



Personal Dental Coverage™

Affordable Dental Plans for Individuals of All Ages



Personal Dental Coverage



Enjoy the Advantages of Personal Dental Coverage

- **Freedom to Choose Any Provider** – Visit any dentist you wish. You also have access to our DentalBlue network, which includes more than 2,000 dentists in Tennessee's largest PPO Dental network.
- **Convenient Automatic Claims Filing** – When you use network dentists, your claims will be filed automatically, which means no paperwork for you.
- **Hassle-free Automatic Billing** – Pay your premiums electronically with automatic bank draft or credit card authorization.
- **Check Benefit Information and Claims Status Online** – Use BlueAccess at bcbst.com to determine the portion of your deductible you have met, review prior authorization and claims status, view copies of your Explanation of Benefits and more.

- **BluePerks®** – Receive up to a 50% discount on non-covered services from participating practitioners and facilities including: cosmetic services, weight loss programs, health club memberships, massage therapy, LASIK vision surgery and more. Visit bcbst.com for more information.

When it comes to maintaining a healthy body, a good place to start is a healthy mouth. BlueCross BlueShield of Tennessee can help you take care of your smile with Personal Dental Coverage.

Plan Benefits Include:

- Diagnostic and preventive services.
- Restorative services.
- Major restorative services, including crowns and onlays.*
- Endodontic services.
- Periodontic services.*
- Removable and fixed prosthetics.*
- Oral surgical services.

Monthly Premium:

Monthly premiums are \$26.50 for each adult and \$14.60 for each dependent from age 2 through age 17.

Plan Features:

- Access to the largest PPO dental network in the state, with 10 to 30% savings on dental services.
- Benefits paid based on a Maximum Allowable Charge (MAC), as specified in the Schedule of Benefits, up to an annual maximum of \$1,000 per person once deductible has been met (if applicable). See the savings below.

Your dentist charges \$60 for an adult cleaning (prophylaxis). This is considered preventive and your deductible does not apply.

Network Dentist		Non-Network Dentist	
Dentist charges	\$60	Dentist charges	\$60
Network allowance	\$53	Plan pays (MAC)	-\$48
Provider write-off (i.e. your savings)	\$7		
Plan pays (MAC)	-\$48		
You Pay	\$5	You Pay	\$12

* 12-month waiting period applies to these services. Orthodontia services are not covered. This list is a summary of covered services. Complete coverage details are included in the policy.

Personal Dental Coverage



Schedule of Benefits for Common Dental Procedures:

Procedure	MAC*
Comprehensive oral evaluation	\$ 38
Periodic oral exam	\$ 24
Adult cleaning (prophylaxis)	\$ 48
Child cleaning (prophylaxis)	\$ 35
Bitewing X-ray (two films)	\$ 24
Filling (Amalgam-one surface)	\$ 34
Crown (porcelain fused to high noble metal)	\$326
Root canal – molar (excluding final restoration)	\$340
Periodontal scaling and root planing (4+ teeth per quadrant)	\$ 68
Extraction – single tooth	\$ 36

This is only a partial list; please see your policy for a complete Schedule of Benefits.

**Current MAC at time of printing, subject to change.
Current Dental Terminology® American Dental Association*

Annual Deductible:

The calendar year deductible is \$50 per person or a combined \$150 per family. The deductible does not apply to preventive and diagnostic services covered by the plan.

Annual Maximum:

Each member and each covered dependent has a \$1,000 calendar year maximum.

Limitations on Dental Services:

- 2 exams in a 12-month period.
- 2 cleanings in a 12-month period.
- X-rays: 1 complete and 1 panoramic in a 36-month period; 2 bitewings in a 12-month period.
- 1 fluoride treatment in a 12-month period (for children 17 and under).

Who Is Eligible for Coverage?

- Residents of Tennessee.
- Dependent children 23 years old or less. (Children must be unmarried and dependent upon the parents for at least 50 percent of their support.)
- Those without any other dental coverage in place.*
- Foreign citizens legally residing in Tennessee with proof of a Green Card or school or work visa.

*Note: Individuals may not be covered under any other individual or group dental policy or plan of benefits. However, if you are covered under a Medicare Advantage Plan that offers limited dental benefits you may enroll in this plan. Personal Dental Coverage will begin paying when your dental benefits under your Medicare Advantage Plan have been exhausted.

How To Apply

- Go to bcbst.com to access online application, or
- Complete the application attached.
- Include your first month's premium payment with your application.
- Return the completed application and premium payment to your insurance agent or in the envelope provided.

When Will Your Coverage Begin?

Your Personal Dental Coverage policy will be effective the first day of the month after your application is received and approved by BlueCross BlueShield of Tennessee. Your first month's premium is due with your completed application. BlueCross BlueShield of Tennessee can cancel your coverage back to the effective date if the check received does not clear the bank or your credit card payment is declined. You can drop Personal Dental Coverage at any time.

Exclusions from Coverage

This policy does not provide benefits for the following services, supplies or charges:

1. Any procedure not listed in the Schedule of Benefits under Attachment C of the policy.
2. Services or supplies that are determined to be not Necessary Dental Care or have not been authorized by BlueCross BlueShield of Tennessee.
3. Any portion of a charge for any service in excess of the Maximum Allowable Charge.
4. Overdentures and associated procedures.
5. Cosmetic procedures.
6. The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
7. Dental implants.
8. Replacement of lost or stolen appliances or orthodontic retainers.
9. Athletic mouth guards.
10. Precision or semi-precision attachments.
11. Denture duplication.
12. Oral hygiene instructions.
13. Plaque control.
14. Completion of a claim form.
15. Broken appointments.
16. Prescription or take home fluoride.
17. Diagnostic photographs.
18. Services not completed by the end of the month in which coverage terminates.
19. Procedures that are begun, but not completed.
20. Services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge.
21. Services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.
22. Care or treatment of a condition for which the member is entitled to or eligible for benefits under any Worker's Compensation Act or similar law.
23. Amounts applied toward the satisfaction of a deductible, if any.
24. Services or supplies that are experimental or investigational in nature including but not limited to: (1) drugs; (2) biologicals; (3) medications; (4) devices; and (5) treatments.
25. Services required because of illness or injury related to your commission of, or attempt to commit, a felony.
26. Services or supplies for the treatment of work related illness or injury, regardless of the presence or absence of workers' compensation coverage. This exclusion does not apply to injuries or illnesses resulting from self-employment.
27. Services or supplies received before the member's effective date for coverage under this Policy.
28. Telephone or email consultations or charges for failure to keep a scheduled appointment or charges to complete a claim form or to provide medical records.
29. Services for providing requested medical information or completing forms. BlueCross BlueShield of Tennessee will not charge for statutorily authorized copying charges.
30. Charges in excess of the Maximum Allowable Charge for Covered Services or any charges which exceed the Lifetime Maximum.
31. Any service stated in Attachment A as a non-covered Service or limitation.
32. Charges for services performed by you or your spouse or your spouse's parent, sister, brother or child.
33. Any charges for handling fees.
34. Pharmaceuticals, drugs and drug compounds except as otherwise specified.



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbst.com

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COMM-537 (4/10)
Standalone Personal Dental Brochure



1 Cameron Hill Circle STE 0038
Chattanooga, TN 37402-0038

bcbst.com

Personal Dental Coverage Enrollment Form

- Confidential -

Enrollment Information

Applicant Last Name _____ Applicant First Name _____ MI _____ Sex _____ Date of Birth _____ Social Security No. _____

Street Address (No P.O. Boxes Accepted) _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Work/Cell Phone _____

Email Address* _____

Spouse Last Name _____ Spouse First Name _____ MI _____ Sex _____ Date of Birth _____ Social Security No. _____

Dependent Last Name _____ Dependent First Name _____ MI _____ Sex _____ Date of Birth _____ Social Security No. _____

☐ Natural Child/Stepchild ☐ Adopted/Legal Guardian ☐ Other (specify) _____

Dependent Last Name _____ Dependent First Name _____ MI _____ Sex _____ Date of Birth _____ Social Security No. _____

☐ Natural Child/Stepchild ☐ Adopted/Legal Guardian ☐ Other (specify) _____

Dependent Last Name _____ Dependent First Name _____ MI _____ Sex _____ Date of Birth _____ Social Security No. _____

☐ Natural Child/Stepchild ☐ Adopted/Legal Guardian ☐ Other (specify) _____

To include additional dependents, please record information for additional dependents on a separate sheet of paper and attach it to this application.

Payment Information

First Month's Premium Payment (optional):

☐ Bill Me ☐ eCHECK (Complete the information below):

Bank Draft Routing Number _____ Checking Account Number _____

\$ Amount Authorized \$ _____

Refer to Sample Check → → → →

The effective date of the policy will be the first of the month following approval. Once approved you will receive an authorization form to enroll in an automated payment method. Until that request is processed you will be billed monthly via paper billing. We will notify you in writing when the automated payment will take effect.

John Doe
123 Main Street
Anytown, USA 12345

Date _____ 1002 76-4109

PAY TO THE ORDER OF _____ \$ _____ DOLLARS

Anybank
Anytown, USA

MEMO

Routing Number 123456789 Account Number 6803034590

Check Number 1002

Premium Information

Group Number _____ Benefit Code _____ Monthly Premiums: \$26.50 per adult (Includes dependents age 18-24)
\$14.60 for each dependent ages 2-17 (No charge for dependent ages 0-1)
(Maximum charge would be for a subscriber, spouse and up to 3 additional dependents per family.)

Signatures - By signing and dating below, it is understood and agreed as follows:

- All information listed is accurate and true to the best of my (our) knowledge;
- I (We) understand that if any information is incorrect or untrue, BlueCross BlueShield of Tennessee may, at its own discretion, as permitted by laws, terminate or rescind my policy or amend it so that my (our) coverage, including my premium, would be the same as it would have been had the information on the application been correct;
- I do hereby reside in the state of Tennessee;
- I understand if I have selected Credit Card Payments or Automatic Bank Draft as my payment method, I am authorizing BlueCross BlueShield of Tennessee to draft/charge the checking or savings account or credit card account, for the purpose of paying the premiums due for this dental coverage, regardless of whether such Contract is listed in name of the subscriber or the name of some other person, and confirm that I have received the Card Holder's expressed consent. The premiums drafted/charged will be accurately reflected as those which are shown on the dental insurance policy or the most recent premium change notifications issued to the dental insurance policy holder (the subscriber) by BlueCross BlueShield of Tennessee. This authority is to remain in effect until revoked by you in writing; and until we actually receive such notice, we shall be fully protected in honoring any such draft/charge;
- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage;
- A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.

Signature: X _____ Date: _____

Spouse's Signature: X _____ Date: _____

Agent's Signature: X _____ Agent's ID: _____ Date: _____

*In the event a policy is issued, by providing your email address you are agreeing to receive all communications (presently available or that become available during the term of your policy) related to this policy, the benefits contemplated under this policy, your relationship with BlueCross BlueShield of Tennessee, etc., in electronic form from BlueCross BlueShield of Tennessee. You may opt out of this service by changing your preferences through BlueAccess once your policy is issued.