

Outline of Coverage

This document is a detailed description and summary of benefits for Dental Blue 65 Preventive, Dental Blue 65 Basic, and Dental Blue 65 Premier.

Effective January 1, 2020

Eligibility Requirements

- Age 65 or older
- Resident of Massachusetts

Policy Number: DENT SR (1-1-2012)

“Read your subscriber certificate carefully. This disclosure statement is a very brief summary of your dental plan. The plan itself sets forth the rights and obligations of both you and the insurance company. It is, therefore, important that you read your subscriber certificate carefully.”

We know that good oral health is important to you, and we understand that dental costs can add up. From diabetes to heart disease and cholesterol levels, dental care may impact your total health and wellbeing. Regular dental checkups help protect your smile, make you look and feel better, and prevent problems down the road.

Outlined in this document is a detailed description and summary of benefits for Dental Blue 65 Preventive, Dental Blue 65 Basic, and Dental Blue 65 Premier, offered by Blue Cross Blue Shield of Massachusetts.

We offer paperless billing for your dental premiums through eBill.

This easy-to-use tool allows you to view your statement and make premium payments online. You also have an auto-draft option, where we set up an automatic withdrawal of premiums directly from your bank account on each due date. Once you receive an initial paper invoice, register for eBill at www.bcbsmaebilling.com.

Overview

Your Dentist

Dental Blue 65 offers access to more than 90 percent of practicing local dentists and more than 325,000 provider locations nationwide. Dentists who participate with Blue Cross Blue Shield of Rhode Island and out-of-area dentists who participate in our Nationwide Network of dentists are also available to Dental Blue members.

If you already have a dentist and want to know if he or she participates 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 number on your Dental Blue 65 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.

Coverage Begins

Your coverage will be effective the first of the month following the month we receive your application.

If You Have to File a Claim

Network dentists will send claims to Blue Cross Blue Shield of Massachusetts for you. Just show them your Dental Blue 65 ID card. The payment will be sent directly to your dentist.

If you receive care from a non-network dentist, you may have to submit the claim yourself. If you file, send the Attending Dentist's Statement form with the original itemized bills. Any benefit payment will be sent to you. You can get a copy of the Attending Dentist's Statement from Member Service.

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 received within two years of the date of service. (Coverage is not available for non-network dentists in Massachusetts except for covered emergency services.)

The Blue Cross Blue Shield Grievance Program is fully described in the subscriber certificate.

Other Information

Coordination of benefits (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. This clause allows claim payments to be retracted when a member recovers payment for the same charges from a third party due to liability for injury.

Dental Blue 65 Preventive

Monthly Premium

January 1, 2020–December 31, 2020: \$22.70

Services & Benefits

Your covered services include:

- 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 every 60 months
- Bitewing X-rays once every six months
- Single-tooth X-rays as needed
- Study models and casts used in planning treatment once every 60 months
- Periodic or routine oral exams 3 times per 12 months
- Emergency exams
- Routine cleaning, scaling, and polishing of the teeth 3 times per 12 months

Co-insurance, Annual Deductible, and Annual Maximum

This dental plan provides full benefits based on the allowed charge for participating providers. There are no annual deductibles and no annual plan maximums.

Waiting Periods and Pre-existing Condition Limitations

Your dental services will be covered from your effective date of this dental plan without a waiting period or pre-existing condition restrictions.

Exclusions and Limitations

Services limited by frequency include but are not limited to:

- X-rays
- Exams
- Cleanings

Please review your dental policy for a full listing of limitations and exclusions.

Dental Blue 65 Basic

Monthly Premium

January 1, 2020–December 31, 2020: \$37.80

Services & Benefits

Your covered services include:

- 100% coverage for all services covered under Dental Blue 65 Preventive, plus 50% coverage for:

Restorative Services

- Amalgam (silver) fillings (limited to one filling for each tooth surface in each 12 months)
- Composite resin (tooth color) fillings on teeth (limited to one filling per tooth surface in each 12 months)
- Pin retention for fillings

Oral Surgery

- Tooth extractions, root removal, and biopsies

Periodontics (Gum and Bone)

- Periodontal scaling and root planning, once in each quadrant each 24 months
- Periodontal surgery (soft-and hard-tissue surgeries), once in each quadrant each 36 months
- Periodontal maintenance following active periodontal therapy, once each three months

Endodontics (Root and Pulp)

- Root canal therapy on permanent teeth, once per lifetime for each tooth
- Retreatment root canal therapy on permanent teeth, once in a lifetime for each tooth
- Other endodontic surgery intended to treat or remove the dental root

Prosthetic Maintenance

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

Other Covered Services

- Occlusal adjustment, once each 24 months
- Services to treat root sensitivity
- General anesthesia when administered in conjunction with covered surgical services
- Emergency dental treatment to relieve acute pain
- Emergency dental treatment to control a dental condition that requires immediate care to prevent permanent harm to the member

Co-insurance, Annual Deductible, and Annual Maximum

This dental plan provides:

- 100% coverage for all preventative services
- 50% coverage for services outlined in the plan's Services & Benefits section above
- Coverage is based on the allowed charge for participating providers.
- There is a \$100 annual deductible and \$1,250 calendar-year maximum.

Waiting Periods and Pre-existing Condition Limitations

Your dental services will be covered from your effective date of this dental plan without a waiting period or pre-existing condition restrictions for all preventive services. For services that fall outside of preventive, a six-month waiting period from the effective date is required. If you've had continuous prior dental coverage, you may be eligible to have all waiting periods waived to allow you to receive minor and major restorative services right away.

Exclusions and Limitations

Certain services may be limited or excluded from this plan. These services may include:

- Fillings on tooth surfaces where a sealant was applied within the prior 12 months
- Replacement of a filling within 12 months of the date of prior restoration
- A service, supply, procedure, or appliance to stabilize teeth when it is due to periodontal disease

Please review your dental policy for a full listing of limitations and exclusions.

Dental Blue 65 Premier

Monthly Premium

January 1, 2020–December 31, 2020: \$68.70

Service & Benefits

Your covered services include:

- 100% coverage for all services covered under Dental Blue 65 Preventive, plus
- 80% coverage for all services covered under Dental Blue 65 Basic, plus
- 50% coverage for:
 - Prosthodontics (Tooth 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 per tooth
 - Replacement of dentures and bridges, but only when they are installed at least 60 months after the initial placement, and only if the existing appliance cannot be made serviceable
 - Adding teeth to an existing bridge
 - Temporary partial dentures to replace any of the six upper or lower front teeth, but only if they are installed immediately following the loss of teeth and during the period of healing

Major Restorative Services (Crowns, Inlays, Onlays)

- Crowns once each 60 months for each tooth
- Metallic, porcelain, and composite resin inlays and onlays once every 60 months per tooth
- Surgical placement of dental implant once per tooth per lifetime
- Replacement of crowns once every 60 months for each tooth
- Replacement of metallic, porcelain, and composite resin inlays and onlays once every 60 months
- Post and core or crown build up once every 60 months per tooth

Co-insurance, Annual Deductible, and Annual Maximum

This dental plan provides:

- 100% coverage for all preventative services
- 80% coverage for minor restorative services, oral surgery, periodontics, endodontics, prosthetic maintenance, and other services originally covered by Dental Blue 65 Basic
- 50% coverage for major restorative services, prosthodontics/tooth replacements, crowns, inlays, onlays, dental implants and other services outlined in the plan's Services & Benefits section above
- Benefits are based on the allowed charge for participating providers.
- There is a \$50 annual deductible and \$1,500 calendar-year maximum.

Waiting Periods and Pre-existing Condition Limitations

Your dental services will be covered from your effective date of this dental plan without a waiting period or pre-existing condition restrictions for all preventive services. For services that fall outside of preventive, a 6-month waiting period from the effective date is required for minor restorative services, and a 12-month waiting period from the effective date is required for major restorative services.

If you've had continuous prior dental coverage, you may be eligible to have all waiting periods waived to allow you to receive minor and major restorative services right away

Exclusions and Limitations

Certain services may be limited or excluded from this plan. These services may include:

- Fillings on tooth surfaces where a sealant was applied within the prior 12 months
- Replacement of a filling within 12 months of the date of prior restoration
- Duplicate dentures or bridges
- Cast restorations, copings, or attachments for installing overdentures, including associated endodontic procedures such as root canals, precision attachments, or semiprecision attachments

Please review your dental policy for a full listing of limitations and exclusions.

Renewal and Premium Changes

Continuing Your Dental Coverage

You have the right to continue this dental plan as long as you pay your premiums for this dental plan on time, you do not make a material misrepresentation to Blue Cross Blue Shield of Massachusetts, you continue to reside in Massachusetts, and Blue Cross Blue Shield of Massachusetts continues to offer this coverage.

Right to Change Premium

Your dental premium for this dental plan may change. Blue Cross Blue Shield of Massachusetts will send you a notice at least 60 days before a change is effective. The notice will describe the change and tell you when it is effective. These changes will apply to all dental plans of this type, not just your dental plan.

Allowed Charge

Blue Cross Blue Shield of Massachusetts calculates payment of your benefits based on the allowed charge. The allowed charge that Blue Cross Blue Shield of Massachusetts uses depends on the type of dental provider that furnishes the covered service to you.

Participating Dentists

For covered services furnished by dentists who have a written payment agreement to furnish dental services to members enrolled in a Dental Blue plan, Blue Cross Blue Shield of Massachusetts calculates your benefits based on the provisions of the participating dentist's payment agreement and the participating dentist's contracted rate that is in effect at the time a covered service is furnished. This contracted rate is referred to as the dentist's allowed charge. In most cases, you do not have to pay the amount of the participating dentist's actual charge that is in excess of the allowed charge. However, there are certain situations when you will have to pay the difference between the claim payment and the participating dentist's actual charge.

Non-Participating Dentists

For covered services furnished by non-participating dentists, Blue Cross Blue Shield of Massachusetts calculates your benefits based on the usual and customary charge for covered services. The term "usual and customary" means the amount allowed (also referred to as the "allowed charge") for a service in a geographic area based on the payment levels usually accepted by dentists in the area for the same or similar service. The usual and customary charge may sometimes be less than the dentist's actual charge. If this is the case, you will be responsible for the amount of the dentist's actual charge that is in excess of the usual and customary charge. Please see your certificate to determine what services are covered by non-participating dentists, in Massachusetts. Blue Cross and Blue Shield will provide dental benefits for covered services furnished by a non-participating dentist in Massachusetts when the covered services are emergency services and a participating dentist is not reasonably available.

Notice of Right to Examine Subscriber Certificate for 10 Days

If you are a newly enrolled subscriber in this dental plan, you have 10 days from the date you received this subscriber certificate to review it. If you are not satisfied for any reason, you have the right to return the subscriber certificate within 10 days and have your premium refunded to you.

Complaints

If you have a complaint, please call Member Service at **1-800-258-2226**. (TTY: 711)
If the you are not satisfied, you may call the Massachusetts Division of Insurance at **1-617-521-7777** (Boston) or **1-413-785-5526** (Springfield).

Important: In the event of any inconsistency between this outline of coverage and the subscriber certificate, the terms of the subscriber certificate will govern.

Limitations and Exclusions. These pages summarize the benefits of your dental care plan. Your plan description and riders define the full terms and conditions. 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.

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](https://www.hhs.gov).

Translation Resources

Proficiency of Language Assistance Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-200-4255 (TTY: 711).

Spanish/Español: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-200-4255 (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-200-4255 (TTY: 711).

Chinese/繁體中文: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-200-4255 (TTY: 711)。

French Creole/Kreyòl Ayisyen: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-200-4255 (TTY: 711).

Vietnamese/Tiếng Việt: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-200-4255 (TTY: 711).

Russian/Русский: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-200-4255 (телетайп: 711).

Arabic/العربية:

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-200-4255 (هاتف الصم والبكم: 711).

Mon-Khmer, Cambodian/ខ្មែរ: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃលក់អាចមានសំរាប់អ្នក។ ចុះ ទូរស័ព្ទ 1-800-200-4255 (TTY: 711)។

French/Français: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-200-4255 (ATS: 711).

Italian/Italiano: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-200-4255 (TTY: 711).

Korean/한국어: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-200-4255 (TTY: 711) 번으로 전화해 주십시오.

Greek/λληνικά: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-200-4255 (TTY: 711).

Polish/Polski: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-200-4255 (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-200-4255 (TTY: 711) पर कॉल करें।

Gujarati/ગુજરાતી: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરા 1-800-200-4255 (TTY: 711)

For more information or help with enrollment, please call
1-800-678-2265
(TTY: 711), Monday through Friday, 8:00 a.m. to 5:00 p.m. ET.
Questions? Call Member Service toll-free at **1-888-741-4340**,
Monday through Friday between 8:00 a.m. and 6:00 p.m. ET.
(TTY users can call **711**)

For questions about Blue Cross Blue Shield of Massachusetts,
visit www.bluecrossma.com.
Interested in receiving information from Blue Cross Blue Shield of
Massachusetts via email?
Go to www.bluecrossma.com/email to sign up.



MASSACHUSETTS

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