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.

Dental Blue Freedom

Summary of Benefits

BU Dental Health Center
## Tier 1 Benefits

**Boston University Dental Center**

- **Full Coverage (based on the Table of Allowance)**

  **In-Network**
  - 80% Coverage

  **Out-of-Network**
  - 80% Coverage

### 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 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
- 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 pre-molar 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)

### Other Services
- Occlusal adjustments once each 24 months
- Services to treat root sensitivity
- Emergency dental care to treat acute pain or to prevent permanent harm to a member
- General anesthesia when administered in conjunction with covered surgical services

### Prosthetic Maintenance
- Repair of partial or complete dentures, crowns, and bridges once each 12 months
- Adding teeth to an existing complete or partial denture
- Rebase or reline of dentures once each 36 months
- Recementing of crowns, inlays, onlays, and fixed bridgework once each 12 months

## Tier 2 Benefits

**Boston University Dental Center**

- **80% Coverage (based on the Table of Allowance)**

  **In-Network**
  - 60% Coverage after $50 per member calendar-year deductible

  **Out-of-Network**
  - 60% Coverage after $50 per member calendar-year deductible

### Restorative
- Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period)
- Composite resin (tooth color) fillings (limited to one filling for each tooth surface in a 12-month period)
- Pin retention for fillings
- Stainless steel crowns on baby teeth and on first permanent adult molars (members under age 16)

### Other Services
- Occlusal adjustments once each 24 months
- Services to treat root sensitivity
- Emergency dental care to treat acute pain or to prevent permanent harm to a member
- General anesthesia when administered in conjunction with covered surgical services

## Tier 3 Benefits

**Boston University Dental Center**

- **50% Coverage (based on the Table of Allowance)**

  **In-Network**
  - 40% Coverage after $50 per member calendar-year deductible

  **Out-of-Network**
  - 40% Coverage after $50 per member calendar-year deductible

### Prosthodontics (teeth replacement)
- Complete or partial dentures (including services to fabricate, measure, fit, and adjust them) once each 60 months for each arch
- Fixed bridges (including services to fabricate, measure, fit, and adjust them) once each 60 months for each tooth
- Replacement of dentures and bridges once each 60 months when the existing appliance can't be made serviceable
- Adding teeth to an existing bridge
- Temporary partial dentures to replace any of the six upper or six lower front teeth (only covered if they are installed immediately following the loss of teeth and during the period of healing)

### Oral Surgery
- Tooth extraction
- Root removal
- Biopsies

### Periodontics (gum and bone)
- Periodontal scaling and root planing once per quadrant each 24 months
- Periodontal surgery once per quadrant each 36 months
- Periodontal maintenance following active periodontal therapy once each three months

### Major Restorative (members age 16 or older)
- Crowns, once each 60 months for each tooth
- Metallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once each 60 months for each tooth. You pay any balance.
- Metallic, porcelain, and composite resin onlays, once each 60 months for each tooth
- Replacement of crowns, once each 60 months for each tooth
- Replacement of metallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once each 60 months for each tooth. You pay any balance.
- Replacement of metallic, porcelain, and composite resin onlays, once each 60 months for each tooth
- Post and core or crown buildup, once each 60 months for each tooth
- Single-tooth dental endosteal implants (the fixture and abutment portion) in addition to the allowance for the crown for the implant, once each 60 month period, when the implant replaces permanent teeth through the second molars (members age 16 and older).

### Endodontics (roots and pulp)
- Root canal therapy (permanent teeth, once per lifetime per tooth)
- Retreatment root canal therapy on permanent teeth, once in a lifetime for each tooth
- Therapeutic pulpotomy on primary or permanent teeth (members under age 16)
- Other endodontic surgery to treat or remove the dental root

### Cosmetic Services (Boston University Dental Center only)
- 50% coverage (based on the Table of Allowance) is allowed for cosmetic services, labial veneer, porcelain lab, home bleaching, and in-office bleaching

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$1,700 Calendar-Year Maximum For All Benefits Except Orthodontic Services

* In-Network dentists include Blue Cross Blue Shield participating dentists and DenteMax dentists.

** Out-of-Network dentists include dentists not participating in a network.
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. Services can be provided by the following providers:
- Boston University Dental Center dentists
- Blue Cross Blue Shield of Massachusetts dentists
- Blue Cross Blue Shield of Rhode Island dentists
- Out-of-Area dentists who participate in the DenteMax Network of Dentists

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 deductible and co-insurance (if applicable), and benefit maximum amounts chosen by your group. Please refer to the chart to see how benefits are provided. Many of the covered services have specific time limits or age limits associated with them.

**Multi-Stage Procedures**
Your dental plan provides benefits for multi-stage procedures (these are procedures that require more than one visit, such as crowns, dentures, and root canals) 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.

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**Orthodontic Benefits**
**Boston University Dental Center Only**

<table>
<thead>
<tr>
<th>50% Coverage (based on the Table of Allowance)</th>
<th>How Orthodontic Benefits Are Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to a lifetime maximum of $2,000</td>
<td>You will be responsible for your co-insurance (if applicable) and any charges beyond your lifetime benefit maximum. If your orthodontic treatment began before you were covered under Dental Blue, a monthly fee will be paid for your remaining orthodontic visits until either your treatment is completed or the lifetime benefit maximum is exhausted, whichever comes first.</td>
</tr>
</tbody>
</table>

Coverage includes a complete orthodontic exam and comprehensive or limited active orthodontic treatment, including appliances.

**How Dentists Are Paid**

**Boston University Dental Center Dentists**
Dentists that participate in the Boston University Dental Center accept the Table of Allowance amount as payment in full for covered services.

**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 your deductible, co-insurance, and charges beyond your calendar-year maximum.

**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 your deductible and co-insurance (if applicable), and charges beyond your calendar-year maximum.
**When Coverage Begins**
You are covered, without a waiting period, from the date you enroll in the plan.

**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 plan 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.

**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 1-800-814-4371.
For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.bluecrossma.com/bu.
Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail? Go to www.bluecrossma.com/email to sign up.

**Limitations and Exclusions.** These pages summarize your dental plan. Your plan description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the plan description and riders will govern. For a complete list of limitations and exclusions, refer to your plan description and riders. Please note: Blue Cross and Blue Shield of Massachusetts, Inc., is the administrator of the benefits described in this summary. Blue Cross and Blue Shield of Massachusetts, Inc., administers claims payments only and does not assume financial risk for claims.