

DENTAL BLUE[®] FREEDOM (WITH ORTHODONTICS)

MIIA Greater Lawrence
Tech High School –
High Option

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BENEFITS



CLAIMS AND
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DENTAL BLUE FREEDOM WITH ORTHODONTICS

For members under age 13, benefits (except for orthodontic services) 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 | 50% Coverage |
| No Calendar-Year Benefit Maximum | \$1,250 Per Member Calendar-Year Benefit Maximum (in-network and out-of-network combined) | |
| <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 twice per calendar year Single tooth X-rays as needed Study models and casts used in planning treatment once each 60 months Periodic or routine oral exams twice per calendar year Emergency exams <p>Preventive</p> <ul style="list-style-type: none"> Routine cleaning, scaling, and polishing of the teeth twice per calendar year Fluoride treatment twice per calendar year (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 in a 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 General anesthesia when administered in conjunction with covered surgical services Emergency dental care to treat acute pain or to prevent permanent harm to a member* | <p>Prosthodontics (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 <p>Implants (members age 16 or older)</p> <ul style="list-style-type: none"> 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 members up to age 19 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> |

* Emergency care services are not subject to the calendar-year deductible.

WELCOME TO DENTAL BLUE FREEDOM, A DENTAL PLAN DESIGNED TO MANAGE THE COST OF DENTAL SERVICES.

Your Dentist

Dental Blue Freedom offers a large network of dentists, including participating dentists in Massachusetts and nationwide. When searching for a network dentist, Dental Blue Freedom members can choose from the Dental Blue PPO (Preferred Dentist) or Dental Blue (Participating Dentist) networks. Using a network dentist 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.

Your Benefits

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

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 (not including orthodontic services) 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. 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 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 Network Dentists Are Paid – Preferred Dentists

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

Payments are calculated based on the provisions of the Blue Cross Blue Shield preferred dentist's payment agreement and the dentist's allowed charge that is in effect at the time the covered dental service is provided. Preferred dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year or lifetime benefit maximum.

How Network Dentists Are Paid – Participating Dentists

For dentists who participate with Blue Cross Blue Shield, but do not have a Blue Cross Blue Shield preferred provider contract, benefits are calculated based on the provisions of the participating dentist's payment agreement and the dentist's allowed charge. These dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year or lifetime benefit maximum.

How Out-of-Network Dentists Are Paid – Non-Preferred or Non-Participating Dentists

Benefits for covered services by a non-preferred or non-participating 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 dentist's actual charge or the allowed charge, whichever is less. You are also responsible for your deductible and coinsurance (if applicable), and charges beyond your calendar-year or lifetime benefit maximum.

Orthodontic Benefits

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 (if applicable) 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 Freedom, 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.

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. See your plan description (and riders, if any) for exact coverage details.

Accumulated Maximum Rollover Benefits

This 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 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.

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, 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 1-800-782-3675, or visit us online at bluecrossma.org.

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. **Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.



MASSACHUSETTS

DENTAL BLUE® ACCUMULATED MAXIMUM ROLLOVER

At Blue Cross Blue Shield of Massachusetts, we know 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.

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. 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

doesn’t pay out more claims dollars on your behalf than the amount in the second column, your benefit maximum for the next year will increase by the amount in the third 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 we’re working to improve health care for all our members.

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
- You remain a member of the plan throughout the benefit period
- You don’t exceed the claim payment threshold in the benefit period

| If your dental plan’s annual maximum benefit amount is: | And if your total claims don’t exceed this amount for the benefit period:* | We’ll 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 a flexible spending account (FSA). The amount reflects your benefit maximum for a given year.

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.

ATTENTION: If you don’t speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).