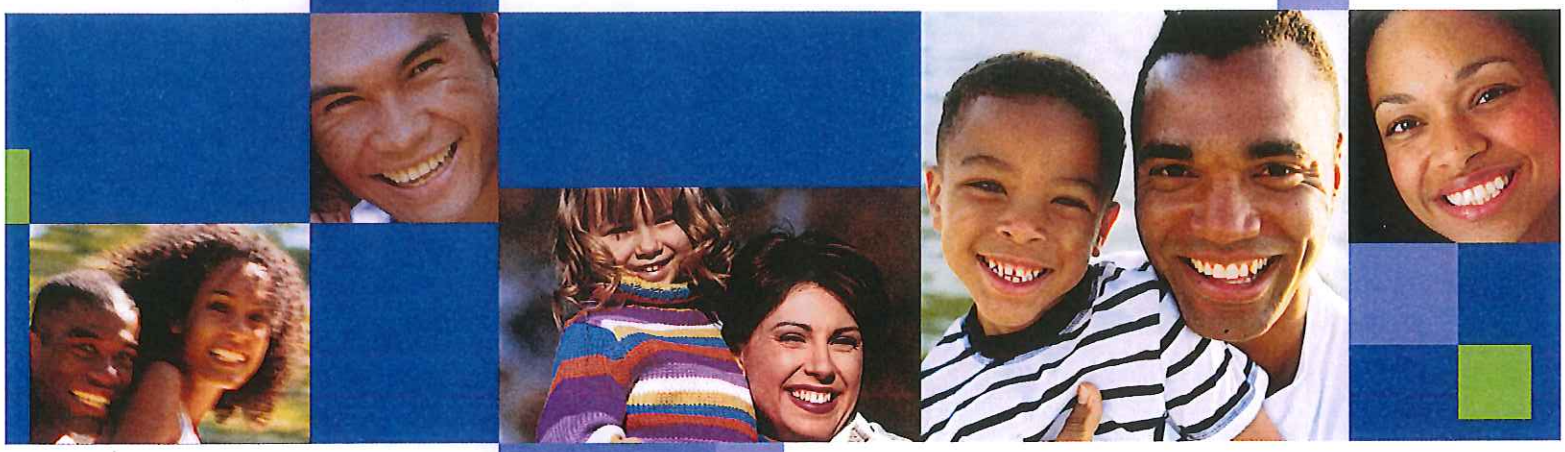
MASSACHUSETTS

Dental Blue®
The right choice



Dental Blue Program 2

Summary of Benefits

City of Chicopee

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

Dental Blue Program 2

Preventive Benefit Group	Basic Benefit Group	Major Benefit Group
No Deductible	**$50 Per Member/$150 Per Family Calendar-Year Deductible**	
Full Coverage	**80% Coverage**	**50% Coverage**
$1,000 Calendar-Year Benefit Maximum		
Diagnostic • 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 **Preventive** • 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)	**Restorative** • 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) **Oral Surgery** • Tooth extraction • Root removal • Biopsies **Periodontics (gum and bone)** • 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 **Endodontics (roots and pulp)** • 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 **Prosthetic Maintenance** • 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 **Other Services** • 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	**Prosthodontics (teeth replacement)** • 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) **Major Restorative (members age 16 or older)** • 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 • 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 (members age 16 and older).

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. There are more than 5,000 dentists who 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, 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 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 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 (these are procedures that require more than one visit, such as crowns, dentures, and root canals) 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 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 dentist's actual charge or the allowed 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 co-insurance (if applicable), and charges beyond your calendar-year benefit maximum.

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 any), 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.

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.

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. Please see your subscriber certificate (and riders, if any) for exact coverage details.

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.

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.

When Coverage Begins

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

Accumulated Maximum Rollover Benefit

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.

Questions? Call 1-800-262-BLUE (2583)

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at **www.bluecrossma.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.

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