



MASSACHUSETTS

## Dental Blue®

*The right choice*



At Blue Cross Blue Shield of Massachusetts, we are committed to our members' total well-being. Good oral health is an important part of overall health. Enrolling separately in a health plan that meets Massachusetts' Health Care Reform Law's Minimum Creditable Coverage Standards will help ensure that you will receive comprehensive health and dental coverage.

## Dental Blue Freedom

(with Orthodontics)

Summary of Benefits

Teamsters Local 170 Health and Welfare Fund  
Retirees



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association



# Dental Blue Freedom

Preventive Benefits	Diagnostic Benefits
No Deductible	No Deductible
Full Coverage*	Full Coverage*
<ul style="list-style-type: none"> <li>• Routine cleaning, scaling, and polishing of the teeth once each six months</li> <li>• Fluoride treatment once each six months (members under age 19)</li> <li>• 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.</li> <li>• Space maintainers needed due to premature tooth loss (members under age 19)</li> </ul>	<ul style="list-style-type: none"> <li>• One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures</li> <li>• Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months</li> <li>• Bitewing X-rays once each six months</li> <li>• Single tooth X-rays as needed</li> <li>• Study models and casts used in planning treatment once each 60 months</li> <li>• Periodic or routine oral exams once each six months</li> <li>• Emergency exams</li> </ul>

## \$750 Calendar-Year Benefit Maximum (Preferred and Non-Preferred Combined) \*\*

\* Benefits are reduced when services are provided by a non-preferred provider.

\*\* The calendar-year benefit maximum does not apply to members under the age of 19.

## Orthodontic Benefit Group

No Deductible

50% coverage\* for members up to age 19

- Complete orthodontic exam
- Comprehensive or limited active orthodontic treatment, including appliances

## \$750 Calendar-Year Benefit Maximum (Preferred and Non-Preferred Combined)

\* Benefits are reduced when services are provided by a non-preferred provider.

### Coverage Begins

You are covered, without a waiting period, from the date you enroll in the plan.

### Dependent Benefits.

This plan covers dependents up to age 26, regardless of the dependent's financial dependency, student status, or employment status. Please see your plan description (and riders, if any) for exact coverage details.

### 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

Participating 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 emergency care in Massachusetts by a non-participating dentist because a participating dentist was not available, you or the dentist may file an Attending Dentist's Statement. 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 1-800-217-7878.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at [www.bluecrossma.com](http://www.bluecrossma.com).

Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail?

Go to [www.bluecrossma.com/email](http://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. Please note: Blue Cross and Blue Shield of Massachusetts, Inc., is the administrator of the benefits described in this summary. Blue Cross and Blue Shield of Massachusetts, Inc., administers claims payments only and does not assume financial risk for claims.

