

## Dental Blue®

Preventive Benefit Group	Basic Benefit Group
No Deductible	\$50 Per Member/\$150 Per Family Calendar-Year Deductible
Full Coverage	80% Coverage
<b>Diagnostic</b> <ul style="list-style-type: none"> <li>• One complete initial oral exam and charting</li> <li>• Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months</li> <li>• Bitewing X-rays once each six months</li> <li>• Single tooth X-rays as needed</li> <li>• Study models and casts used in planning treatment each 60 months</li> <li>• Periodic or routine oral exams once each six months</li> <li>• Emergency exams when the dentist does not perform another covered service during the visit</li> </ul> <b>Preventive</b> <ul style="list-style-type: none"> <li>• Routine cleaning, scaling, and polishing of the teeth once each six months</li> <li>• Fluoride treatment (members under age 19) once each six months</li> <li>• Sealants on permanent pre-molar and molar surfaces (members under age 14), one application per premolar or molar surface each 48 months</li> <li>• Space maintainers needed due to premature tooth loss (members under age 19)</li> </ul>	<b>Restorative</b> <ul style="list-style-type: none"> <li>• Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period)</li> <li>• Composite resin (tooth color) fillings on front teeth (limited to one filling for each tooth surface in a 12-month period). Benefits are provided for amalgam fillings towards the cost of composite resin (tooth color) fillings on back teeth (bicuspid and molars). You pay any balance.</li> <li>• Pin retention for fillings</li> <li>• Stainless steel crowns on baby teeth and on first permanent adult molars (members under age 16)</li> </ul> <b>Oral Surgery</b> <ul style="list-style-type: none"> <li>• Tooth extraction</li> <li>• Root removal</li> <li>• Biopsies</li> </ul> <b>Periodontics (gum and bone)</b> <ul style="list-style-type: none"> <li>• Periodontal scaling and root planing once per quadrant each 24 months</li> <li>• Periodontal surgery (curettage, osseous surgery) once per quadrant each 36 months</li> <li>• Periodontal maintenance following active periodontal therapy once each three months</li> </ul> <b>Endodontics (roots and pulp)</b> <ul style="list-style-type: none"> <li>• Root canal therapy on permanent teeth, once in a lifetime for each tooth</li> <li>• Retreatment root canal therapy on permanent teeth, once in a lifetime for each tooth</li> <li>• Therapeutic pulpotomy on primary or permanent teeth (members under age 16)</li> <li>• Other endodontic surgery intended to treat or remove the dental root</li> </ul> <b>Prosthetic Maintenance</b> <ul style="list-style-type: none"> <li>• Repair of partial or complete dentures, crowns, and bridges once each 12 months</li> <li>• Adding teeth to an existing complete or partial denture</li> <li>• Rebase or reline of dentures once each 36 months</li> <li>• Recementing of crowns, inlays, onlays, and fixed bridgework once each 12 months</li> </ul> <b>Other Covered Services</b> <ul style="list-style-type: none"> <li>• Occlusal adjustments once each 24 months</li> <li>• Services to treat root sensitivity</li> <li>• Emergency dental care to treat acute pain or to prevent permanent harm to a member</li> <li>• General anesthesia when administered in conjunction with covered surgical services</li> </ul>

\$750 Calendar-Year Benefit Maximum

Welcome to Dental Blue, a comprehensive dental plan that provides a wide range of benefits to meet a variety of your dental care needs.

Please note: this is a brief description of your Dental Blue plan. It should be used only as a guide. It does not contain complete details of the plan. The *Dental Blue Benefit Description* and any applicable riders, define the terms and conditions, including limitations and exclusions, of your dental care coverage in detail. If questions arise concerning coverage, the benefit description and riders will govern. You can get copies of the benefit description and riders from your plan sponsor.

#### Your Dentist

There are over approximately 4,000 participating Dental Blue dentists in Massachusetts, that's approximately 85% of all licensed and practicing dentists in Massachusetts.

If you already have a dentist and you want to know if he or she participates with Dental Blue, call the dentist, or call Member Service at 1-800-782-3675.

If you need to choose a dentist, you can find one in the *Dental Blue Directory of Providers* or access the online directory at [www.bluecrossma.com](http://www.bluecrossma.com).

#### Your Benefits

Your benefits are subject to the deductible, co-insurance, and benefit maximum amount chosen by your group. Please refer to the chart to the left for the amount that your group has chosen for you.

Many of the covered services have specific time limits or age limits associated with them. For example:

- Cleanings are provided only once each six months
- Fluoride treatments are provided only for members under age 19
- Recementing of crowns, inlays, onlays, and fixed bridgework is provided only once each 12 months

#### Pre-Treatment Estimates

If your dentist expects that your dental treatment will involve covered services that will cost more than \$250, he or she may send a copy of the "treatment plan" to Blue Cross Blue Shield before services are rendered. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate for the charges for each service.

Once the treatment plan is reviewed, you and your dentist will be notified of the benefits available for those services.

*Remember, the payment estimate is based on the amount of your calendar-year benefit maximum at the time the estimate is received and reviewed. (The actual payment may differ if your available calendar-year benefit maximum or eligibility has changed.)*

#### How Participating Dentists Are Paid

Dentists who participate with Blue Cross Blue Shield accept the allowed charge as payment in full. You pay only your deductible, co-insurance, and charges beyond your calendar-year benefit maximum. For charges by a non-participating dentist outside of Massachusetts, you are also responsible for any difference between the payment and the dentist's actual charge.

Dental Blue benefits are only available for services rendered by dentists in Massachusetts who have a participating agreement with Blue Cross Blue Shield of Massachusetts.

#### When Coverage Begins

You are covered, without a waiting period, from the date you enroll in the plan.

#### Memberships

An individual membership covers one person only – the "subscriber."

A family membership covers the subscriber, spouse, unmarried dependent children under age 19, and children of covered unmarried dependents. When a dependent child marries or turns 19, coverage under his or her parent's family membership ends. A disabled child over age 19 may qualify for continued coverage under a family membership. The plan sponsor must be notified before the child's 19th birthday.

Unmarried dependent children who are full-time students are covered under a family membership until age 26. A verification form will be sent to you each year. Coverage ends when the student turns age 26, marries, or on November 1 following the date the student discontinues full-time classes or graduates, whichever comes first.

Under federal law, your coverage and your dependents' coverage may be continued under certain circumstances (e.g., you leave your job or your dependent turns 19). Contact your plan sponsor for details.

Under this dental plan, your coverage ends on the date you are no longer covered through your group.



### If You Have to File a Claim

Participating Dental Blue dentists will send claims to Blue Cross Blue Shield for you. Just show them your Dental Blue ID card. The payment will be sent directly to your dentist.

If you receive emergency care in Massachusetts by a non-participating dentist, you or the dentist may file an Attending Dentist's Statement. If you file, send the Attending Dentist's Statement with the original itemized bills. Any benefit payment will be sent to you. You can get Attending Dentist's Statements from Member Service or your plan sponsor.

Send all claims to Blue Cross Blue Shield of Massachusetts, P.O. Box 9131, North Quincy, MA 02131-9131. All claims must be submitted within two years of the date of service.

The Blue Cross Blue Shield Grievance Program is fully described in your benefit description.

### Other Information

Coordination of benefits, or COB, applies to plan members who are covered by another plan for health care expenses. COB ensures that payments from all health care plans do not exceed the total charges billed for covered services.

Your benefit description has a subrogation clause. This does not affect the scope of benefits. It allows claim payments to be retracted when a member recovers payment for the same charges from a third party due to liability for injury.

### Limitations and Exclusions

Your *Dental Blue Benefit Description* along with any riders chosen by your group, contains a complete list of exclusions and limitations. Examples of when Dental Blue does not provide benefits include:

- A service or procedure that is not necessary and appropriate as determined by Blue Cross Blue Shield
- Services that are rendered due to the requirements of a third party, such as an employer or school
- An illness or injury that Blue Cross Blue Shield determines arose out of and in the course of your employment
- An illness or injury for which any benefits are available through a government program (local, state, national, or foreign) which provides or pays for health services, not including Medicaid or Medicare
- A method of treatment more costly than is customarily provided. Benefits will be based on the least costly, but acceptable method of treatment
- Consultations when the dentist who renders the consultation provides treatment
- A service to treat disorders of the joints of the jaw (temporomandibular joints)
- Services that are meant primarily to change or improve your appearance
- Replacement of dentures, bridges, or space maintainers, due to theft, misplacement, or loss
- Laboratory or bacteriological tests
- Occlusal guards
- Drugs, pharmaceuticals, biologicals or other prescription agents or products
- Orthodontic services

Note: Blue Cross and Blue Shield of Massachusetts, Inc. is the administrator of the benefits described in this Summary of Benefits. Blue Cross and Blue Shield administers claim payments only and does not assume financial risk for claims.

**For questions about claims, benefits, or membership call:**

**1-800-782-3675**

**For more information about Blue Cross and Blue Shield, log on:**

**[www.bluecrossma.com](http://www.bluecrossma.com).**

**Write: Blue Cross and Blue Shield of Massachusetts**

**P.O. Box 9131**

**North Quincy, MA 02171-9131**

