DENTAL BLUE®
FREEDOM

UNLOCK THE POWER OF YOUR PLAN
MyBlue gives you an instant snapshot of your plan:

COVERAGE AND BENEFITS

CLAIMS AND BALANCES

Sign in
Download the app, or create an account at bluecrossma.com.

Simmons University
Core Plan (Preventive & Diagnostic Plan Only)
Blue Cross Blue Shield provides benefits for the following services to diagnose or prevent tooth decay and other forms of oral disease. These are the dental services most members receive during a routine dental checkup or visit.

<table>
<thead>
<tr>
<th>Preventive Benefits</th>
<th>Diagnostic Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Deductible</strong></td>
<td><strong>Full Coverage</strong></td>
</tr>
<tr>
<td>• Routine cleaning, scaling, and polishing of the teeth twice per calendar year</td>
<td>• One complete initial oral exam, including initial dental history and charting of</td>
</tr>
<tr>
<td>• Fluoride treatment twice per calendar year (members under age 19)</td>
<td>the teeth and supporting structures.</td>
</tr>
<tr>
<td>• Sealants on permanent pre-molar and molar surfaces (members under age 19).</td>
<td>• Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays</td>
</tr>
<tr>
<td>Benefits are provided for one application per bicuspid or molar surface each</td>
<td>once each 60 months</td>
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<tr>
<td>48 months.</td>
<td>• Bitewing X-rays twice per calendar year</td>
</tr>
<tr>
<td>• Space maintainers needed due to premature tooth loss (members under age 14)</td>
<td>• Single tooth X-rays as needed</td>
</tr>
<tr>
<td></td>
<td>• Study models and casts used in planning treatment once each 60 months</td>
</tr>
<tr>
<td></td>
<td>• Periodic or routine oral exams twice per calendar year</td>
</tr>
<tr>
<td></td>
<td>• Emergency exams</td>
</tr>
</tbody>
</table>

$500 Per Member Calendar-Year Benefit Maximum (in-network and out-of-network combined)
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 she or he participates 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.com.

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 coinsurance (if applicable), 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 benefit maximum at the time the estimate is received and reviewed. (The actual payment may differ if your available calendar-year benefit maximum or eligibility status has changed.)

How Network Dentists Are Paid – Preferred Dentists
You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

Payments are calculated based on the provisions of the Blue Cross Blue Shield preferred dentist’s payment agreement and the dentist’s allowed charge that is in effect at the time the covered dental service is provided. Preferred dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year 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 based on the provisions of the participating dentist’s payment agreement and the dentist’s allowed charge. These dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year 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 coinsurance (if applicable), and charges beyond your calendar-year benefit maximum.
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.

Domestic Partner Coverage
Domestic partner coverage may be available for eligible dependents. Contact your plan sponsor for more information.

Accumulated Maximum Rollover Benefits
This dental plan includes an Accumulated Maximum Rollover Benefit. This rollover benefit allows you to roll over a certain dollar amount of your unused annual dental benefits for use in the future. There are limits and restrictions on this benefit. Refer to the Accumulated Dental Maximum Rollover brochure for further information.

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.com.

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 1-800-358-2227, or visit us online at bluecrossma.com.
At Blue Cross Blue Shield of Massachusetts, we know that oral health is a critical part of overall health. That’s why we offer a dental benefit that will allow you to roll over a portion of your unused dental benefits from year to year.

**HOW MAXIMUM ROLLOVER WORKS**

Beginning 60 days after the last day of your benefit period, your rollover amount will be added to your maximum benefit amount, increasing it for you to use that year and beyond (see below for amounts and maximums).

There is no cost to you. You don’t need to do anything. To figure out the amount of benefit dollars that are eligible to roll over, just use the chart below. Start by searching for your benefit period maximum in the first column. If Blue Cross doesn’t pay out more claims dollars on your behalf than the amount in the second column, your benefit maximum for the next year will increase by the amount in the third column. And, your rollover amount keeps growing and is available for you to use as long as your employer offers this rollover benefit.* The last column will show you the total amount of additional benefit dollars you can earn. It’s one more way we’re working to improve health care for all our members.

You can accumulate benefit dollars to help offset higher out-of-pocket costs for complex procedures. This benefit applies to you automatically if:

- You receive at least one service during the benefit period
- You remain a member of the plan throughout the benefit period
- You don’t exceed the claim payment threshold in the benefit period

<table>
<thead>
<tr>
<th>If your dental plan’s annual maximum benefit amount is:</th>
<th>And if your total claims don’t exceed this amount for the benefit period:*</th>
<th>We’ll roll over this amount for you to use next year and beyond:*</th>
<th>However, rollover totals will be capped at this amount:*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500–$749</td>
<td>$200</td>
<td>$150</td>
<td>$500</td>
</tr>
<tr>
<td>$750–$999</td>
<td>$300</td>
<td>$200</td>
<td>$500</td>
</tr>
<tr>
<td>$1,000–$1,249</td>
<td>$500</td>
<td>$350</td>
<td>$1,000</td>
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<tr>
<td>$1,250–$1,499</td>
<td>$600</td>
<td>$450</td>
<td>$1,250</td>
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<tr>
<td>$1,500–$1,999</td>
<td>$700</td>
<td>$500</td>
<td>$1,500</td>
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<tr>
<td>$2,000–$2,499</td>
<td>$800</td>
<td>$600</td>
<td>$1,500</td>
</tr>
<tr>
<td>$2,500–$2,999</td>
<td>$900</td>
<td>$700</td>
<td>$1,500</td>
</tr>
<tr>
<td>$3,000 or more</td>
<td>$1,000</td>
<td>$750</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

*This is not a flexible spending account (FSA). The amount reflects your benefit maximum for a given year.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don’t speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).
Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

**BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:**

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).

- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at civilrightscoordinator@bcbsma.com.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at ocrportal.hhs.gov; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at hhs.gov.
TRANSLATION RESOURCES

PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意：如果您讲中文，我们可向您免费提供语言协助服务。请拨打您ID卡上的号码联系会员服务部（TTY号码：711）。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantitifikasyon w lan (Sèvis pou Malantandan TTY: 711).


Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).


Greek/ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).