

# DENTAL BLUE<sup>®</sup> PPO PROGRAM 2

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# DENTAL BLUE PPO PROGRAM 2

For members under age 13, benefits are covered in full up to the calendar-year benefit maximum and are not subject to the deductible.

Preventive Benefit Group	Basic Benefit Group	Major Benefit Group
No Deductible	\$50 Per Member/\$150 Per Family Calendar-Year Deductible (in-network and out-of-network combined)	
Full Coverage*	80% Coverage*	80% Coverage*
\$1,500 Per Member Calendar-Year Benefit Maximum (in-network and out-of-network combined)		
<b>Diagnostic</b> <ul style="list-style-type: none"> <li>One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures</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 twice per calendar year</li> <li>Single tooth X-rays as needed</li> <li>Study models and casts used in planning treatment once each 60 months</li> <li>Periodic or routine oral exams twice per calendar year</li> <li>Emergency exams</li> </ul> <b>Preventive</b> <ul style="list-style-type: none"> <li>Routine cleaning, scaling, and polishing of the teeth twice per calendar year</li> <li>Fluoride treatment twice per calendar year (members under age 19)</li> <li>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</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 (limited to one filling for each tooth surface in a 12-month period)</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 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 (permanent teeth, once in a lifetime per 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 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 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>	<b>Prosthodontics (teeth replacement)</b> <ul style="list-style-type: none"> <li>Complete or partial dentures (including services to fabricate, measure, fit, and adjust them) once each 60 months for each arch</li> <li>Fixed bridges (including services to fabricate, measure, fit, and adjust them) once each 60 months for each tooth</li> <li>Replacement of dentures and bridges once each 60 months when the existing appliance can't be made serviceable</li> <li>Adding teeth to an existing bridge</li> <li>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)</li> </ul> <b>Major Restorative (members age 16 or older)</b> <ul style="list-style-type: none"> <li>Crowns, once each 60 months for each tooth</li> <li>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.</li> <li>Metallic, porcelain, and composite resin onlays, once each 60 months for each tooth</li> <li>Replacement of crowns, once each 60 months for each tooth</li> <li>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.</li> <li>Replacement of metallic, porcelain, and composite resin onlays, once each 60 months for each tooth</li> <li>Post and core or crown buildup, once each 60 months for each tooth</li> </ul> <b>Implants (members age 16 or older)</b> <ul style="list-style-type: none"> <li>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</li> </ul>

\* Benefits are reduced by 20 percent when services are received from an out-of-network dentist.

\*\* Emergency care services are not subject to the calendar-year deductible. When you require emergency care by an out-of-network dentist, benefits are provided at the same level as an in-network dentist.

# WELCOME TO DENTAL BLUE PPO,

## A DENTAL PLAN DESIGNED TO MANAGE THE COST OF DENTAL SERVICES.

### Your Dentist

Dental Blue PPO offers a large network of dentists, including participating dentists in Massachusetts and nationwide. Using Dental Blue PPO network dentists will minimize your out-of-pocket expenses.

If you would like help choosing a dentist, or already have a dentist and want to know if they participate with your plan, you can call the dentist, look at the current dental provider directory, or call Member Service at the toll-free phone number shown on your Dental Blue ID card. You can also access the online dental provider directory at [bluecrossma.org](http://bluecrossma.org).

### Your Benefits

The dental benefits your plan covers are subject to the calendar-year deductible and coinsurance (if applicable), and benefit maximum amounts shown in the chart. **For members under age 13, these benefits are covered in full up until the calendar-year benefit maximum.** The calendar year begins on January 1 and ends on December 31 of each year. The chart also shows the percentage of costs your plan will pay for covered dental services. Payments are based on whether or not you receive services from a network or out-of-network dentist. Many of the covered services have specific time or age limits.

### Pre-Treatment Estimates

If your dentist expects that your dental treatment will involve covered services that will cost more than \$250, Blue Cross Blue Shield recommends that your dentist send a copy of the "treatment plan" to Blue Cross Blue Shield before services are provided. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate of the charge 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 (procedures that require more than one visit, such as crowns, dentures and root canals) as long as you are enrolled in the plan on the date that the multi-stage procedure is completed. A network dentist will send a claim for a multi-stage procedure to Blue Cross Blue Shield 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 your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year benefit maximum. In certain situations, you will have to pay the difference between the claim payment and the provider's actual billed charge. Refer to your plan description for information about these situations.

### How Out-of-Network Dentists Are Paid

Benefits for covered services by a non-preferred dentist are provided based on the allowed charge or the dentist's actual charge, whichever is less. The allowed charge is based on a schedule of charges. You may be responsible for any difference between the allowed charge or the dentist's actual charge, whichever is less. You are also responsible for your deductible and coinsurance (if applicable), and charges beyond your calendar-year benefit maximum.

Payments are based on 80 percent of the network coverage levels for covered services. For example, if 80 percent of your dental expenses would have been covered had you used a network provider, only 64 percent of such expenses will be covered if you use an out-of-network provider. This provision does not apply to emergency care services. Benefits for emergency care are paid based on the network level of benefits.

### When Coverage Begins

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

### Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. Please see your plan description (and riders, if any) for exact coverage details.

### Enhanced Dental Benefits

Enhanced Dental Benefits for certain dental care services are available for members who have been diagnosed with qualifying conditions. To learn more about specific conditions included in this benefit, review your plan description (and riders, if any) on MyBlue at [bluecrossma.org](https://bluecrossma.org).

### If You Have to File a Claim

Network dentists will send claims directly to Blue Cross Blue Shield. All you have to do is show them your Dental Blue ID card. The payment will be sent directly to your dentist as long as the claims are received within one year of the completed service.

If you receive care from an out-of-network dentist, you will typically need to submit the claim yourself. Before submitting your claim, get an Attending Dentist's Statement form from Member Service.

After your dentist fills out the form, send it and your original itemized bills 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.

If you have a grievance, please see your plan description for instructions on how to file a grievance.

### Other Information

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

Your plan description has a subrogation clause, which means that Blue Cross Blue Shield can recover payments if a member has already been paid for the same claim by a third party.

## QUESTIONS?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-358-2227, or visit us online at [bluecrossma.org](https://bluecrossma.org).