule of Benefits as "Not Covered" or "Plan pays 0%."
28. Those not Dentally Necessary or not deemed to be generally accepted standards of dental treatment. If no clear or generally accepted standards exist, or there are varying positions within the professional community, the opinion of the Company will apply.
29. For prosthetic services (e.g., full or partial dentures or fixed bridges) if such services replace one (1) or more teeth missing prior to Member's eligibility under the Group Policy.

LIMITATIONS — Covered services are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age:

1. Full mouth X-rays — one (1) every 5 years.
2. Bitewing X-rays — one (1) set per 12 months under age nineteen (19) and one (1) set per 18 months age nineteen (19) and older.
3. Oral Evaluations:
   - Comprehensive and periodic — two (2) of these services every calendar year. Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for three (3) or more years.
   - Limited problem focused and consultations — one (1) of these services per dentist per patient per 12 months.
   - Detailed problem focused — one (1) per dentist per patient per 12 months per eligible diagnosis.
4. Prophylaxis — three (3) every calendar year.
5. Fluoride treatment — one (1) every calendar year under age fourteen (14).
6. Space maintainers — one (1) per five (5) year period for Members under age fourteen (14) when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not, develop.
7. Sealants — one (1) per tooth per 3 years under age sixteen (16) on permanent first and second molars.
8. Prefabricated stainless steel crowns — one (1) per tooth per lifetime for Members under age fourteen (14).
9. Periodontal Services:
   - Full mouth debridement — one (1) per lifetime.
   - Periodontal maintenance following active periodontal therapy — two (2) every calendar year in addition to routine prophylaxis.
   - Periodontal scaling and root planing — one (1) per 36 months per area of the mouth.
   - Surgical periodontal procedures — one (1) per 36 months per area of the mouth.
   - Guided tissue regeneration — one (1) per tooth per lifetime.
10. Replacement of restorative services only when they are not, and cannot be made, serviceable:
    - Basic restorations — not within 24 months of previous placement of any basic restoration.
    - Single crowns, inlays, onlays — not within 5 years of previous placement of any of the procedures in this category.
    - Buildups and post and cores — not within 5 years of previous placement of any of the procedures in this category.
    - Replacement of natural tooth/teeth in an arch — not within 5 years of a fixed partial denture, full denture or partial removable denture.
11. Denture relining, rebasing or adjustments are considered part of the denture charges if provided within 6 months of insertion by the same dentist. Subsequent denture relining or rebasing limited to one (1) every 3 years thereafter.
12. Pulpal therapy — one (1) per primary tooth per lifetime only when there is no permanent tooth to replace it. Eligible teeth limited to primary anterior teeth.
13. Root canal retreatment — one (1) per tooth per lifetime.
14. Recementation — one (1) per 3 calendar years. Recementation during the first calendar year following insertion any preventive, restorative or prosthodontic service by the same dentist is included in the preventive, restorative or prosthodontic service benefit.
15. An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP.
16. Payment for orthodontic services, if covered, shall cease at the end of the month after termination by the Company.
17. Intraoral films:
    - Periapical — four (4) per 12 months per dentist if not performed in conjunction with definitive procedure(s).
    - Occlusal — two (2) per 24 months under age eight (8).
18. General anesthesia and IV sedation: a total of 60 minutes per session.

Renewability, Termination Provisions of the Policy or Group Contract for groups of 2 – 50

Highmark Health Insurance Company policies cover dental benefits only. Highmark Health Insurance Company's Group Policy begins on the agreed effective date and renews subject to the terms of the Group Policy. Either the employer/group or Highmark Health Insurance Company may elect not to renew the Group Policy by providing written notice to the other party at least 31 days prior to renewal. Highmark Health Insurance Company may terminate the Group Policy with 31 days written notice if the employer/group fails to pay premium. Highmark Health Insurance Company may adjust rates or benefits or terminate the Policy on any premium due date with 31 days advance notice if the minimum participation requirements are not achieved or the nature of the risk changes significantly.

Employees/members may be subject to open enrollment periods, late enrollment or voluntary disenrollment restrictions, or continuous enrollment to advance benefit level as required by the Group Policy terms. Employees/members must also meet their employer's or group's eligibility requirements or waiting period for insurance. The amount of benefits and cost depend upon the plan selected.

Underwritten by Highmark Health Insurance Company.

Smile for Health – Wellness is a registered mark of United Concordia, Inc.

Smile for Health – Wellness is built into any Blue Edge Dental plan that covers Periodontics.

United Concordia provides the provider network for Blue Edge Dental and is a separate company that administers dental benefits.

Benefits may be provided by or through the following entities which are independent licensees of the Blue Cross Blue Shield Association: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield or Highmark Health Insurance Company. United Concordia is a separate company that administers Highmark dental benefits.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

HIGHMARK. Blue Edge Dental

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