

Dental Blue[®]

SUPPLEMENTAL DENTAL PLAN

This DentalBlue Supplement Plan from BlueCross BlueShield of Tennessee is designed as a supplement to an Essential Health Benefits (EHB) medical plan, which includes pediatric dental benefits.

Because these services are covered under EHB medical plans, dental services for individuals under 19 are not covered by this Supplemental Plan unless the member is not enrolled in a medical plan that includes pediatric dental benefits.

Cosmetic orthodontia may be covered for members under 19 who are enrolled in a BCBST EHB medical plan if specified on the Summary of Benefits.

Member Advantages

- The largest dental PPO network in Tennessee, delivering consistent member savings for over 30 years
- Utilizes the same dental network used for the BlueCross BlueShield of Tennessee EHB medical pediatric benefits; maintains consistency and simplicity.
- Supplemental Plans offer the opportunity for single ID cards, which means less confusion for members and providers alike

Benefits and Eligibility

- This plan is different from the standardized pediatric benefits contained in an EHB medical plan, so it is important to review prior to seeking service.
- Limitations such as annual maximums, deductibles and coinsurance amounts are specified in the Schedule of Benefits.
- When a member reaches the age of 19 and is no longer covered by their EHB pediatric dental benefits, he/she is eligible to be added to this plan due to the loss in coverage, which is a qualifying event. As with all qualifying events, subscribers have 31 days to add a newly eligible member to the plan. If the member is not added within 31 days, they must wait until the next open enrollment period.
- Even if a member under age 19 has received cosmetic orthodontic services under this plan, they will need to be added for full supplement benefits to be applied. The group benefits manager can provide information on adding members to this plan.
- Individuals that turn 19 and did not have prior EHB pediatric dental benefits because they were not enrolled in an EHB medical plan, containing pediatric dental benefits, are eligible to add the plan at open enrollment.
- Benefits, eligibility and claims may be viewed 24/7 using BlueAccess at bcbst.com, or verified by calling the member service number on the ID card.



Blue Cross BlueShield of Tennessee
1 Cameron Hill Circle | Chattanooga, TN 37402
bcbst.com

SUMMARY OF BENEFITS

DentalBlue Non-Voluntary Dental Plan 3
 Group Name: Arnold Fab & Machine Shop
 Group Number: 87868
 Benefits Effective: August 1, 2020

Deductible (Applies to Coverage B & C)	\$50 Per Covered Person (3x Family)	
Annual Maximum (Applies to Coverage B & C)	\$1,500 Per Covered Person	
Covered Services	Benefit Percentages	
	Your Cost In-Network	Your Cost Out-Of-Network
Coverage A <ul style="list-style-type: none"> • Exams • X-rays • Cleanings 	Covered at 100%	Covered at 100%
Coverage B <ul style="list-style-type: none"> • Basic Restorative Services • Basic & Major Endodontics • Basic & Major Periodontics • Basic & Major Oral Surgery 	20%	20%
Coverage C <ul style="list-style-type: none"> • Major Restorative • Prosthodontics & Implants 	50%	50%

- This document serves as a summary of the benefits that are detailed in the Evidence of Coverage. These benefits are subject to the Covered Services and Limitations on Covered Services, Exclusions From Coverage, and Schedule of Benefits sections of the Evidence of Coverage.
- When applicable, benefits will be paid based on the Benefit Percentages listed above. Members will be responsible for coinsurance (when benefit percentages are less than 100%), deductible(s), and all other charges when benefit maximums have been met.
- Members may see any dentist. We have contracted dentists in our network that have agreed to discount their charges to our fee schedule. Because we have no contract with non-network dentists, members may be responsible for any billed charges that exceed our Maximum Allowable Charge.

Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card (for TTY help, call 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance (“Nondiscrimination Grievance”). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

