



MASSACHUSETTS

Dental Blue[®]
The right choice



Dental Blue Program 1

Summary of Benefits

This plan covers the student only

MA Community Colleges
Student Blue Dental Plan

Dental Blue Program 1

Preventive Benefit Group	Basic Benefit Group
No Deductible	\$50 Per Member Calendar-Year Deductible
Full Coverage	80% Coverage
\$1,000 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

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. Over 90% 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 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 the left for the amounts your group has chosen for you.

Many of the covered services have specific time limits or age limits associated with them. 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, he or she should send a copy of the “treatment plan” to Blue Cross Blue Shield of Massachusetts before services are rendered. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate for the charges for each service.

Once the treatment plan is reviewed, you and your dentist will be notified of the benefits available for those services.

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 (these are procedures that require more than one visit) 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 of Massachusetts for processing 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 co-insurance (if applicable), and charges beyond your calendar-year 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.

Supplemental Coverage

Non-participating Dentists Inside of Massachusetts

Your group has also purchased supplemental coverage to provide benefits for covered services furnished in Massachusetts by non-participating dentists. You may be responsible for the deductible and co-insurance (if applicable), and any difference between the maximum allowance and the dentist’s actual charge, and all charges beyond your calendar-year benefit maximum. See your plan sponsor for details and claim filing information.

When Coverage Begins

You are covered without a waiting period as of the effective date of this plan.

Accumulated Maximum Rollover Benefits

This dental plan includes an Accumulated Maximum Rollover Benefit. This rollover benefit allows members to roll over a certain portion of their unused annual dental benefits so that they can use them in a future year. There are limits and restrictions on this benefit. Refer to the Dental Maximum Rollover brochure for further information.

Enhanced Dental Benefits

Enhanced Dental Benefits for certain dental care services are available if you are a member who has been diagnosed with diabetes, coronary artery disease, or oral cancer, or you are a member who is pregnant. Contact Member Service for more information.

If You Have to File a Claim

Network dentists will send claims to Blue Cross Blue Shield for you. Just show them your Dental Blue ID card. The payment will be sent directly to your dentist when claims are received within one year of the completed service.

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 with the original itemized bills. Any benefit payment will be sent to you. You can get Attending Dentist's Statements 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 submitted within two years of the date of service.

The Blue Cross Blue Shield Grievance Program is fully described in the plan description.

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.

Questions? Call 1-888-753-6615.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at www.studentbluema.com.

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.

