

Lead with a smile

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

   Blue Edge Dental

DELAWARE

Dental coverage options
for small groups

July – December 2024

Blue Edge Dental plans are built for small businesses.

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Call your Highmark sales representative or broker
to explore our plans.



When you add dental to your medical plan, you get simple admin and budget-friendly options.



Streamlined administration frees up time in your schedule.

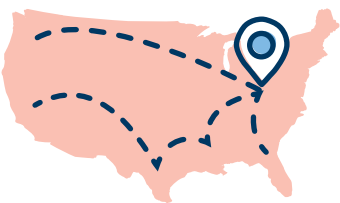
When you add dental to your medical plan, you will have just one bill, one client manager, and one website for both plans. Simplified admin means fewer distractions from what matters most.

A wide range of plans means you have affordable options.

Blue Edge Dental plans range from comprehensive coverage with rich benefits to plans that focus on preventive services that keep members healthy. And it gets better. **If you bundle your plans and enroll 10 or more contracts in dental, you're eligible for a discount on your dental premium.**



Combining coverage gives employees the benefits they want, which makes them more likely to stick around.



Blue Edge Dental gives your members 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 members 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.

A powerful network gives your employees flexibility:

- **Advantage Plus 2.0**
This network includes more than 92,000 dentists at over 318,500 locations nationwide.

*According to 2023 United Concordia Dental internal research and reports.



The success of your business depends on the health of your team. Say hello to oral health programs that look beyond the mouth.



The health of the mouth impacts the entire body.

That's why oral health experts reach out to members who haven't had a recent exam or cleaning, or may be at risk of gum disease. Encouraging them to get dental care may reduce their risk of health issues like heart disease and stroke. And when your employees are healthier, they're often more engaged and productive at work.

You can feel good about offering a plan that includes high-value extras:

- **Smile for Health® - Wellness**
This benefit offers additional care for members who have gum disease and a chronic condition.
- **Pregnancy Benefit**
A healthy mouth during pregnancy helps babies stay healthier too. This benefit provides moms-to-be with extra services for better health.
- **College Tuition Benefit Program**
Families with Highmark medical and dental coverage can earn Tuition Rewards® points that are good at over 400 colleges and universities nationwide.

Blue Edge Dental Flex and Preferred Plans for Delaware Employer Groups with 1* – 50 Enrolled Contracts

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	Preferred	
						Network	Non-Network
Dental Plan Option	F-2W	F-3W	F-3Wo	F-4W	F-8W	P-10Wo	
NETWORK							
Network Reimbursement	Advantage Plus 2.0						
Out-of-Network Reimbursement	90 th	90 th	90 th	90 th	90 th		90 th
CLASS I SERVICES – PLAN PAYS							
Exams, Cleanings and Fluoride Treatments	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%	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%	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	50%	50%
DEDUCTIBLES AND MAXIMUMS							
Calendar Year Deductible (Flex: waived for Ortho and Class I services) (Preferred: waived for Ortho and In-Network Class I services)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	
Orthodontics (dependent children to age 19) Lifetime Maximum	Not Covered	Not Covered	\$1,000	Not Covered	Not Covered	\$1,000	

*Groups of one can only be written if medical is inforce. The dental effective date must be the same as the medical effective or renewal date and must be submitted through Plan Advisor.

Benefit waiting periods do not apply to these plans.

Blue Edge Dental Value Plans for Delaware Employer Groups with 1* – 50 Enrolled Contracts

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 Plus 2.0			
Out-of-Network Reimbursement	90 th	90 th	90 th	90 th
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 Ortho 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

*Groups of one can only be written if medical is inforce. The dental effective date must be the same as the medical effective or renewal date and must be submitted through Plan Advisor.

Benefit waiting periods do not apply to these plans.

FLEX AND PREFERRED

ADVANTAGE PLUS 2.0 NETWORK

1* – 9 Enrolled Contracts

Dental Rates for Delaware Employer Groups

Valid programs and rates for effective dates of July 1, 2024 through December 31, 2024. 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-4W	F-8W	P-10Wo
Minimum Participation		70 – 100%	70 – 100%	70 – 100%	70 – 100%	70 – 100%
TWO-TIER RATES						
\$1,000 Calendar Year Maximum	Employee	28.30	41.40	31.60	44.60	39.70
	Family	71.40	104.30	79.60	112.60	115.40
\$1,500 Calendar Year Maximum	Employee	29.70	43.40	33.10	46.80	41.70
	Family	74.80	109.40	83.50	118.10	120.40
FOUR-TIER RATES						
\$1,000 Calendar Year Maximum	Employee	28.30	41.40	31.60	44.60	39.70
	Employee and 1 Adult	56.00	82.10	62.50	88.60	78.70
	Employee and Child(ren)	50.20	73.30	55.90	79.10	85.40
	Family	84.00	123.00	93.80	132.80	133.10
\$1,500 Calendar Year Maximum	Employee	29.70	43.40	33.10	46.80	41.70
	Employee and 1 Adult	58.80	86.10	65.60	92.90	82.70
	Employee and Child(ren)	52.60	76.80	58.60	82.90	88.90
	Family	88.10	129.00	98.30	139.20	139.00
Minimum Participation		20 – 69.99%	20 – 69.99%	20 – 69.99%	20 – 69.99%	20 – 69.99%
TWO-TIER RATES						
\$1,000 Calendar Year Maximum	Employee	32.60	47.60	36.30	51.30	45.70
	Family	82.10	120.00	91.50	129.50	132.70
\$1,500 Calendar Year Maximum	Employee	34.10	49.90	38.10	53.80	47.90
	Family	86.00	125.80	96.00	135.80	138.40
FOUR-TIER RATES						
\$1,000 Calendar Year Maximum	Employee	32.60	47.60	36.30	51.30	45.70
	Employee and 1 Adult	64.40	94.40	71.90	101.80	90.50
	Employee and Child(ren)	57.70	84.30	64.30	90.90	98.20
	Family	96.60	141.40	107.80	152.70	153.00
\$1,500 Calendar Year Maximum	Employee	34.10	49.90	38.10	53.80	47.90
	Employee and 1 Adult	67.60	99.00	75.40	106.80	95.10
	Employee and Child(ren)	60.50	88.40	67.40	95.30	102.20
	Family	101.30	148.40	113.10	160.10	159.80

*Groups of one can only be written if medical is inforce. The dental effective date must be the same as the medical effective or renewal date and must be submitted through Plan Advisor.

Valid in the following counties: New Castle, Kent, Sussex

VALUE

ADVANTAGE PLUS 2.0 NETWORK

1* – 9 Enrolled Contracts

Dental Rates for Delaware Employer Groups

Valid programs and rates for effective dates of July 1, 2024 through December 31, 2024. 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%
TWO-TIER RATES					
\$1,000 Calendar Year Maximum	Employee	16.80	21.80	20.80	24.60
	Family	42.40	54.90	52.50	61.90
FOUR-TIER RATES					
\$1,000 Calendar Year Maximum	Employee	16.80	21.80	20.80	24.60
	Employee and 1 Adult	33.40	43.10	41.40	48.60
	Employee and Child(ren)	29.80	38.60	36.90	43.50
	Family	50.20	64.50	62.10	72.80
Minimum Participation		20 – 69.99%	20 – 69.99%	20 – 69.99%	20 – 69.99%
TWO-TIER RATES					
\$1,000 Calendar Year Maximum	Employee	19.30	25.10	23.90	28.30
	Family	48.80	63.10	60.40	71.20
FOUR-TIER RATES					
\$1,000 Calendar Year Maximum	Employee	19.30	25.10	23.90	28.30
	Employee and 1 Adult	38.50	49.50	47.60	55.90
	Employee and Child(ren)	34.30	44.40	42.40	50.00
	Family	57.80	74.20	71.50	83.70

*Groups of one can only be written if medical is inforce. The dental effective date must be the same as the medical effective or renewal date and must be submitted through Plan Advisor.

Valid in the following counties: New Castle, Kent, Sussex

FLEX AND PREFERRED

ADVANTAGE PLUS 2.0 NETWORK

10 – 50 Enrolled Contracts

Dental Rates for Delaware Employer Groups

Valid programs and rates for effective dates of July 1, 2024 through December 31, 2024. 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-4W	F-8W	P-10Wo
Minimum Participation		70 – 100%	70 – 100%	70 – 100%	70 – 100%	70 – 100%	70 – 100%
TWO-TIER RATES							
\$1,000 Calendar Year Maximum	Employee	26.00	38.00	38.00	29.00	41.00	36.40
	Family	65.50	95.80	107.20	73.10	103.30	103.20
\$1,500 Calendar Year Maximum	Employee	27.30	39.80	39.80	30.40	43.00	38.20
	Family	68.70	100.40	111.90	76.60	108.30	107.70
FOUR-TIER RATES							
\$1,000 Calendar Year Maximum	Employee	26.00	38.00	38.00	29.00	41.00	36.40
	Employee and 1 Adult	51.40	75.30	75.30	57.40	81.20	72.10
	Employee and Child(ren)	46.10	67.30	78.60	51.40	72.60	75.70
	Family	77.10	112.80	124.10	86.00	121.80	119.30
\$1,500 Calendar Year Maximum	Employee	27.30	39.80	39.80	30.40	43.00	38.20
	Employee and 1 Adult	53.90	79.00	79.00	60.20	85.20	75.70
	Employee and Child(ren)	48.30	70.50	81.80	53.80	76.10	78.90
	Family	80.90	118.40	129.70	90.20	127.70	124.70
Minimum Participation		20 – 69.99%	20 – 69.99%	20 – 69.99%	20 – 69.99%	20 – 69.99%	20 – 69.99%
TWO-TIER RATES							
\$1,000 Calendar Year Maximum	Employee	29.90	43.70	43.70	33.40	47.10	41.80
	Family	75.30	110.10	123.30	84.00	118.80	118.60
\$1,500 Calendar Year Maximum	Employee	31.40	45.80	45.80	35.00	49.40	43.90
	Family	79.00	115.50	128.60	88.10	124.60	123.90
FOUR-TIER RATES							
\$1,000 Calendar Year Maximum	Employee	29.90	43.70	43.70	33.40	47.10	41.80
	Employee and 1 Adult	59.10	86.60	86.60	66.00	93.40	82.90
	Employee and Child(ren)	53.00	77.30	90.30	59.10	83.40	87.10
	Family	88.70	129.80	142.80	98.90	140.00	137.20
\$1,500 Calendar Year Maximum	Employee	31.40	45.80	45.80	35.00	49.40	43.90
	Employee and 1 Adult	62.00	90.80	90.80	69.20	98.00	87.10
	Employee and Child(ren)	55.50	81.10	94.10	61.90	87.50	90.70
	Family	93.00	136.10	149.10	103.80	146.90	143.50

Valid in the following counties: New Castle, Kent, Sussex

VALUE

ADVANTAGE PLUS 2.0 NETWORK

10 – 50 Enrolled Contracts

Dental Rates for Delaware Employer Groups

Valid programs and rates for effective dates of July 1, 2024 through December 31, 2024. 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%
TWO-TIER RATES					
\$1,000 Calendar Year Maximum	Employee	15.60	19.90	19.20	22.50
	Family	39.50	50.10	48.50	56.50
FOUR-TIER RATES					
\$1,000 Calendar Year Maximum	Employee	15.60	19.90	19.20	22.50
	Employee and 1 Adult	31.10	39.30	38.30	44.30
	Employee and Child(ren)	27.80	35.20	34.00	39.70
	Family	46.80	58.80	57.40	66.40
Minimum Participation		20 – 69.99%	20 – 69.99%	20 – 69.99%	20 – 69.99%
TWO-TIER RATES					
\$1,000 Calendar Year Maximum	Employee	18.00	22.90	22.10	25.80
	Family	45.40	57.60	55.80	65.00
FOUR-TIER RATES					
\$1,000 Calendar Year Maximum	Employee	18.00	22.90	22.10	25.80
	Employee and 1 Adult	35.80	45.10	44.00	51.00
	Employee and Child(ren)	31.90	40.50	39.10	45.60
	Family	53.80	67.60	66.00	76.30

Valid in the following counties: New Castle, Kent, Sussex

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 90th.
2. Both minimum enrolled contract count and participation requirement must be achieved.
3. Spousal waive out count toward participation requirements but are not applicable to the minimum enrollment requirements.
4. 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.)
5. Class I, II and III services are counted toward the Benefit Period maximum.
6. Standard Highmark Blue Cross Blue Shield policies and procedures and exclusions and limitations apply (refer to Exclusions and Limitations included).
7. If the group is multi-state, at least 90% of those eligible are located in the rate card region.
8. This chart is a representative listing of services covered under the proposed program.
9. The overall average number of members per contract is less than five.
10. Dental plan is not offered in conjunction with another dental plan or another carrier.
11. The group has no claims experience available.
12. All proposed rates, guarantees and caps assume no change to the proposed benefit design. Highmark Blue Cross Blue Shield reserves the right to reevaluate proposed rates and benefit if any state or federally mandated benefits or fees are imposed.

Highmark Blue Cross Blue Shield 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 Blue Cross Blue Shield 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 non-prescription 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 year(s).
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 year(s).
 - 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 — two (2) 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 year(s) 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 planning — 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 1 – 50

Highmark Blue Cross Blue Shield policies cover dental benefits only. Highmark Blue Cross Blue Shield'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 Blue Cross Blue Shield may elect not to renew the Group Policy by providing written notice to the other party at least 31 days prior to renewal. Highmark Blue Cross Blue Shield may terminate the Group Policy with 31 days written notice if the employer/group fails to pay premium. Highmark Blue Cross Blue Shield 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 BCBSD Inc.

Tuition Rewards is a Registered Trademark of SAGE Scholars, Inc.

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.

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield serves the state of Delaware and is an independent licensee of the Blue Cross Blue Shield Association. 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 benefits or benefit administration and/or to one or more of its affiliated Blue companies.

SAGE is not a subsidiary or affiliate of Highmark. Subject to eligibility requirements and terms and conditions. Tuition Rewards is not an insured benefit, but instead a program offered through a Plan Sponsor Agreement with SAGE. Program participation subject to enrollment with SAGE.

"Points" are credits that may be used to discount the cost of Tuition and have no cash value. Highmark does not provide services related to this program. Tuition Rewards not available in all jurisdictions. Program subject to change without notice. Highmark makes no representations regarding tax laws or any tax consequences of this Program. Please consult your tax advisor regarding your tax situation.

