



Dental Blue PPO Preventive

Summary of Benefits

Effective on Anniversary Dates Beginning January 1, 2009.

At Blue Cross Blue Shield of Massachusetts, we are committed to our members' total well-being. Good oral health is an important part of overall health. Enrolling separately in a health plan that meets Massachusetts' Health Care Reform Law's Minimum Creditable Coverage Standards will help ensure that you will receive comprehensive health and dental coverage.



MASSACHUSETTS



This dental plan, on its own, does not meet Minimum Creditable Coverage Standards for Massachusetts residents that will be effective January 1, 2009, as part of the Massachusetts Health Care Reform Law.

Dental Blue PPO Preventive Plan

Blue Cross Blue Shield provides benefits for the following services to diagnose or prevent tooth decay and other forms of oral disease. These are the types of dental services most members receive during a routine dental checkup or visit.

Diagnostic Benefits	Preventive Benefits
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Full Coverage (In-Network Dentist Services*)
No Deductible

Diagnostic Benefits	Preventive Benefits
<ul style="list-style-type: none">• One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures• Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months• Bitewing X-rays once each six months• Single tooth X-rays as needed• Study models and casts used in planning treatment once each 60 months• Periodic or routine oral exams once each six months• Emergency exams	<ul style="list-style-type: none">• Routine cleaning, scaling, and polishing of the teeth once each six months• Fluoride treatment once each six months (members under age 19)• Sealants on permanent bicuspid and molar surfaces (members under age 14). Benefits are provided for one application per bicuspid or molar surface each 48 months.• Space maintainers needed due to premature tooth loss (members under age 19)

\$500 Calendar-Year Benefit Maximum
(maximum for in-network and out-of-network benefits combined)

*Benefits are reduced by 20% when services are received from a non-network provider.

Welcome to the Dental Blue PPO Preventive Program, a dental plan designed to manage the cost of dental services. Dental Blue PPO offers a wide network of dentists. Dentists who participate with Blue Cross Blue Shield of Rhode Island and the DenteMax Network of Dentists are also part of the Dental Blue PPO Network. Using network dentists will minimize your out-of-pocket expenses.

Your Dentist

If you already have a dentist and you want to know if he or she participates in the Dental Blue PPO network, you may call the dentist, refer to the most current dental provider directory, or call Member Service at the toll-free telephone number shown on your Dental Blue ID card.

If you would like help choosing a dentist, you may call the Physician Selection Service at **1-800-821-1388**.

Your Benefits

Benefits are subject to the benefit maximum amount chosen by your group. Payments are based on whether or not you receive services from a network or non-network dentist. Please refer to the chart to the left for the amount 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.

Pre-Treatment Estimates

If your dentist expects that your dental treatment will involve covered services that will cost more than \$250, he or she should 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.

Remember, the payment estimate is based on your eligibility status and 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 status has changed.)

Multi-Stage Procedures

Your dental plan provides benefits for multi-stage procedures (these are procedures that require more than one visit) as long as you are enrolled under the plan on the date that the multi-stage procedure is completed. A participating dentist will send a claim for a multi-stage procedure to Blue Cross Blue Shield for processing only after the completion date of the procedure.

You will be responsible for all charges for multi-stage procedures if your plan has been cancelled before the completion date of the procedure

How Network Dentists Are Paid

Payments are based on the allowed charge for covered services. Network dentists agree to accept the allowed charge as payment in full. You pay only the charges beyond your calendar-year benefit maximum.

How Non-Network Dentists Are Paid

Payments are based on 80% of the network benefit levels for covered services. The dentist’s charges are used to calculate your benefits. You will be responsible for the difference between the Blue Cross Blue Shield payment and the dentist’s actual charges. For example, if 100% of your dental expenses would have been covered had you used a network provider, only 80% of such expenses will be covered if you use a non-network provider.

Dependent Benefits

This plan covers dependents to age 26, or for two calendar years after the dependent is no longer claimed on the subscriber's or spouse's federal tax return, whichever comes first. Additionally, this plan may cover unmarried full-time students or other unmarried dependents who do not otherwise qualify as eligible dependents. Please see your subscriber certificate (and riders, if any) for exact coverage details.

When Coverage Begins

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

If You Have to File a Claim

Participating 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 when claims are received within one year of the completed service.

Any claims that you file should be sent to Blue Cross Blue Shield of Massachusetts, P. O. Box 986030, Boston, MA 02298. All member-submitted claims must be submitted within two years of the date of service. The Blue Cross Blue Shield Grievance Program is fully described in the subscriber certificate.

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 subscriber certificate 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 provided. Benefits will be based on the least costly, but acceptable, method of treatment.

Enhanced Dental Benefits

Enhanced Dental Benefits for certain dental care services are available if you are a member who has been diagnosed with either diabetes, coronary artery disease, or you are a member who is pregnant. Contact Member Service for more information.

Accumulated Maximum Rollover Benefit

This dental plan includes an Accumulated Maximum Rollover Benefit. This rollover benefit allows members to roll over a certain portion of their unused annual dental benefits so that they can use them in a future year. There are limits and restrictions on this benefit. Refer to the Dental Maximum Rollover brochure for further information.

Questions? Call 1-800-262-BLUE (2583).

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com.

Limitations and Exclusions. These pages summarize your dental plan. Your subscriber certificate and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the subscriber certificate and riders will govern. For a complete list of limitations and exclusions, refer to your subscriber certificate and riders.

