



MASSACHUSETTS

SUMMARY OF BENEFITS



Dental Blue Program 2[®] (with Orthodontics)

Mount Holyoke College

Dental Blue[®]
The right choice

Dental Blue Program 2 with Orthodontics

Preventive Benefit Group	Basic Benefit Group	Major Benefit Group
No Deductible	\$50 Per Member/\$150 Per Family Calendar Year Deductible	
Full Coverage	80% Coverage	50% Coverage
\$2,000 Calendar-Year Benefit Maximum		
<p>Diagnostic</p> <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 <p>Preventive</p> <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 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) 	<p>Restorative</p> <ul style="list-style-type: none"> • 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) <p>Oral Surgery</p> <ul style="list-style-type: none"> • Tooth extraction • Root removal • Biopsies <p>Periodontics (gum and bone)</p> <ul style="list-style-type: none"> • 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 <p>Endodontics (roots and pulp)</p> <ul style="list-style-type: none"> • 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 <p>Prosthetic Maintenance</p> <ul style="list-style-type: none"> • 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 <p>Other Services</p> <ul style="list-style-type: none"> • 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 • Occlusal Guards 	<p>Prosthetics (teeth replacement)</p> <ul style="list-style-type: none"> • 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) <p>Major Restorative (members age 16 or older)</p> <ul style="list-style-type: none"> • 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 <p>Orthodontic Benefit Group</p> <p>50% coverage for all members No deductible</p> <ul style="list-style-type: none"> • Complete orthodontic exam • Comprehensive or limited active orthodontic treatment, including appliances <p>\$1,000 Lifetime Benefit Maximum</p>

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

Your Dentist

Dental Blue offers an extensive network of dentists. Over 90 percent of dentists in Massachusetts and New Hampshire 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 she or he participates with Blue Cross Blue Shield of Massachusetts, 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.

If you would like help choosing a dentist, you can call the Physician Selection Service at **1-800-821-1388**. You can also access the online dental provider directory at www.bluecrossma.com.

Your Benefits

The dental benefits your plan covers are subject to the deductible and coinsurance (if applicable), and benefit maximum amounts shown in the chart. The chart also shows the percentage of costs your plan will pay for covered dental services. Many of the covered services have specific time or age limits.

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, 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 or lifetime benefit maximum at the time the estimate is received and reviewed. (The actual payment may differ if your available calendar-year or lifetime 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 participating 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 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 your deductible and coinsurance (if applicable), and charges beyond your calendar-year or lifetime benefit maximum.

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

Non-participating Dentists Outside of Massachusetts

Benefits for covered services by a non-participating dentist outside of Massachusetts are provided based on the 90th percentile of the Dental Prevailing Healthcare Charges in the zip code region where the services are furnished, but no more than the dentist’s actual charge. This amount is sometimes less than the dentist’s actual charge. In this case, you must pay the amount of the actual charge that is in excess of the allowed charge. This is in addition to the amount you would normally pay for covered services.

How Orthodontic Benefits Are Paid

Your plan includes orthodontic coverage. The lifetime benefit maximum is not part of your calendar-year benefit maximum; it applies only to orthodontic services. You are responsible for your coinsurance and any charges beyond your lifetime benefit maximum. Benefits are available on your effective date. 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.

Supplemental Coverage

Non-participating Dentists Inside of Massachusetts

Your plan includes supplemental coverage to provide benefits for covered services furnished in Massachusetts by non-participating dentists. You may be responsible for the deductible and coinsurance (if applicable), and any difference between the maximum allowance and the dentist’s actual charge, and all charges beyond your calendar-year or lifetime 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 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.

Accumulated Maximum Rollover Benefits

This portion of the dental plan includes an Accumulated Maximum Rollover Benefit. This rollover benefit allows you to roll over a certain dollar amount of your unused annual dental benefits for use in the future. There are limits and restrictions on this benefit. Refer to the Accumulated Dental Maximum Rollover brochure for further information.

Enhanced Dental Benefits

Enhanced Dental Benefits for certain dental care services are available for members who have been diagnosed with diabetes, coronary artery disease, oral cancer, or who are pregnant. Contact Member Service for more information.

If You Have to File a Claim

Participating 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 a non-participating 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, 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 **1-800-486-1136**, or visit us online at www.bluecrossma.com. Interested in receiving information from us via e-mail? Go to www.bluecrossma.com/email to sign up.

Limitations and Exclusions. These pages summarize the benefits of 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.





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Accumulated Maximum Rollover



At Blue Cross Blue Shield of Massachusetts, we understand that oral health is a critical part of overall health. That's why we offer a dental benefit that will allow you to roll over a portion of your unused dental benefits from year to year.

This means that you can accumulate benefit dollars to help offset higher out-of-pocket costs for complex procedures.

This benefit applies to you automatically if you:

- Receive at least one service during the benefit period
- Remain a member of the plan throughout the benefit period
- Do not exceed the claim payment threshold in the benefit period

How Maximum Rollover Works

Beginning 60 days after the last day of your benefit period, your rollover amount will be added to your maximum benefit amount, increasing it for you to use that year and beyond (see below for amounts and maximums).

There is no cost to you. You don't need to do anything. In order to figure out the amount of benefit dollars that are eligible to roll over, just use the chart below. Start by searching for your benefit period maximum in the first column. If Blue Cross Blue Shield of Massachusetts does not pay out more claims dollars on your behalf than the amount in the 2nd column, your benefit maximum for the next year will increase by the amount in the 3rd column.

And, your rollover amount keeps growing and is available for you to use as long as your employer offers this rollover benefit.* The last column will show you the total amount of additional benefit dollars you can earn. It's one more way Blue Cross Blue Shield of Massachusetts is striving to improve health care for all our members.

If your dental plan's annual maximum benefit amount is:	And if your total claims don't exceed this amount for the benefit period:*	Then we will roll over this amount for you to use next year and beyond:*	However, rollover totals will be capped at this amount:*
\$500-\$749	\$200	\$150	\$500
\$750-\$999	\$300	\$200	\$500
\$1,000-\$1,249	\$500	\$350	\$1,000
\$1,250-\$1,499	\$600	\$450	\$1,250
\$1,500-\$1,999	\$700	\$500	\$1,250
\$2,000-\$2,499	\$800	\$600	\$1,500
\$2,500-\$2,999	\$900	\$700	\$1,500
\$3,000 or more	\$1,000	\$750	\$1,500

*This is not an FSA. The amount reflects your benefit maximum for a given year.



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Nondiscrimination Notice

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at civilrightscoordinator@bcbsma.com.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at ocrportal.hhs.gov; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at hhs.gov.