

Dental Blue[®]
The right choice



Dental Blue Preventive

Summary of Benefits



MASSACHUSETTS

Dental Blue 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

Full Coverage

No Deductible

Diagnostic Benefits

- 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

Preventive Benefits

- 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

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

Your Dentist

Dental Blue offers an extensive network of dentists. There are more than 5,000 dentists who participate with Blue Cross Blue Shield of Massachusetts. Dentists who participate with Blue Cross Blue Shield of Rhode Island and out-of-area dentists who participate in the DenteMax Network of Dentists are also available to Dental Blue members.

If you already have a dentist and you want to know if he or she is participating with Blue Cross Blue Shield of Massachusetts, 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**. You may also access the online dental provider directory at www.bluecrossma.com.

Your Benefits

Benefits are subject to the calendar-year benefit maximum amount chosen by your group. 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 for those services.

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.

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.)

How Dentists Are Paid

Participating Dentists

Dentists that participate with Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Rhode Island, or out-of-area dentists that are in the DenteMax Network of Dentists, accept the lesser of either the dentist’s actual charge or the allowed charge as payment in full for covered services. You pay only the charges beyond your calendar-year benefit maximum.

In Massachusetts, benefits are usually only provided when covered services are furnished by a participating dentist. The exceptions are described in your subscriber certificate.

Non-Participating Dentists Outside of Massachusetts

Benefits for covered services by a non-participating dentist outside of Massachusetts are provided based on the dentist’s actual charge or the allowed charge, whichever is less. The allowed charge is based on a schedule of charges. You may be responsible for any difference between the dentist’s actual charge or the allowed charge, whichever is less. You are also responsible for all charges beyond your calendar-year benefit maximum.

Supplemental Coverage

Non-Participating Dentists Inside of Massachusetts

Your group has also purchased supplemental coverage to provide benefits for covered services furnished in Massachusetts by non-participating dentists. You may be responsible for any difference between the maximum allowance and the dentist’s actual charge, and all charges beyond your calendar-year benefit maximum. See your plan sponsor for details and claim filing information.

When Coverage Begins

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

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.

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.

If you receive emergency care in Massachusetts by a non-participating dentist because a participating dentist was not available, 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.

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.

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.

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.

