



Affordable Dental Plans
for Individuals of All Ages

**Personal Dental Coverage
with optional VisionBlue**



Enjoy the Advantages of Personal Dental Coverage

- **Freedom to Choose Any Provider** – Visit any dentist you wish. You also have access to our DentalBlue network, which includes more than 2,000 dentists in Tennessee's largest PPO Dental network.
- **Convenient Automatic Claims Filing** – When you use network dentists, your claims will be filed automatically, which means no paperwork for you.
- **Hassle-free Automatic Billing** – Pay your premiums electronically with automatic bank draft or credit card authorization.
- **Check Benefit Information and Claims Status Online** – Use BlueAccess at bcbst.com to determine the portion of your deductible you have met, review prior authorization and claims status, view copies of your Explanation of Benefits and more.
- **BluePerks®** – Receive up to a 50% discount on non-covered services from participating practitioners and facilities including: cosmetic services, weight loss programs, health club memberships, massage therapy, LASIK vision surgery and more. Visit bcbst.com for more information.



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Personal Dental Coverage

When it comes to maintaining a healthy body, a good place to start is a healthy mouth. BlueCross BlueShield of Tennessee can help you take care of your smile with Personal Dental Coverage.



Plan Benefits Include:

- Diagnostic and preventive services.
- Restorative services.
- Major restorative services, including crowns and onlays.*
- Endodontic services.
- Periodontic services.*
- Removable and fixed prosthetics.*
- Oral surgical services.

Monthly Dental Premium:

Monthly premiums are \$26.50 for each adult and \$14.60 for each dependent from age 2 through age 17. (Maximum charge would be for a subscriber, spouse and up to three additional dependents per family. No charge for dependent ages 0-1)

Plan Features:

- Access to the largest PPO dental network in the state, with 10 to 30% savings on dental services.
- Benefits paid based on a Maximum Allowable Charge (MAC), as specified in the Schedule of Benefits, up to an annual maximum of \$1,000 per person once deductible has been met (if applicable). See the savings below.

Who Is Eligible for Coverage?

- Residents of Tennessee.
- Dependent children 25 years old or less. (Children must be unmarried and dependent upon the parents for at least 50 percent of their support.)

Your dentist charges \$60 for an adult cleaning (prophylaxis). This is considered preventive and your deductible does not apply.

Network Dentist		Non-Network Dentist	
Dentist charges	\$60	Dentist charges	\$60
Network allowance	\$53	Plan pays (MAC)	-\$48
Provider write-off (i.e. your savings)	\$7		
Plan pays (MAC)	-\$48		
You Pay	\$5	You Pay	\$12

Schedule of Benefits for Common Dental Procedures:

Procedure	MAC*
Comprehensive oral evaluation	\$ 38
Periodic oral exam	\$ 24
Adult cleaning (prophylaxis)	\$ 48
Child cleaning (prophylaxis)	\$ 35
Bitewing X-ray (two films)	\$ 24
Filling (Amalgam-one surface)	\$ 34
Crown (porcelain fused to high noble metal)	\$326
Root canal – molar (excluding final restoration)	\$340
Periodontal scaling and root planing (4+ teeth per quadrant)	\$ 68
Extraction – single tooth	\$ 36

This is only a partial list; please see your policy for a complete Schedule of Benefits.

**Current MAC at time of printing, subject to change.
Current Dental Terminology® American Dental Association*

Annual Deductible:

The calendar year deductible is \$50 per person or a combined \$150 per family. The deductible does not apply to preventive and diagnostic services covered by the plan.

Annual Maximum:

Each member and each covered dependent has a \$1,000 calendar year maximum.

Limitations on Dental Services:

- 2 exams in a 12-month period.
- 2 cleanings in a 12-month period.
- X-rays: 1 complete and 1 panoramic in a 36-month period; 2 bitewings in a 12-month period.
- 1 fluoride treatment in a 12-month period (for children 17 and under).

* 12-month waiting period applies to these services. Orthodontia services are not covered. This list is a summary of covered

Optional Vision Coverage

Personal VisionBlue – See the advantages of adding VisionBlue to your coverage

VisionBlue benefits for you and your family can be a valuable addition to your personal dental plan. A comprehensive eye exam can lead to early detection of vision problems, as well as serious health conditions including cataracts, glaucoma, diabetes and hypertension. By adding VisionBlue coverage you can keep the routine vision needs of your family in focus with just one ID card for your wallet.

Member Advantages

- Low monthly premiums
- Annual eye exams covered at a low copay from network providers
- Additional savings of up to 40 percent off retail price for frames and lenses
- Unlimited discounts after benefits have been used
- Quality network of providers including both private practice providers and retail chains

Plans to Help You Save Money

VisionBlue offers a choice of two plans. You can choose a lower cost plan that has a \$10 copay on exams and discounts on materials at network providers or an option including a \$10 exam and \$25 materials copay with a \$100 allowance for frames or contacts when using a network provider.

Personal Vision Plan Exam Only:

\$5.81 for each member enrolled

Personal Vision Plan Exam Plus Materials:

\$14.50 for each member enrolled

Providers Include:

PEARLE VISION

Private Practitioners



Sears Optical

LENSCRAFTERS

OPTICAL

Exclusions from Personal Dental Coverage

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