



2012

# *Who Knew? Better with BLUE.*

## 2012 Dental Blue<sup>®</sup> Healthy Supplement

Supplemental Dental Coverage with Fitness and Weight Loss Benefits for Blue Cross and Blue Shield Service Benefit Plan Members

**Please note:**

The enrollment deadline for 2012 coverage is December 31, 2011. Current members do not need to reapply; your coverage will automatically continue in the new plan when you make your first 2012 premium payment.

2012 Dependent Coverage to Age 26

Note: This benefit is neither offered nor guaranteed under contract with the Federal Employees Health Benefit Program (FEHBP)/Federal Employees Dental and Vision Insurance Program (FEDVIP), but is made available to all enrollees and family members who become members of the Blue Cross and Blue Shield Service Benefit Plan and live in Massachusetts.



MASSACHUSETTS

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

# 2012 Dental Blue Healthy Supplement

Dental Blue Healthy Supplement enhances Service Benefit Plan members' dental coverage by supplementing the dental benefits included in the Standard Option and Basic Option, plus it provides Fitness and Weight Loss Benefits.

## Monthly Premium Rates

- Premiums are billed directly to the subscriber and are payable monthly
- A convenient, automatic electronic funds transfer (EFT) payment option is available

Dental Blue Healthy Supplement Benefits	Service Benefit Plan Dental Coverage Included in Medical Plan	Benefit Level with Dental Blue Healthy Supplement		
		When you use participating dentists— (90% of dentists in Massachusetts participate)	When you use non-participating dentists	
<b>Preventive Benefit Group</b> <ul style="list-style-type: none"> <li>• Oral exams</li> <li>• Diagnostic X-rays</li> <li>• Cleanings</li> <li>• Fluoride treatments</li> <li>• Sealants</li> </ul>	<b>Standard Option:</b> Limited fee schedule benefits, member responsible for balance <b>Basic Option:</b> \$25 copayment at network dentists only	100% coverage	80% of allowable charge	
<b>Basic Benefit Group</b> <ul style="list-style-type: none"> <li>• Fillings</li> </ul> Includes coverage for white composite resin fillings on front and back teeth	<b>Standard Option:</b> Limited services covered, limited fee schedule benefits <b>Basic Option:</b> No coverage	100% coverage for fillings	80% of allowable charge for fillings	
\$750 calendar-year benefit maximum (per person) for Preventive and Basic benefit groups combined. Includes Dental Rollover Benefit. <b>Plus --</b>				
Fitness Benefit	<b>Standard Option:</b> No coverage <b>Basic Option:</b> No coverage	\$150 per calendar year toward qualified health club membership for you or your family		
Weight Loss Benefit	<b>Standard Option:</b> No coverage <b>Basic Option:</b> No coverage	\$150 per calendar year toward qualified weight loss program fees for you or your family		
2012 Dental Blue Healthy Supplement Monthly Premium				
Your dental premium is based on your Service Benefit Plan Option for 2012		Self Only	Self + One	Family (3+)
Standard Option		\$30.05	\$70.81	\$90.11
Basic Option		\$28.98	\$68.27	\$86.88

## Dental Blue: Good Health Starts at the Top!

Dental Blue Healthy Supplement is a supplemental dental plan that enhances the limited dental benefits provided by the Blue Cross and Blue Shield Service Benefit Plan (Standard Option or Basic Option). This enables federal employees to obtain additional dental coverage at a reasonable cost along with fitness and weight loss benefits too! Dental Blue Healthy Supplement provides coverage for preventive dental care, fillings, and also provides a \$150 Fitness Benefit and a \$150 Weight Loss Benefit. Enhancing Dental Blue with fitness and weight loss benefits goes the extra step toward good health.

With more than 5,000 provider locations in Massachusetts, Dental Blue Healthy Supplement makes it easy for you and your family to receive care from a dentist near your home or workplace. In fact, your dentist is probably a Dental Blue-participating dentist.

**Are you ready to enroll in Dental Blue Healthy Supplement?** It's easy! As long as you are a Service Benefit Plan member and live in Massachusetts, all you need to do is complete the enrollment form on pages 3–4 of this brochure and mail it to us. You will receive a Dental Blue identification card after your enrollment has been processed.

If you are already a member, you do not need to reapply. Simply pay your January 2012 premium statement when you receive it, and you will continue to be enrolled in Dental Blue Healthy Supplement. There is an electronic payment option available to you—just call us and we will send you an electronic fund transfer (EFT) enrollment kit or visit us at [www.bluecrossma.com/fep](http://www.bluecrossma.com/fep) to download the EFT form.

Thank you for your interest in Dental Blue Healthy Supplement. If you have any questions after you review this brochure, please call us at **1-800-433-7766**.

### Did you Know...

*According to a recent Surgeon General's report, unchecked dental disease can lead or contribute to diabetes, stroke, and low birthweight.*

*By brushing, flossing, and seeing your dentist regularly, you can treat dental disease early and avoid future complications.*

*Ask your dentist what you can do to help keep your mouth healthy!*

# Table of Contents

Frequently Asked Questions . . . . .	iii
Enrollment Information . . . . .	1
• Who Is Eligible	
• Enrollment Period	
• Effective Date of Dental Coverage	
• How to Change Your Dental Coverage	
Dental Blue Healthy Supplement Enrollment Form . . . . .	3
Covered Benefits . . . . .	5
• Healthy Supplement Benefit Highlights	
• Dental Blue Benefit	
• Fitness Benefit	
• Weight Loss Benefit	
Fitness Benefit Form . . . . .	11
Weight Loss Benefit Form . . . . .	13
Appeal Procedures . . . . .	15

# Frequently Asked Questions About Dental Blue Healthy Supplement

## How do I become a Dental Blue Healthy Supplement member?

It's easy. All you need to do is fill out the enrollment form on pages 3–4 of this brochure and mail or fax it to us. We cannot accept dental enrollments after December 31, 2011, so enroll today!

**If you are a current member, you do not need to reapply.** Simply pay your next premium statement when you receive it, and your coverage will continue automatically.

You can enroll in Dental Blue Healthy Supplement during the annual health benefits Open Season period or when you are a new hire at a federal agency. Please note that the health benefits Open Season ends December 12, 2011.

## What is Dental Blue Healthy Supplement? Does it only have dental benefits?

Dental Blue Healthy Supplement not only has coverage for preventive dental services and fillings, it also provides you or your family with a \$150 Fitness Benefit and a \$150 Weight Loss Benefit each year.

## How can I get the most value from my Dental Blue Healthy Supplement coverage?

By using dentists in our Dental Blue network. These participating dentists have negotiated rates with us that enable us to provide the highest level of coverage.

## How do I find out if my dentist is in the Dental Blue network?

Ninety percent of dentists in Massachusetts are in the Dental Blue network. To check if your dentist participates:

- **Ask Your Dentist**—Ask your dentist if he or she is a Dental Blue-participating dentist.
- **Online Directory**—Check out our online provider directory by visiting [www.bluecrossma.com/fep](http://www.bluecrossma.com/fep) and selecting **Find a Provider**.
- **Call Us**—Just dial 1-800-433-7766 to speak with a knowledgeable Member Service representative.

## Why isn't my dentist in the Dental Blue network?

Not all dentists choose to be part of our Dental Blue network.

## What happens when I use a dentist who is not in the Dental Blue network?

You can use any dentist, but the reimbursement will be less when you use dentists who do not participate in our Dental Blue network. If you receive treatment from a dentist who is not in the network, the allowance used to calculate your benefits is reduced by 20 percent.

## My friend at work lives in New Hampshire. Why can't she join Dental Blue Healthy Supplement? Also, I might move out of state next year. Can I continue this dental coverage?

We can only offer Dental Blue Healthy Supplement to federal employees who live in Massachusetts. If you move out of state during the year, call us and we will arrange for a partial-year premium adjustment for you.



# Enrollment Information

# Enrollment Information

## Who Is Eligible

You can enroll in Dental Blue Healthy Supplement for federal employees and annuitants **if you meet both of the criteria below:**

- You are enrolled in the Blue Cross and Blue Shield Service Benefit Plan (Standard Option or Basic Option)
- You live in Massachusetts

Your Dental Blue Healthy Supplement coverage must “match” your Service Benefit Plan coverage. If you have Self-Only Service Benefit Plan coverage, you will enroll in Self-Only dental coverage. If your Family Service Benefit Plan covers only two people, you will enroll in Self + One dental coverage. If you have Family Service Benefit Plan coverage with three or more family members, you will enroll in Family (3+) dental coverage for your spouse and/or dependent children if they’re covered under your Service Benefit Plan family coverage. Dependent coverage has been extended to age 26 on the Dental Blue Healthy Supplement.

## Enrollment Period

As long as you remain eligible for enrollment in Dental Blue Healthy Supplement, your enrollment period is for the entire calendar year.

Dental Blue Healthy Supplement benefits are based on year-long premiums. (For federal employees hired during the calendar year, the enrollment period and total premium liability are determined based on the effective date of Service Benefit Plan enrollment.)

**If you cancel your Dental Blue Healthy Supplement coverage during the year, you will not be able to re-enroll during the next three Open Seasons.**

## Effective Date of Dental Coverage

For active employees enrolling in the Service Benefit Plan during Open Season, the effective date for your dental coverage is the first day of the first full pay period in January. For current/existing Service Benefit Plan members and annuitants, the effective date is January 1. If you join during the calendar year as a new hire, Dental Blue Healthy Supplement will be effective for the same date as your Service Benefit Plan coverage.

## How to Change Your Dental Coverage

Notify the Blue Cross Blue Shield of Massachusetts Federal Employee Member Service Center at **1-800-433-7766**. Dental Blue Healthy Supplement is a local Massachusetts plan. Please notify us regarding any changes to your dental coverage. (Please note: When you change your medical plan, your dental coverage with us is not automatically updated.) If an enrollment change is needed (including the addition of an eligible dependent up to age 26), we will update our records and adjust your premium, if necessary. Your Dental Blue Healthy Supplement coverage will not change until you notify both your payroll office (for the medical plan) and Blue Cross Blue Shield of Massachusetts (for Dental Blue Healthy Supplement).





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# Dental Blue<sup>®</sup> Healthy Supplement Enrollment Form

## For Service Benefit Plan Enrollees Only

To enroll in Dental Blue Healthy Supplement, you must reside in Massachusetts.

Are you a new Service Benefit Plan subscriber for 2012?  Yes  No

If you are a new Service Benefit Plan subscriber for 2012, please include a copy of your SF 2809 form, if available.

### Enrollee Information

Last Name					First Name					Initial					Date of Birth					Social Security Number				
Street Address										City					State					Zip Code				
R <input type="text"/>										<input type="text"/>														
FEP ID Number										Enrollment Code					Employing Agency									
Work Phone Number										Home Phone Number														

### Select Coverage

Please note: You **must** select the same type of enrollment that you currently have in the Service Benefit Plan.

Check one:

- Self Only
- Self + One
- Family (3+)

List your spouse and/or dependent children below. Dependents are covered up to age 26. Only the dependents enrolled under your Service Benefit Plan coverage are eligible to enroll in Dental Blue Healthy Supplement.

First Name	Initial	Date of Birth	Social Security Number	Sex (M/F)	Last Name (if different)	Relationship

If you need to list more dependents, please attach an additional sheet.

Please read and complete reverse side.

## Enrollment Period

As long as you remain eligible for enrollment in Dental Blue Healthy Supplement, your enrollment period is the entire calendar year. Dental Blue Healthy Supplement benefits are based on year-long premiums. (For federal employees hired during the calendar year, the enrollment period and total premium liability are determined based on the effective date of enrollment.) **If you cancel your Dental Blue Healthy Supplement coverage during the year by ceasing to pay premiums or by requesting a mid-year cancellation, you will not be able to re-enroll during the next three Open Seasons.**

## Mail This Form

Mail the completed form to:  
Blue Cross Blue Shield of Massachusetts  
Dental Blue Healthy Supplement  
Enrollment Department  
P.O. Box 55380  
Boston, MA 02205-8338

## Payment Information

Blue Cross and Blue Shield of Massachusetts, Inc., is authorized to bill me monthly for the premiums for Dental Blue Healthy Supplement.

### Please check:

Please bill me monthly, in advance, for my dental premiums.

---

Signature

Date

## I Understand . . .

These benefits are neither offered nor guaranteed under the FEHBP/FEDVIP, but are made available to all enrollees and dependents who are members of the Service Benefit Plan and live in the service area of Blue Cross and Blue Shield of Massachusetts, Inc. The cost of these benefits is not included in the FEHBP/FEDVIP premium, and charges for these services do not count toward any FEHBP deductibles or catastrophic protection benefits. These benefits are not subject to the FEHBP/FEDVIP disputed claims procedures.

I acknowledge and agree:

- that coverage shall become effective only after this application is approved by the Plan and shall be only as stated in the contract issued by the Plan; and
- that any health care provider having information or records pertaining to me or any covered family member is authorized and directed to furnish such information or records at the Plan's request; and
- that each response in this application has been entered by me or at my direction and may be used by the Plan to determine eligibility of me and any family member for this coverage and that, if I have misstated or omitted any material information, the Plan may declare such coverage null and void from its issuance; and
- that I will pay premiums as stated in the brochure.

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Signature

Date

## Dental Blue Healthy Supplement Benefits

# Covered Benefits

## Dental Blue Healthy Supplement Benefit Highlights

- Dental Blue Healthy Supplement provides benefits for preventive dental services and fillings PLUS a \$150 Fitness Benefit and a \$150 Weight Loss Benefit.
- Preventive dental care and fillings are 100 percent covered when you see a participating dentist as shown in the chart below:

	Services included in benefit group	Benefit Level	
		When you use participating dentists— (90% of MA dentists are participating)	When you use non-participating dentists
<b>Preventive Benefit Group</b> <i>see page 7</i>	<ul style="list-style-type: none"> <li>• Oral exams</li> <li>• Diagnostic X-rays</li> <li>• Cleanings</li> <li>• Fluoride treatments</li> <li>• Sealants</li> </ul>	100% coverage	80% of allowable charge
<b>Basic Benefit Group</b> <i>see page 7</i>	<ul style="list-style-type: none"> <li>• Fillings</li> </ul> <p>Includes coverage for white composite resin fillings on front and back teeth</p>	100% coverage for fillings	80% of allowable charge for fillings
\$750 calendar-year benefit maximum (per person) for Preventive and Basic benefit groups combined. Includes a Dental Rollover Benefit. PLUS--			
<b>Fitness Benefit</b> <i>see page 8</i>	\$150 per calendar year toward qualified health club membership for you or your family		
<b>Weight Loss Benefit</b> <i>see page 9</i>	\$150 per calendar year toward qualified weight loss program fees for you or your family		

# Covered Benefits

## Dental Blue

Dental Blue Healthy Supplement provides benefits to diagnose or prevent tooth decay and other forms of oral disease. Below are the dental services covered by this plan.

### Preventive Benefit Group

#### Diagnostic

- 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 (twice per calendar year, per person)
- Single tooth X-rays
- Study models and casts used in planning treatment once each 60 months
- Periodic or routine oral exams (limited to two per person, per calendar year)
- Emergency exams when the dentist does not perform another covered service during the visit

#### Preventive

- Routine cleaning, scaling, and polishing of the teeth (limited to two per person, per calendar year)
- Fluoride treatment (members under age 19)
- Sealants on permanent premolar and molar surfaces (members under age 14), one application per premolar or molar surface once each 48 months
- Space maintainers needed due to premature tooth loss (members under age 19)

### Basic Benefit Group

#### Restorative

- Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period)
- Composite resin (tooth color) fillings on front and back teeth (bicuspid and molars) (limited to one filling for each tooth surface in a 12-month period).

### Annual Rollover Benefit

This benefit applies to you if you receive at least one service during the benefit period, remain a member of the plan for the entire benefit period, and do not exceed the claim payment threshold in the benefit period.

The Dental Blue Healthy Supplement provides an annual dental benefit of \$750. If you do not exceed \$300 in total dental claims for the benefit period, \$200 will be rolled over to use the following year and beyond. Rollover totals will be capped at \$500.

# Covered Benefits

## \$150 Fitness Benefit

You or your family can receive up to \$150 per calendar year toward your health club membership fees once you have been a member of Dental Blue Healthy Supplement and a qualified health club or fitness facility for at least four months in a calendar year.

The full-service facility that members enroll in must have a vast array of cardiovascular and strength-training equipment (such as traditional YMCAs, JCCs, and health clubs). Fees for attendance at aerobic and fitness classes in a qualified health club (without annual club membership) are covered, but require appropriate documentation.

Members need to complete the Fitness Benefit claim form and submit dated, original receipts from the health club or copies of bank or credit card statements if applicable, and a copy of the health club contract.

Reimbursement is available on a per-covered subscriber basis (one per individual subscriber or one per family), for eligible expenses up to \$150 per calendar year.

## Services Not Covered

For example, reimbursement is not available for: martial arts centers; gymnastics facilities; country clubs; tennis, aerobic, or pool-only facilities; social clubs; and sports teams or leagues. Fees for attendance at aerobics or fitness activities not in a qualified health club, and fees for personal training, lessons, coaching, exercise equipment, and clothing costs are not covered.

## How to File a Fitness Benefit Claim

When you or a covered family member enroll in a qualified health club or fitness facility, you can receive up to \$150 per calendar year toward your club membership fees. After you have been a member of your health club and Dental Blue Healthy Supplement for at least four months, submit the following information to us:

- Completed Fitness Benefit Form (\$150 is per individual or family membership, per calendar year). The Fitness Benefit Form is located on page 11 of this brochure.
- A copy of your health club agreement or contract that includes the name and address of the health club and the membership or class dates.
- 8.5" x 11" photocopies of dated, paid receipts, or your bank or credit card statements, or paycheck stub if your club fees are automatically deducted from those accounts. Receipts or statements should include the name of the family member enrolled in the club and the individual charges for four months of health club membership or class fees.
- Finally, mail both the form and copies of your health club contract and paid receipts or statements to the address at the bottom of the Fitness Benefit form. If you have any questions, please call us at **1-800-433-7766**.

# Covered Benefits

## \$150 Weight Loss Benefit

If you or your family enroll in Weight Watchers® or a hospital-based weight loss program, you can receive up to \$150 reimbursement per year toward program fees.

Members who enroll and attend a group Weight Watchers program held at a designated location are eligible for the Weight Loss Benefit. Weight Watchers at Work also qualifies. After paying out-of-pocket for the course or program, submit the Weight Loss Benefit claim form and paid receipts for reimbursement.

Reimbursement is available on a per-covered subscriber basis (one per individual subscriber or one per family), for eligible program expenses up to \$150 per calendar year.

## Programs Not Covered

For example, Weight Watchers Online and Weight Watchers at Home programs do not qualify.

Fees for individual nutrition counseling sessions (refer to the Service Benefit Plan for covered medical services), food, books, videos, scales, or other items not included as part of the course or class fee are not covered.

## How to File a Weight Loss Benefit Claim

If you or a covered family member enroll in a qualified Weight Watchers or hospital-based weight loss program, you can receive up to \$150 per calendar year toward your program fees. Submit the following information to us for reimbursement once you have paid for the program:

- Completed Weight Loss Benefit Form (\$150 is per individual or family membership, per calendar year). The Weight Loss Benefit Form is located on page 13 of this brochure.
- 8.5" x 11" photocopies of paid receipts from the qualified program in which you enroll. Receipts must show Blue Cross Blue Shield of Massachusetts member's name, name/logo of program, amount paid per session(s), and date(s) paid. For qualified Weight Watchers programs, a photocopy of your program Membership Book showing this information is required.
- Finally, mail both the form and copies of your receipts to the address at the bottom of the Weight Loss Benefit Form. If you have any questions, please call us at **1-800-433-7766**.

## Timely Filing of Fitness and Weight Loss Claims

You should file your fitness and/or weight loss claims with us as soon as possible. Submit claims once per calendar year. They must be submitted no later than March 31 of the following year.





# FITNESS BENEFIT FORM

PLEASE PRINT ALL INFORMATION CLEARLY

DO NOT WRITE IN THIS SPACE OFFICE USE ONLY

## Subscriber Information (person in whose name coverage is held)

Identification Number (including alpha prefix)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street	City	State	Zip Code
Employer's Name			

## Member Information

Member's Last Name	First Name	Middle Initial	Date of Birth: Mo./Day/Year
Mailing Address Number and Street (if different from subscriber's)	City	State	Zip Code
Gender 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Claimant is (check one): 1. <input type="checkbox"/> Subscriber (coverage holder)    2. <input type="checkbox"/> Spouse (of coverage holder) 3. <input type="checkbox"/> Dependent (up to age 26)    4. <input type="checkbox"/> Handicapped Dependent		

### When to Submit this Form:

- After you have been a member of a health club and Dental Blue Healthy Supplement for at least 4 months in a calendar year.
- Once per calendar year, filed by March 31 of the following year.

### Health Club Information Required:

(Attach 8.5" x 11" photocopies of dated, paid health club receipts and your health club agreement/contract.)

### Name and Address of Health Club

Total Number of Receipt Copies Attached \_\_\_\_\_ Total Amount Submitted: \$ \_\_\_\_\_

### Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts, Inc., about my health club membership. I certify that the information provided in support of this submission is complete and correct, and that I have not previously submitted for these services.

Subscriber's/Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please tear off, fold, and mail this form (including copies of paid receipts) to:**  
Blue Cross Blue Shield of Massachusetts  
Federal Employee Program Claims Department  
PO Box 55380  
Boston, MA 02205-8338

### Questions?

For further information, call us at **1-800-433-7766**.



# WEIGHT LOSS BENEFIT FORM

PLEASE PRINT ALL INFORMATION CLEARLY

DO NOT WRITE IN THIS SPACE OFFICE USE ONLY

## Subscriber Information (person in whose name coverage is held)

Identification Number (including alpha prefix)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street	City	State	Zip Code
Employer's Name			

## Member Information

Member's Last Name	First Name	Middle Initial	Date of Birth: Mo./Day/Year
Mailing Address Number and Street (if different from subscriber's)	City	State	Zip Code
Gender 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	Claimant is (check one): 1. <input type="checkbox"/> Subscriber (coverage holder)    2. <input type="checkbox"/> Spouse (of coverage holder) 3. <input type="checkbox"/> Dependent (up to age 26)    4. <input type="checkbox"/> Handicapped Dependent		

**When to Submit this Form:**

- After you have collected up to \$150 in paid receipts from your qualified weight loss program.
- Once per calendar year, filed by March 31 of the following year.

**Class/Program Information Required:**

Attach 8.5" x 11" photocopies of paid receipts from your qualified weight loss program. Receipts must show Blue Cross Blue Shield of Massachusetts member's name, name/logo of program, amount paid per session(s), and date(s) paid. For qualified Weight Watchers® programs, a photocopy of your program Membership Book showing this information is required.

<b>Name and Address of Class/Program</b>	<b>Benefit Year<sup>1</sup></b>
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1. A 12-month period beginning January 1 and ending December 31.

Total Number of Receipt Copies Attached \_\_\_\_\_ Total Amount Submitted: \$ \_\_\_\_\_

### Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts, Inc., about my weight loss program. I certify that the information provided in support of this submission is complete and correct, and that I have not previously submitted for these services.

\_\_\_\_\_  
Subscriber's/Member's Signature Date

**Please tear off, fold, and mail this form (including copies of paid receipts) to:**  
Blue Cross Blue Shield of Massachusetts  
Federal Employee Program Claims Department  
PO Box 55380  
Boston, MA 02205-8338

**Questions?**  
For further information, call us at **1-800-433-7766**.

® Registered Mark of Weight Watchers International, Inc.



## Appeal Procedures

If you have a question or concern about Dental Blue Healthy Supplement, please call the Federal Employee Program Member Service Center at **1-800-433-7766**. We may request a written description of the problem from you. We will review your written request on the basis of the information you supply, in addition to any other information available.

If we are unable to resolve your concern, you may submit a formal appeal in writing requesting a review by the FEP Dental Blue Healthy Supplement Appeals Department.

Send your letter and all supporting documentation (including our response) to:

Customer Appeals  
Federal Employee Program  
Dental Blue Healthy Supplement  
P.O. Box 55380  
Boston, MA 02205-8338

We will review the information you provide and may request additional information from you. Please allow 30 working days after receipt of your written request to receive a response. You will receive a written response from the FEP Dental Blue Healthy Supplement Appeals Department.





