

# DENTAL BLUE<sup>®</sup> FREEDOM (WITH ORTHODONTICS)

Teamsters Union 25 HSIP

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# DENTAL BLUE FREEDOM WITH ORTHODONTICS

Preventive Benefit Group	Basic Benefit Group	Major Benefit Group
No Deductible	\$50 Per Member/\$100 Per Family Calendar-Year Deductible (in-network and out-of-network combined)	
Benefits Provided through a Fee Allowance Schedule		
<b>\$2,500 Per Member Calendar-Year Benefit Maximum (in-network and out-of-network combined)</b>		
<p><b>Diagnostic</b></p> <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 twice per calendar year</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 twice per calendar year</li> <li>Emergency exams</li> </ul> <p><b>Preventive</b></p> <ul style="list-style-type: none"> <li>Routine cleaning, scaling, and polishing of the teeth twice per calendar year</li> <li>Fluoride treatment twice per calendar year (members under age 19)</li> <li>Fluoride varnish twice per calendar year</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> <li>Detailed and extensive oral evaluation twice each twelve months</li> </ul>	<p><b>Restorative</b></p> <ul style="list-style-type: none"> <li>Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period)</li> <li>Composite resin (tooth color) fillings (limited to one filling for each tooth surface in a 12-month period)</li> <li>Pin retention for fillings</li> <li>Stainless steel crowns on baby teeth and on first permanent adult molars (members under age 16)</li> </ul> <p><b>Oral Surgery</b></p> <ul style="list-style-type: none"> <li>Tooth extraction</li> <li>Root removal</li> <li>Biopsies</li> <li>Suture of recent small wounds up to 5 cm</li> <li>Complicated suture up to 5 cm</li> <li>Complicated suture greater than 5 cm</li> <li>Surgical revision procedure (once per site every 36 months per tooth)</li> </ul> <p><b>Periodontics (gum and bone)</b></p> <ul style="list-style-type: none"> <li>Periodontal scaling and root planing once per quadrant each 24 months</li> <li>Periodontal surgery once per quadrant each 36 months</li> <li>Periodontal maintenance following active periodontal therapy once each three months</li> </ul> <p><b>Endodontics (roots and pulp)</b></p> <ul style="list-style-type: none"> <li>Root canal therapy (permanent teeth, once in a lifetime per tooth)</li> <li>Retreatment root canal therapy on permanent teeth, once in a lifetime for each tooth</li> <li>Therapeutic pulpotomy on primary or permanent teeth (members under age 16)</li> <li>Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth (once in a lifetime for each permanent tooth)</li> <li>Other endodontic surgery to treat or remove the dental root</li> </ul> <p><b>Prosthetic Maintenance</b></p> <ul style="list-style-type: none"> <li>Repair of partial or complete dentures, crowns, and bridges once each 12 months</li> <li>Adding teeth to an existing complete or partial denture</li> <li>Rebase or relines of dentures once each 36 months</li> <li>Recementing of crowns, inlays, onlays, and fixed bridgework once each 12 months</li> <li>Repair or relines of occlusal guard (once each calendar year)</li> </ul> <p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>Occlusal guard once per calendar year</li> <li>Occlusal adjustments once each 24 months</li> <li>Repair of partial denture sectioning once each 60 months for each tooth</li> <li>Services to treat root sensitivity</li> <li>General anesthesia when administered in conjunction with covered surgical services</li> <li>Emergency dental care to treat acute pain or to prevent permanent harm to a member*</li> <li>Dental care to relieve pain (palliative care)</li> <li>Unscheduled dressing change by someone other than the treating dentist (once every 36 months per location)</li> <li>Biologic materials to aid in soft and osseous tissue regeneration once each 36 months for each tooth</li> <li>Full mouth debridement to enable comprehensive evaluation and diagnosis once each 36 months for each tooth</li> </ul>	<p><b>Prosthetics (teeth replacement)</b></p> <ul style="list-style-type: none"> <li>Complete or partial dentures (including services to fabricate, measure, fit, and adjust them) once each 60 months for each arch</li> <li>Fixed bridges (including services to fabricate, measure, fit, and adjust them) once each 60 months for each tooth</li> <li>Replacement of dentures and bridges once each 60 months when the existing appliance can't be made serviceable</li> <li>Adding teeth to an existing bridge</li> <li>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)</li> </ul> <p><b>Major Restorative (members age 16 or older)</b></p> <ul style="list-style-type: none"> <li>Crowns, once each 60 months for each tooth</li> <li>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.</li> <li>Metallic, porcelain, and composite resin onlays, once each 60 months for each tooth</li> <li>Replacement of crowns, once each 60 months for each tooth</li> <li>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.</li> <li>Replacement of metallic, porcelain, and composite resin onlays, once each 60 months for each tooth</li> <li>Post and core or crown buildup, once each 60 months for each tooth</li> </ul> <p><b>Implants (members age 16 or older)</b></p> <ul style="list-style-type: none"> <li>Single tooth dental endosteal implants (the fixture and abutment portion) in addition to the allowance for the crown for the implant, once per arch each 60 month period, when the implant replaces permanent teeth through the second molars</li> </ul>
		<b>Orthodontic Benefit Group</b>
		<p><b>50% coverage</b> <b>No deductible</b></p> <ul style="list-style-type: none"> <li>Complete orthodontic exam</li> <li>Comprehensive or limited active orthodontic treatment, including appliances</li> </ul>
		<b>\$2,000 Lifetime Benefit Maximum</b>

\* Emergency care services are not subject to the calendar-year deductible.

# WELCOME TO DENTAL BLUE FREEDOM,

## A DENTAL PLAN DESIGNED TO MANAGE THE COST OF DENTAL SERVICES.

### Your Dentist

Dental Blue Freedom offers a large network of dentists, including dentists in Massachusetts and Rhode Island who participate with Blue Cross Blue Shield of Massachusetts. Dental Blue Freedom members also have access to participating dentists nationwide. When searching for a network dentist, Dental Blue Freedom members can choose from the Dental Blue PPO (Preferred Dentist) or Dental Blue (Participating Dentist) networks. Using a network dentist will minimize your out-of-pocket expenses.

If you would like help choosing a dentist, or already have a dentist and want to know if they participate with your plan, you can call the dentist, look at the current dental provider directory, or call Member Service at the toll-free phone number shown on your Dental Blue ID card. You can also access the online dental provider directory at [bluecrossma.org](http://bluecrossma.org).

### Your Benefits

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

The dental benefits your plan covers are subject to the calendar-year deductible and benefit maximum amounts shown in the chart. The calendar year begins on January 1 and ends on December 31 of each year. The chart also shows the percentage of costs your plan will pay for covered dental services. Many of the covered services have specific time or age limits.

### Pre-Treatment Estimates

If your dentist expects that your dental treatment will involve covered services that will cost more than \$250, Blue Cross Blue Shield recommends that your dentist send a copy of the "treatment plan" to Blue Cross Blue Shield before services are provided. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate of the charge for each service. Once the treatment plan is reviewed, you and your dentist will be notified of the benefits available.

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 (procedures that require more than one visit, such as crowns, dentures and root canals) as long as you are enrolled in 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 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 Network Dentists Are Paid – Preferred Dentists

For dentists who have a preferred provider contract with Blue Cross Blue Shield, benefits are calculated based on the provisions of the preferred dentist's payment agreement and the dentist's allowed charge that is in effect at the time the covered dental service is furnished. Preferred dentists agree to accept the allowed charge as payment in full. You pay your deductible and any allowed charges beyond your calendar-year or lifetime benefit maximum.

### How Network Dentists Are Paid – Participating Dentists

For dentists who participate with Blue Cross Blue Shield, but do not have a Blue Cross Blue Shield preferred provider contract, benefits are calculated at the same benefit level that applies when the same covered dental services are furnished by a preferred dentist. These dentists agree to accept the allowed charge as payment in full. You pay your deductible and any allowed charges beyond your calendar-year or lifetime benefit maximum.

### How Out-of-Network Dentists Are Paid – Non-Preferred or Non-Participating Dentists

Benefits for covered services by a non-preferred or non-participating dentist are provided based on the allowed charge or the dentist's actual 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 charges beyond your calendar-year or lifetime benefit maximum.

### Orthodontic Benefits

Your plan includes orthodontic coverage. The lifetime benefit maximum is not part of your calendar-year benefit maximum; it applies only to orthodontic services. You are responsible for your coinsurance (if applicable) and any charges beyond your lifetime benefit maximum. Benefits are available on your effective date. If your orthodontic treatment began before you were covered under Dental Blue Freedom, a monthly fee will be paid for your remaining orthodontic visits until either your treatment is completed or the lifetime benefit maximum is exhausted, whichever comes first.

### When Coverage Begins

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

### 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. 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 for members who have been diagnosed with qualifying conditions. To learn more about specific conditions included in this benefit, review your plan description (and riders, if any) on MyBlue at [bluecrossma.org](http://bluecrossma.org).

### If You Have to File a Claim

Network dentists will send claims directly to Blue Cross Blue Shield. All you have to do is show them your Dental Blue ID card. The payment will be sent directly to your dentist as long as the claims are received within one year of the completed service.

If you receive care from an out-of-network dentist, you will typically need to submit the claim yourself. Before submitting your claim, get an Attending Dentist's Statement form from Member Service.

After your dentist fills out the form, send it and your original itemized bills 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.

If you have a grievance, see your plan description for instructions on how to file a grievance.

### Other Information

Coordination of benefits applies to plan members who are covered by another plan for health care expenses. Coordination of benefits ensures that payments from other insurance or health care plans do not exceed the total charges billed for covered services.

Your plan description has a subrogation clause, which means that Blue Cross Blue Shield can recover payments if a member has already been paid for the same claim by a third party.

## QUESTIONS?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-241-0803, or visit us online at [bluecrossma.org](http://bluecrossma.org).

Limitations and Exclusions. These pages summarize the benefits of 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. **Note:** Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.