

# Personal Dental Coverage

We love to see you smile. Let us help you take care of it with personal dental coverage.

## Plan Benefits Include:

- › Diagnostic and preventive care
- › Restorative care
- › Major restorative care, such as crowns and onlays\*\*
- › Endodontic care (such as root canals)
- › Periodontic care (such as treating gum inflammation)\*\*
- › Removable and fixed prosthetics\*\*
- › Oral surgical services

## Features Include:

- › One of Tennessee’s largest PPO dental networks, with more than 2,500 dentists - and a broad national network, too.
- › Benefits paid based on a maximum allowable charge (MAC), or the most we’ll pay for each procedure, up to \$1,000 per person per year once you’ve met your deductible (if applicable).

## Personal Dental Coverage Saves You 65%

<b>Personal Dental Coverage 2020*</b>	<b>Your Cost From a Dentist in Your Network</b>	<b>Average Cost Without Personal Dental Coverage</b>
Periodic Exam	\$0	\$53
Adult Cleaning	\$2	\$95
Bitewing X-Ray	\$0	\$68
Filling - two surfaces	\$50	\$203
Crown*	\$502	\$1,313
Deductible	\$50	—
<b>You Pay</b>	<b>\$604</b>	<b>\$1,732</b>

\* Based on average retail charge in Nashville.

\*\* 12-month waiting period applies to these services for new members on the plan.

## Annual Deductible:

A deductible is how much you'll need to pay each year before we start paying for your care. The calendar year deductible is \$50 per person or \$150 per family. It doesn't apply to preventive and diagnostic care that your plan covers.

## Monthly Premiums:

\$27.50 for each adult

\$20 for dependents ages 2 through 17

## What We'll Pay for Common Dental Procedures:

Procedure	(MAC) How Much We'll Pay*
Comprehensive oral evaluation	\$ 46
Periodic oral exam	\$ 30
Adult cleaning (preventive)	\$ 56
Child cleaning (preventive)	\$ 43
Bitewing X-ray (two films)	\$ 29
Filling (Amalgam-one surface)	\$ 38
Crown (porcelain fused to high noble metal)	\$ 387
Root canal – molar (excluding final restoration)	\$ 340
Periodontal scaling and root planing (4+ teeth per quadrant)	\$ 68
Extraction – single tooth	\$ 47

## Limitations on Dental Services:

- › Two exams in a 12-month period
- › Two cleanings in a 12-month period
- › One fluoride treatment in a 12-month period (for children 17 and under)
- › X-rays: One complete and one panoramic in a 36-month period; one set of bitewings in a 12-month period (limited to 4 films)

This is only a partial list. Please see your policy for your complete benefits.

\*Current at time of printing. Subject to change.

Current Dental Terminology© American Dental Association

## Exclusions from Coverage:

This policy doesn't 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 not to be Necessary Dental Care or haven't been authorized by BlueCross BlueShield of Tennessee
3. Any portion of a charge for any service in excess of the Maximum Allowable Charge (MAC)
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. Removal of impacted teeth
9. Replacement of lost or stolen appliances or orthodontic retainers
10. Athletic mouth guards
11. Precision or semi-precision attachments
12. Denture duplication
13. Oral hygiene instructions
14. Plaque control
15. Completion of a claim form
16. Broken appointments
17. Prescription or take-home fluoride
18. Diagnostic photographs
19. Services not completed by the end of the month in which coverage terminates
20. Procedures that are begun, but not completed
21. Services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge
22. 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
23. 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
24. Amounts applied toward the satisfaction of a deductible, if any
25. 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
26. Services required because of illness or injury related to your commission of, or attempt to commit, a felony
27. Services or supplies for the treatment of work related illness or injury, regardless of the presence or absence of workers' compensation coverage. This exclusion doesn't apply to injuries or illnesses resulting from self-employment
28. Services or supplies received before the member's effective date for coverage under this policy
29. 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
30. Services for providing requested medical information or completing forms. BlueCross won't charge for statutorily authorized copying charges
31. Charges in excess of the MAC for Covered Services or any charges which exceed the Lifetime Maximum
32. Any service stated in Attachment A as a non-covered service or limitation
33. Charges for services performed by you or your spouse or your spouse's parent, sister, brother or child
34. Any charges for handling fees
35. Pharmaceuticals, drugs and drug compounds except as otherwise specified
36. Orthodontia services, including braces

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination\_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-565-9140-1 (رقم هاتف الصم والبكم: 1-800-848-0298).

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 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານເວົ້າພາສາລາວ, ການຮ່ວມ ການຮ່ວມ ອອດ ການພາສາ, ໂດຍບໍ່ ສິ ຄ່າ ກໍ, ແມ່ນ ພ້ອມ ໃຫ້ ທ່ານ. ໂທສ 1-800-565-9140 (TTY: 1-800-848-0298).

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገዳጅ ድርጅቶች: በነጻ ሊያገዛዎት ተዘጋጅተዋል: ወደ ሚክተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

-توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرد. 1-800-565-9140 (TTY:1-800-848-0298)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hółó, kojí' hódíílnih 1-800-565-9140 (TTY: 1-800-848-0298).