Member Guide
Get the most out of your DentalBlue℠ plan
We appreciate having you as a member. Because we want you to get the best value from your BlueCross dental plan, we’ve created this quick reference guide so you can learn about your benefits. If you have any questions or just want to discuss your plan, give us a call. We’ll be glad to help.

Some services noted in this guide may not apply to your plan or you may have additional benefits not listed. Check your EOC to see exactly what is included in your plan.

Welcome to DentalBlue℠ from BlueCross BlueShield of Tennessee

This Brochure Is Not Your Evidence of Coverage

You can view and print your Evidence of Coverage (EOC) at bcbst.com in BlueAccess℠.
1. Log in to BlueAccess (instructions are on page 7)
2. Click the “My Benefits & Coverage” link
3. Click “My Benefits”
4. Click “My Benefits Booklet”

Please call Member Service (1-800-565-9140) to request a printed copy of your EOC or the material referred to in this brochure.
WE’RE HERE TO HELP

Get the information you want online or over the phone. We can help you:

- Find a dentist or other provider
- Confirm your benefits
- Check your claims
- Get answers to any question about your DentalBlue coverage

VISIT US ONLINE 24/7

bcbst.com

See page 7 to learn more about secure access to your BlueCross information.

Call Member Service 1-800-565-9140

Monday–Friday,
8 a.m.–5:15 p.m. (Eastern)

We offer service over the phone in 150 different languages.
¿Tienes Preguntas? Tenemos las Respuestas Tenemos representantes de servicio al cliente que hablan Español y pueden ayudarle con sus preguntas. Para hablar con un representante de servicio al cliente, marque el numero 1-866-636-0164. Presione “1” para preguntas sobre seguro medico o “2” para seguro dental. Service in Other Languages You can access other language services by calling 1-800-565-9140.
Your BlueCross benefits offer you many choices and options for your dental care needs. To get the most value as a member, you should learn more about:

- What’s on your BlueCross member ID card
- Dentists or other providers in your plan network
- Your benefits such as dental exams and cleanings
- Other discounts associated with your plan
YOUR MEMBER ID CARD
Your card will arrive in the mail soon. Keep an eye out for it – your card carries a lot of important information.

Example Member ID Card
Your card will differ based on your plan.

Example Member ID Card

Your ID number

Your Group Number

The coverage included with your plan

Member Service phone number

Address for filing claims and sending correspondence

Some services on this example member ID card may not apply to your plan or you may have additional benefits not listed. Check your EOC to see exactly what is included in your plan.

MEMBER ID CARD TIPS & INFORMATION

- Always carry it with you
- Protect it like a credit card
- Show it whenever you receive dental care
- Access to providers in all 50 states
TIPS TO MAXIMIZE YOUR BENEFITS

1. **Use Dentists in Your Network**
   - Using providers in your network helps you save money while visiting providers outside your network costs more.

2. **Watch Out for Hidden Costs**
   - Be sure to use network dentists – otherwise you could be balance billed. Check your explanation of benefits (EOB) for details.

3. **Preventive Screenings Are Good for You**
   - They can identify diseases and medical conditions.
   - Prevention and early detection lead to better health.
   - Most dental plans cover:
     - Two exams per year
     - Two cleanings per year
     - One set of bitewing X-rays

* Check your EOC or the “My Benefits” section of BlueAccess to see the exact details of your plan.

4. **Networks Protect You from Balance Billing**
   - Your dental plan helps keep costs in line by setting an upper limit on an appropriate fee, often called the maximum allowable charge (MAC).
   - Network dentists agree to a discounted fee and cannot charge you the higher amount or balance bill you the difference. An out-of-network dentist may charge more than the MAC, and you would be responsible to pay the difference.

DID YOU KNOW?
IF YOU USE A NON-NETWORK DENTIST, YOU COULD PAY UP TO 30 PERCENT MORE FOR YOUR DENTAL CARE.
You can find many resources in BlueAccess, your member self-service portal on bcbst.com, as well as on your smart phone and tablet with our myBlue TNSM app. There you can:

- Register for BlueAccess
- Find a provider
- Check your claims
- See which family members are covered
- View copays & deductibles
PAY LESS WITH DENTALBLUE

PREDETERMINATION OF BENEFITS
With the exception of emergency care, you and your dentist can determine what is covered by your dental plan — and the amount the plan will pay — before you have treatment. We recommend a predetermination for any service that may exceed $200.

NETWORKS STRETCH YOUR BENEFIT DOLLAR
Even though some restorative and specialty services cost $1,000 or more, most dental plans still have an annual maximum benefit of $1,000. When network dentists discount their fees, you save money.

CHECK YOUR PLAN OPTIONS AND BENEFITS
Review your schedule of benefits in your EOC to see your specific plan option, limits, deductible and coinsurance levels. Not all dental services are covered by these plans. Benefits are arranged in four levels of coverage, A-D.

NOTE: Services may vary based on your plan or contract. Some plans do not include coverage for all four levels, move services from coverage B to C or have waiting periods.

<table>
<thead>
<tr>
<th>COVERAGE A</th>
<th>Diagnostic and preventive services such as exams, cleanings and X-rays</th>
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<tr>
<td>COVERAGE B</td>
<td>Basic services such as fillings and extractions</td>
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<td>COVERAGE C*</td>
<td>Major restorative services such as crowns, bridges and dentures</td>
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<tr>
<td>COVERAGE D*</td>
<td>Orthodontic services such as braces and retainers</td>
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</table>

*Services not available in some plans
**TREATMENT IN PROGRESS**

**WHAT SERVICES ARE COVERED?**

We ask dentists to bill their services based on the completion date. If you are eligible on the completion date, benefits will be provided. If you have a treatment in progress and had coverage with a different carrier, please check with your dentist to see which carrier should receive the bill. The billing date determines which carrier should provide coverage.

If you started orthodontic treatment before the date your BlueCross coverage started, file that claim with your previous carrier. However, any orthodontic services (e.g., monthly adjustment fees) you have after your DentalBlue coverage becomes effective should be filed with us. We will apply it to the orthodontic maximum.

**MISSING TOOTH CLAUSE EXCLUSION (IT’S A GOOD THING!)**

Many carriers exclude coverage for partials and bridges on any tooth you were born without or that was removed prior to coverage. However, BlueCross will waive that exclusion and cover the missing tooth if your dental plan did not lapse before becoming a DentalBlue member.

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**BlueAccess**

See the key details and benefits of your plan in BlueAccess. Log in to your personalized, secure member area at bcbst.com.

**BlueAccess Sections**

- **My Homepage** – View a snapshot of your benefit information, recent claims, tools and resources.
- **My Benefits & Coverage** – Get full details on what’s covered, who’s covered and what you pay for services.
- **My Claims & Balances** – Check your claims status and details. Print benefit and claims information. View your remaining deductibles, out-of-pocket maximums and more.
- **My Health & Wellness** – Create a personal health profile and browse information designed to help you reach your health and wellness goals (may not be available to members of some self-funded groups).
- **Cost & Quality Tools** – Find a dentist in your network, including quality and safety certifications. Get answers about dental care expenses – even compare costs.
- **My Account** – Set up your account profile, including contact preferences, communication channels, messaging alerts and BlueVoice participation.

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**Find a Dentist (or other provider) In Your Network**

Look for a new dentist at bcbst.com.

- **Search by network, specialty or location**
- **Compare providers by cost & quality**
- **Read reviews from other members**
ADDITIONAL WELLNESS BENEFITS THAT COME WITH YOUR DENTALBLUE PLAN

MEMBER WELLNESS PORTAL
Wellness support 24 hours a day, seven days a week. Tools designed to help you set and meet realistic health goals. Take a Personal Health Assessment and receive a personal wellness report. Find a personal food and exercise diary, self-directed health courses and much more.

BLUEPERKSM AND FITNESSBLUESTM
BluePerks and FitnessBlue help you make healthy lifestyle choices while saving you money. BluePerks offers savings up to 50 percent on health and wellness products and services while FitnessBlue includes access to over 8,000 gyms for less than $1 per day.

WALKING WORKSSTM
Make strides toward a healthier future. Use Walking Works to start a regular walking routine, track your progress and stay motivated.

BETTER HEALTH
Create a goal to make better health and financial decisions. And let us help you plan with information, assistance and reminders about how important good health is to every member of your family.
KNOW YOUR RIGHTS

As a BlueCross BlueShield of Tennessee member, you have a number of rights, responsibilities and expectations that will engage you as a health care consumer and help you receive the type of care you deserve. More information about your rights and responsibilities is available online at: www.bcbst.com/why-bcbst/company-information/corporate-governance/legal.

Be Assured of Fair Decisions About Care
BlueCross BlueShield of Tennessee works hard to earn and keep your trust. Whenever possible, we want to be an open book about how we make decisions. For prior authorizations and other health care decisions, we look at two factors: whether the care or service suggested is appropriate for your condition and whether your plan covers it. Denying care, service or coverage is not rewarded in any way to anyone whether employees, vendors or contracted practitioners by BlueCross.

Member Grievance Procedure
Our grievance procedure is intended to provide a fair and quick method of resolving any disputes you may have with BlueCross BlueShield of Tennessee. If you have a question about a claim, think a claim has not been paid correctly, want to appeal a claim decision or if you are not happy with any aspect of your BlueCross coverage; please contact our Member Service Department at 1-800-565-9140 (or the phone number on your member ID card). Please see your EOC for complete information about the Member Grievance Procedure.

Notice of Information Privacy Policies and Practices
BlueCross BlueShield of Tennessee, Inc. and some subsidiaries and affiliates (BCBST) are required to maintain the privacy of all health plan information, which may include your: name, address, diagnosis codes, etc. as required by applicable laws and regulations; provide this notice of privacy practices to all members, inform members of the company’s legal obligations; and advise members of additional rights concerning their health plan information. Your health plan information may be used and disclosed for treatment payment, and health care operations. A copy of this notice is included in your EOC. You may also request a copy of our privacy practices at any time, please contact BCBST: Phone: (888) 455-3824 - Email: privacy_office@bcbst.com - Mail: BlueCross BlueShield of Tennessee - The Privacy Office - 1 Cameron Hill Circle - Chattanooga, TN 37402-0001

HIPAA Compliant
BlueCross BlueShield of Tennessee, Inc. is compliant with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Insurance Terms
The online glossary can help you better understand insurance terms such as “Effective Date” and “Maximum Allowable Charge.” To understand the meaning of a term, you can check there for an easy-to-read description. The online Medical Policy Manual gives you easy-to-find information to help you understand new medical technologies and whether they are appropriate for your particular situation. The manual’s medical policies identify technologies as medically necessary, not medically necessary, investigational or cosmetic. By researching technology in advance, you can use your health care dollars more wisely.
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<td>Create a Goal for Better Health</td>
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**Member Service**

1-800-565-9140

Monday–Friday, 8 a.m.–5:15 p.m. (Eastern)

bcbst.com

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For TDD/TTY help call 1-800-848-0299.
Spanish: Para obtener asistencia en Español, llame al 1-800-565-9140
Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-565-9140
Chinese: 如果需要中文的帮助, 请拨打这个号码 1-800-565-9140
Navajo: Dine\'éhgo shika af\’ó\’wol ninisingo, kwiijígo holne’ 1-800-565-9140

BlueCross does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Healthways, Inc., an independent contractor, administers the Prime Network. Prime Network is made up of independently-owned and managed fitness centers. Healthways, Inc. does not provide BlueCross BlueShield of Tennessee products or services and is solely responsible for the administration of Prime Network.