

**For you.
With you.**



BlueCare Plus (HMO D-SNP)SM

BlueCare Plus Select (HMO D-SNP)SM

2026 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 annual allowance
- › What dental services cost you \$0
- › 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.

1-866-238-2627, TTY 711

Monday – Friday, 8 a.m. to 9 p.m. ET



You can find your EOC online at:

bluecareplus.bcbst.com/yourmaterials

Dental services you can pay for with your annual allowance

We give our BlueCare Plus and Select members a **\$3,000** yearly allowance to help pay for some dental services. This allowance can be used for covered comprehensive dental services from a provider in our network.*

You can use it 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

*A maximum annual allowance of \$3,000 is available for covered comprehensive dental services.

Dental services we cover at no extra cost

We cover all dental services covered by Original Medicare at no extra 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 doctor in our network.

Exams

What we cover: Routine oral exams and some non-routine oral exams.

Benefit details, limits and exclusions: We cover no more than one routine oral exam every six months and 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

What we cover: Two cleanings per year (one cleaning per six-month period)

Benefit details, limits and exclusions: We cover adult prophylaxis (cleaning). And we cover no more than one cleaning or periodontal maintenance procedure every six months.

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

X-rays

What we cover: Dental X-rays (one set of 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.



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 or your family members
- › 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, non-dental contract, or 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 that 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 EOC 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

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We're right here.**



Questions? Please call us.
1-866-238-2627, TTY 711



bluecareplus.bcbst.com

1 Cameron Hill Circle | Chattanooga, TN 37402

Member Service: 8 a.m. to 9 p.m. ET, 7 days a week (**Oct. 1–March 31**); 8 a.m. to 9 p.m. ET, M–F (**April 1–Sept. 30**). Members will have an annual allowance of \$3,000. Benefit limits and exclusions may apply. You'll have to pay for any non-covered services. If the services you receive exceed the annual allowance, 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 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex¹. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-332-5762 (TTY: 711) or speak to your provider. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-332-5762 (TTY: 711) o hable con su proveedor.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-332-5762 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمة.

¹ Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)