

For you.  
With you.



BlueCare Plus (HMO D-SNP)<sup>SM</sup>

# 2023 Dental Benefits Guide

# Welcome!

**This guide gives you the info you need to use your dental benefits.**

**It helps explain:**

- › What dental services you can pay for with your flex card
- › What dental services have a \$0 cost share
- › How often you can use these benefits
- › Limits or exclusions you should know about before getting dental care

For more info on your other benefits, please see your plan's Evidence of Coverage (EOC).



**Have questions about  
your dental benefits?**

Give us a call.

**1-800-332-5762, TTY 711**



You can find your EOC online at:

**[bluecareplus.bcbst.com/yourmaterials](https://bluecareplus.bcbst.com/yourmaterials)**

From **Oct. 1 to March 31**, you can call us seven days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. If you call us outside these hours or on a holiday, our automated system will answer your call. You can leave a message for us, and we will call you back the next business day.

## USING YOUR ALLOWANCE

# Dental services you can pay for with your flex card



We give our BlueCare Plus members a **\$3,800** combined yearly allowance to help pay for some comprehensive, supplemental dental services. This allowance is loaded on your flex card — making it easier than ever to use your benefits.

Use your combined allowance for:

### **Restorative Services, including:**

- › Amalgam and composite filling
- › Palliative treatment (emergency relief of pain)

### **Endodontics (pulp of teeth)**

### **Periodontics (tissue and bone that supports teeth)**

### **Oral surgery, including:**

- › Root canal treatment
- › Full mouth debridement
- › Periodontal scaling and root planing

### **Major restorative and prosthodontics, including:**

- › Removable full and partial dentures
- › Crowns and fixed bridge
- › Denture, reline or rebase
- › Extractions

**Note:** The combined allowance can also be used for select hearing and vision services. This list isn't all-inclusive.

**\$0 COST SHARE**

# Dental services we cover at no extra cost

**We cover all dental services covered by Original Medicare at no cost to you.** These are services that help protect your overall health, like:

- › Dental care needed for radiation treatments for diseases involving the jaw (like oral cancer)
- › Surgery to treat fractures of the jaw or face
- › Dental splints and wiring needed because of jaw surgery

**We also cover some preventive, supplemental dental services.** You pay nothing for the following services as long as you see a provider in our network.

## Exams

**What we cover:** Routine oral exams, up to two per year (one standard exam per six-month period) and limited oral exams

**Benefit details, limits and exclusions:** Standard exams include comprehensive, periodic,

detailed/extensive and periodontal oral exams. We also cover limited oral exams.

We cover no more than one periodic exam every six months. And we cover no more than one comprehensive, detailed/extensive or periodontal exam every 36 months.

We don't cover re-evaluations (i.e., follow-up exams) or consultations.

## Cleanings and Fluoride Treatments

**What we cover:** Cleanings, up to two per year (one cleaning per six-month period) and fluoride treatments (performed with or without a cleaning)

**Benefit details, limits and exclusions:** We cover adult and child prophylaxis (cleaning) and fluoride treatments.

We cover no more than one cleaning or periodontal maintenance procedure every six months. And we cover no more than one fluoride treatment every

12 months for members under age 19. Fluoride must be applied separately from cleaning paste.

Periodontics aren't included in this benefit. However, you can use your combined allowance to help pay for periodontal procedures.

## **X-rays**

**What we cover:** Dental X-rays (one set of up to four bitewings per 12-month period; one full mouth X-ray per 36-month period)

**Benefit details, limits and exclusions:** We cover no more than one full mouth set of X-rays every 36 months. A full mouth set of X-rays is either an intraoral complete series or panoramic X-ray. Benefits provided for either include all needed intraoral and bitewing films taken on the same day.

We cover no more than four bitewing films every 12 months. Bitewing films must be taken on the same date.

We don't cover extraoral, skull and bone surveys, sialography, TMJ and tomographic survey X-ray films, cephalometric films or diagnostic photographs.

## **Other Preventive Services**

**What we cover:** Some other preventive services, including sealings and space maintainers

**Benefit details, limits and exclusions:** We cover no more than one recementation every 12 months.

We don't cover nutritional and tobacco counseling or oral hygiene instructions.

## MORE DETAILS

# Other exclusions from coverage

In some cases, the benefits discussed in this guide aren't covered by your plan. We've included a list of some of those cases here.

We **don't** provide dental benefits for the following:

- › Dental services you get from a dental or medical department that's maintained by or on behalf of an employer, mutual benefit association, labor union, trustee or similar person or group
- › Charges for services performed by you, your spouse, or your spouse's parent, sister, brother or child
- › Services provided by a dentist that are beyond the scope of their license
- › Dental services that are free, that you aren't legally obligated to pay for or that you wouldn't be charged for if you didn't have dental coverage
- › Dental services that are charged at a higher price than they'd be charged if you didn't have dental coverage
- › Dental services covered by any medical insurance coverage, by any other non-dental contract, or by any other insurance company, carrier or plan (e.g., the removal of impacted teeth, tumors of the lip and gum, accidental injuries to the teeth, etc.)
- › Any court-ordered treatment, unless benefits are otherwise payable
- › Some courses of treatment started before you became covered under this plan
- › Any services performed after you're no longer covered by this plan
- › Dental care or treatment that's not specifically listed in your Evidence of Coverage as being covered

**Note:** This list provides an example of cases when we wouldn't cover certain services. It isn't meant to be a complete list of coverage exclusions. If you have any questions about if a service is covered, we're here to help. Just give us a call.



- › Any dental treatment or service that your plan determines isn't needed, doesn't offer a favorable prognosis (outcome), doesn't meet generally accepted standards of professional dental care or is experimental in nature
  - › Services or supplies for the treatment of a work-related illness or injury, regardless of the presence or absence of workers' compensation coverage
- Note:** This doesn't apply to dental injuries or illnesses of an employee who is a sole-proprietor of a group, a partner of a group or a corporate officer of a group — provided the officer filed an election not to accept Workers' Compensation with the appropriate government department.
- › Charges for any services you get in a hospital or other surgical treatment facility and any extra fees charged by a dentist for treatment in any such facility
  - › Dental services related to congenital malformations or dental services you get primarily for cosmetic or aesthetic purposes
  - › Replacement of tooth structure loss from wear or attrition
  - › Dental services needed because of a loss or theft of a denture, crown, bridge or removable orthodontic appliance
  - › Diagnosis for (or fabrication of) appliances or restorations needed to correct bite problems, to restore the occlusion, or to correct TMJ or associated muscles
  - › Diagnostic dental services, such as diagnostic tests and oral pathology services
  - › Adjunctive dental services — including all local and general anesthesia, sedation and analgesia (except when provided as part of major oral surgery)
  - › Charges for the treatment of desensitizing medicaments, drugs, occlusal guards and adjustments, mouthguards, microabrasion, behavior management and bleaching
  - › Charges for the treatment of professional visits outside the dental office, after regularly scheduled hours or for observation

## For you. With you. We're right here.



**Questions?** Please call us.  
**1-800-332-5762, TTY 711**



**[bluecareplus.bcbst.com](http://bluecareplus.bcbst.com)**

1 Cameron Hill Circle | Chattanooga, TN 37402

We provide members with a flex card to use for select dental, hearing and vision services; housing utilities; and over-the-counter/healthy food items. Value of the flex card is preloaded with certain amounts, according to benefits. The allowances for healthy food and housing utilities are part of a special supplemental program for people living with chronic health conditions. Not all members qualify. Value of card may be zero. Card may not be used at all merchants or providers. Merchants and providers must accept major credit cards. Purchases may be restricted to certain types of items and services. Benefit limits and exclusions may apply. You'll have to pay for any non-covered services. If the services you receive exceed the available funds on your flex card, you'll be responsible for the extra charges. Check the plan's Evidence of Coverage for details. Or give us a call. BlueCare Plus Tennessee does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-5762, TTY 711.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان.  
اتصل برقم 1-800-332-5762، TTY 711.

BlueCare Plus Tennessee, an Independent Licensee of the Blue Cross Blue Shield Association