PERSONAL DENTAL COVERAGE

You spend a lot of time keeping your body healthy. Make sure you spend some time on your mouth, as well. 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

Plan Features:

- Access to one of the largest PPO dental networks in the state, which includes more than 3,000 dentists in Tennessee and a broad national network.
- Benefits paid based on a fixed 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 savings below:

BENEFIT SNAPSHOT – 66% SAVINGS

(Plan includes a $50 deductible and $1,000 annual maximum. There is a 12 month waiting period on some major services. See the policy for details on benefits, limitations and exclusions)

<table>
<thead>
<tr>
<th>Personal Dental Coverage 2017**</th>
<th>Member Cost Using Network Dentist</th>
<th>Cost Without Personal Dental Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic Exam</td>
<td>$0</td>
<td>$53</td>
</tr>
<tr>
<td>Adult Cleaning</td>
<td>$0</td>
<td>$95</td>
</tr>
<tr>
<td>Bitewing X-Ray</td>
<td>$0</td>
<td>$68</td>
</tr>
<tr>
<td>Filling</td>
<td>$45</td>
<td>$203</td>
</tr>
<tr>
<td>Crown*</td>
<td>$488</td>
<td>$1,313</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total Member Pays</strong></td>
<td><strong>$583</strong></td>
<td><strong>$1,732</strong></td>
</tr>
</tbody>
</table>

**UCR estimated based on average retail charge in Nashville.

*12-month waiting period applies to these services for new members on the plan. Orthodontic services are not covered. This list is a summary of covered services. Complete coverage details are included in the policy.
**Annual Deductible:**
- The calendar year deductible is $50 per person or $150 per family. The deductible doesn’t apply to preventive and diagnostic services covered by the plan.

**Monthly Premiums:**
- $27.50 for each adult
- $20.00 for dependents ages 2 through 17

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**Schedule of Benefits for Common Dental Procedures:**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>MAC*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive oral evaluation</td>
<td>$ 46</td>
</tr>
<tr>
<td>Periodic oral exam</td>
<td>$ 30</td>
</tr>
<tr>
<td>Adult cleaning (preventive)</td>
<td>$ 56</td>
</tr>
<tr>
<td>Child cleaning (preventive)</td>
<td>$ 43</td>
</tr>
<tr>
<td>Bitewing X-ray (two films)</td>
<td>$ 29</td>
</tr>
<tr>
<td>Filling (Amalgam-one surface)</td>
<td>$ 38</td>
</tr>
<tr>
<td>Crown (porcelain fused to high noble metal)</td>
<td>$ 387</td>
</tr>
<tr>
<td>Root canal – molar (excluding final restoration)</td>
<td>$ 340</td>
</tr>
<tr>
<td>Periodontal scaling and root planing (4+ teeth per quadrant)</td>
<td>$ 68</td>
</tr>
<tr>
<td>Extraction – single tooth</td>
<td>$ 47</td>
</tr>
</tbody>
</table>

**Limitations on Dental Services:**
- Two exams in a 12-month period
- Two cleanings in a 12-month period
- One fluoride treatment in a 12-month period (for children 17 and under)

- X-rays: One complete and one panoramic in a 36-month period; one set of bitewings in a 12-month period (limited to 4 films)

*Current MAC at time of printing. Subject to change.

Current Dental Terminology® American Dental Association
Exclusions from Coverage:

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

BlueCross BlueShield of Tennessee complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

For TDD/TTY help call 1-800-848-0298.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).


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