Your Guide To DentalBlue™ Benefits
**We're Here to Help**

**Website: bcbst.com**

**Call Member Service: 1-800-565-9140**
*(or the number your employer provides if you are a new member)*

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

**Mail:**

BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402-0001

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**Member Service in a Different Language**

Do you need member service assistance in a language other than English?

You can access other language services by calling 1-800-565-9140 or the Customer Service number given to you by your employer. The services provide over-the-phone interpretation in 150 different languages.

Press "1" for medical assistance or "2" for dental.

Once connected with the Member Service area, a translator will be contacted to assist with questions.

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**¿Tienen 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 1-866-636-0164. Presione “1” para preguntas sobre seguro medico o “2” para seguro dental.
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Welcome to DentalBlue

Your DentalBlue plan from BlueCross BlueShield of Tennessee gives you dental coverage, convenience and exceptional customer service – all from one of the most trusted names in the business. Your Guide to DentalBlue Benefits can help you understand the basics of your dental plan and how you can maximize your benefits. For specific details about your coverage please refer to your evidence of coverage (EOC).

DentalBlue Member ID Card

Your BlueCross BlueShield of Tennessee member ID card identifies you as a member and empowers you to receive all the services and benefits of your DentalBlue plan.

Member ID Card Tips

- Always carry your member ID card with you.
- Protect it from misuse as you would a credit card.
- Show it whenever you visit your dentist.
- Get a replacement if your member ID card is lost or stolen by visiting BlueAccess member self-service on our website, bcbst.com, or by calling customer service at 1-800-523-1478.

Your DentalBlue Card

- Your name
- Your ID number
- Your group number

Customer service phone number and website address.
The address for filing dental claims and sending correspondence.
Find a Dentist or Oral Surgeon

As a DentalBlue member you can choose a dentist from our network of 3,000 dentists within Tennessee and its bordering counties. Your DentalBlue plan has the largest dental PPO (Preferred Provider Organization) network in Tennessee.

When you are outside of the Tennessee service area, you can still choose to see a network dentist through our national network with more than 140,000 dentists in all 50 states; giving you the option to use a network dentist anywhere.

To locate a dental provider anywhere in the country, you can use the “Find a Doctor” tool at bcbst.com or call us at 1-800-523-1478.

The DentalBlue Network Helps You Save Money

The DentalBlue network is second to none and gives you access to provider discounts not only in Tennessee, but across the country. What is the value of a network if it does not deliver savings? DentalBlue members save more than 20 percent off the average submitted charge.

DentalBlue network dentists agree to accept our network maximum allowable fee schedule as full payment for services they provide. They can only collect deductibles, coinsurance and payment for non-covered services or supplies from you. Your deductible and coinsurance amount for covered dental services is listed on your schedule of benefits.
Health Care Resources at Your Fingertips – bcbst.com

BlueCross BlueShield of Tennessee is here to help you, and we can provide service to you any day at any hour at bcbst.com. Nearly every member service is available to you at our website, so you can access it when it’s convenient to you. (Or you can talk to Member Service during business hours, if you prefer.)

At bcbst.com you will find quick and easy links to…

• Find an in-network doctor or dentist
• Review helpful oral health care tips
• Use the dental cost estimator
• BlueAccess

At Home or On the Go,
Find Answers in BlueAccess at bcbst.com

Nearly every member service is available to you at bcbst.com, so you can access it when it’s convenient for you, even on a smart phone or tablet. (This information is also available by calling Member Service during business hours.) We take the security of your personal health information very seriously, which is why it is encrypted and available only to you in BlueAccess, the secure section of our website.

BlueAccess Registration is Easy
Setting up a BlueAccess account is easy. All you need to get started at bcbst.com is your BlueCross member ID card.

What You Will Find in BlueAccess
After you have your BlueAccess ID and password, you’ll be able to view a webpage personalized for you and your benefits. Thousands of members visit our website every day and below are just a few of the frequently used resources you can use in BlueAccess.

• Benefit Details & Evidence of Coverage (EOC)
   Every BlueCross member has benefits, but not every member has the same benefits. To see who is covered by your plan, as well as the benefits, copays and specific deductibles, you can click the “My Benefits & Coverage” tab in BlueAccess and then select “My Benefits.” To learn about the complete details of your plan, click the “My Benefits Booklet” link to view and print your Evidence of Coverage (EOC). You may also call Member Service (1-800-565-9140) to receive a printed copy of your EOC.

• Claims & Balances - Under the “My Claims & Balances” tab, you can review up to two years of claims history, see if you have met your deductibles, check out-of-pocket limits for your plan and get a quick summary of all health care expenses with a Personal Health Statement. Members with a health reimbursement account (HRA) or flexible spending account (FSA) can view information about their health care account.

• Explanation of Benefits (EOB) - Every time you or your provider files a claim for your dental care, we provide you with an Explanation of Benefits (EOB), and a copy of it is posted in BlueAccess. Your EOB is not a bill. It’s a record of claims received by BlueCross, the payments we have made based on your plan design and the amount you owe your provider. If you want to learn more about what is included in your EOB, there is a diagramed example of an EOB on page 18 and 19.

• Health & Wellness – We offer you support to make good health decisions and develop healthy habits - including a variety of online tools to help you assess your health and maintain a healthy lifestyle. Take advantage of our WalkingWorks tool to track your steps, as well as our member-only discount program, BluePerks.
From BlueAccess, you can also log in to the Member Wellness Site to take your Personal Health Assessment, communicate with your Personal Health Coach or access self-directed coaching, 24/7. Other helpful features include a food and exercise diary, trackers to keep up with your progress and calculators to help with important health and wellness decisions.

**Cost & Quality** – Locate network providers in your area by distance, specialty and other criteria – even the languages they speak. Find out how much you can expect to pay for treatment of certain illnesses and view physician quality ratings based on the care patients received for certain conditions. Learn more about your prescription drugs, compare costs and find generic alternatives.

**Manage Your BlueAccess Account** – This is the place to go if you need to change your email address or how we communicate with you, if you want the convenience of online statements, or more. We also want your opinion about our service. While you’re here, join the BlueVoice research panel and you could receive rewards when you give us feedback.

**Want to Register for BlueAccess?**
- Have your BlueCross member ID ready.
- Visit bcbst.com, go to the BlueAccess box on the right side of the page and click ‘Register now!”
- Select ‘Member’ and enter your information.
- In a matter of moments you’ll be able to enter your personal BlueAccess page.
Health & Wellness Personalized for You

As a BlueCross member, our service to you goes beyond simply paying your claims. We want to help you get healthy and stay healthy. Your plan includes a variety of easy-to-use programs and services designed to give you the resources you need for healthier living. Quick answers and long-term solutions. Online or on the phone and available 24/7, your first step is only a call or click away.

Medical Questions? Live Help is Available 24/7

With our Healthy Focus® Nurseline, answers to your medical questions are only a phone call away. Sick child? Cut finger? Skin rash? Sprained ankle? Our staff of professional, experienced nurses will assist you with any health concern you have and help you decide what type of care you need. If you are thinking about surgery or facing a major health decision, one of our caring nurses can help you make the best choice for you and your family. Consider our Healthy Focus® Nurseline as your own personal team of nurses, on call for you any time – day or night. (This phone number is included in your Welcome brochure.)

Get Started Toward a Healthier Lifestyle

Before you begin a journey, you need to know where you are, where you want to go and how to get there – we can help you with all three. We offer programs to help you: stop smoking, lose weight, manage stress, improve nutrition, increase physical activity and lower blood pressure. Regardless of the health issue you want to address, the perfect place to start is bcbst.com. Log in to BlueAccess and click “Get Started” (middle of the page) to take a Personal Health Assessment (PHA) and learn about your level of health.

Once your PHA is complete, a lifestyle health coach is ready to help you develop health goals, put you on the path toward reaching them and provide as much help as you want along the way. You can talk with your lifestyle health coach on the phone, exchange e-mails and interact with your lifestyle health coach online. While online, you can also take advantage of our self-directed online coaching programs, health tools and trackers to monitor your progress toward your goals.

WalkingWorks

You can look forward to a fitter future with WalkingWorks, the easy-to-follow program that helps you establish a regular walking routine. Everything you need to start a walking program – except shoes and determination – can be found in the “My Health and Wellness” section of BlueAccess.
BluePerks Discount Program

Enjoy special savings up to 50 percent off a wide range of health and wellness-related products and services – including gym memberships, LASIK eye surgery, massage therapy, fitness gear, local zoos and museums, and much more. BluePerks are only offered to BlueCross BlueShield of Tennessee members. Show your member ID card at participating partners and start saving on healthy choices today!

See Where You Can Save with BluePerks

- Visit bcbs.com.
- Log in to BlueAccess.
- Select the BluePerks link under the “My Health & Wellness” tab (example on page 5).
- Check out all of the BluePerks discounts available to you.

BluePerks is offered through partnerships with discount service providers, such as:
Healthways, administering the Complimentary Alternative Medicine and cosmetic service discounts
EyeMed, administering the vision care item discount;
TruVision, administering the LASIK eye surgery discount;
Jenny Craig (R) is a registered trademark of Jenny Craig, Inc.
Read and Understand Your Explanation of Benefits (EOB)

You receive an EOB document every time you or your provider files a claim for your dental care benefits. Your EOB is NOT a bill. It’s a record of claims received by BlueCross BlueShield of Tennessee, the payments made according to your plan design, and the amount you owe your provider. Do not send a payment unless you receive a bill directly from your provider.

Below is a quick explanation of each section of your EOB.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Date Processed. The date BlueCross BlueShield of Tennessee processed your claim. (will be different from the date care was received).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Claim Number. The unique number assigned to each claim. If you have questions about your claim or EOB, have this number handy when you call.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Received. The date BlueCross BlueShield of Tennessee received the claim.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Group Number. The employer’s unique plan account number. This information should match the group number on your member ID card.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Identification Number. The ID number of the employee covered by the plan. This information should match the ID number on your member ID card.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Patient Name. The name of the person who received the dental service(s) - either you or a covered family member.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Date of Service. The actual date(s) you received dental service(s) from a dental provider.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Provider Name. The name of the dental provider who submitted the claim.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Contact Information. Where to call if you have questions.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Submitted Charges. The amount billed by your dental provider.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total Benefits Provided/ Network Savings. The total amount BlueCross BlueShield of Tennessee paid to you or your provider plus the amount saved by using a network dental provider (if applicable).</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other Insurance Benefits. The amount paid by a second insurance carrier. Only applies if a patient has other dental coverage.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Amount You Owe. Charges not paid by BlueCross BlueShield of Tennessee. This is the amount you owe the dentist.</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Network Savings. The amount saved by using a network dentist.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Deductible Amount. (if applicable). The amount of the charges applied toward your annual deductible. Once your deductible is met, your plan covers a percentage of eligible charges you submit from then on.</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Copay. (if applicable). The copayment amount you or your covered family member paid the dental provider at the time of service.</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Non-Covered. Any portion of the submitted charge not covered by your benefit plan. Your dental provider may bill you for these charges.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Notes. Codes draw your attention to specific messages about the itemized charges.</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Paid Provider. The amount BlueCross BlueShield of Tennessee paid your provider.</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Total. The total for each respective column.</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Account Status. Information about the deductible amounts paid for the year, if applicable.</td>
<td></td>
</tr>
</tbody>
</table>

Depending on the type of coverage you have or the type of services you receive, the EOB you see online or get in the mail may look different than the one pictured in this brochure. However, basic definitions remain the same.

To get your EOB online, go to the BlueAccess pages of bcbst.com and register for Advance EOB Notices. The service sends you an e-mail notice when a new EOB is posted to your private BlueAccess account. You’ll see your EOBs faster and have less paper clutter.
**Prefer Paperless? Sign-up for EOBs & Notifications by E-Mail**

If you would rather check your e-mail than your mail box for messages from us, consider it done. In BlueAccess you can choose to have some or all available communications from us delivered by e-mail. The “My Account” tab gives you the option to decide which items you want from us by mail or e-mail. When you choose e-mail notification you will have the fastest access to your information including: EOBs and claims activity. For example: the moment an EOB is posted to your account you’ll receive an e-mail, allowing you to view it immediately. If you need a paper copy you always have the option print it.
Understanding Your Monthly Claims Statement

Your Monthly Claims Statement (MCS) provides important information about your claims processed by BlueCross BlueShield of Tennessee. Your MCS is a summary of your medical claims over a month’s time.

Look for these features...

1. Current summary of your medical claims over a month’s time.

2. Simpler, uncluttered appearance to aid in finding and understanding the information you need.

3. Amounts paid by HRA funding.

4. Clear information on what was owed, what was paid, and by whom.

5. How to reach us online or on the phone.

6. Where you stand in meeting your deductibles, if applicable.

If you need a specific explanation of benefits (EOB), you can see it online under BlueAccess and print it. Or if you don’t have a computer or printer, you can call Customer Service for a copy.

You will receive your MCS by mail, or you can go to bcbsmt.com, visit “Blue Access” and click on “Go Paperless” to select online communications. The statement will be sent when you have one or more claims paid to providers on your behalf in a 28-day period.

The MCS above is an example and may not reflect the benefits available through your plan.
Treatment In Progress — What Services are Covered?

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

If a new DentalBlue member began orthodontic treatment prior to the effective date with BlueCross, that claim should be filed with the previous carrier. However, any orthodontic services (ex. monthly adjustment fees) received after the member’s DentalBlue coverage becomes effective should be filed with us and it will be applied to the orthodontic maximum.

Smart Consumer Tip
Check Your Dental Bills

Carefully review all dental bills for accuracy, what may appear to be balance billing could be your provider sending charges for covered and non-covered services at the same time. You are responsible for the cost of services not covered by your plan. Ask about any costs that you don’t recognize or understand. Mistakes happen, and you may be charged for services that were not performed. The simple step of checking your dental bills could save you plenty in out-of-pocket costs.

Your provider may bill you for any service you receive that is not covered by your benefit plan.

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. Network dentists agree to this standard, discounted fee and cannot charge you the higher amount or balance bill you the difference.

Did you know? If you use a non-network dentist, you could pay up to 30 percent more for your dental care.

Steps to Take if You are Balance Billed

If you receive a balance billing from a dentist in the network, take these steps:

1. Check your EOB. Your explanation of benefits shows the amount you should owe the provider for that service. You can see your EOBs when you log-in to BlueAccess at bcbst.com.

2. Call the provider’s office if the amount your EOB states you owe for a service does not match what the provider says you owe. Ask the provider’s staff to check your file to see why you were billed for that service instead of the insurer.

3. Call our Member Service department (listed on the back of your member ID card) if the provider still says the charge is your responsibility. A representative can check that all payments are appropriate.
Maximize Your DentalBlue Benefits

Predetermination of Benefits
With the exception of emergency care, you and your dentist can determine exactly what is covered by your dental plan — and the amount the plan will pay — before you receive treatment. After your exam, your dentist can complete and submit a dentist’s statement and then you both will be notified of the exact benefits the plan will provide for your treatment. A predetermination is recommended for any service that may exceed a $200 charge.

Payment for Services by a Out-of-Network Dentist
You are free to go to the dentist of your choice, but if you visit an out-of-network dentist, the benefit payment will be based on a maximum allowable charge (MAC) and may be made directly to you. An out-of-network dentist may charge more than the amount of the MAC. This difference – often called balance billing — would be your responsibility to pay.

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. This translates into less benefit used and more benefit left over.

Check Your Plan Options and Benefits
BlueCross BlueShield of Tennessee has many standard plan designs. Review your schedule of benefits to see the specific plan option, plan limits, deductible and member coinsurance levels that apply to you. Not all dental services are covered by these plans. Benefits are arranged in four levels of coverage, A-D, as summarized below.

Note: The exact services available to you may vary based on your specific plan or contract. Some plans do not include coverage for all four levels, move services from coverage B to C, or may have waiting periods.

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

*Services not available in some plans

Missing Tooth Clause Exclusion (It’s a good thing!)
Many carriers will completely exclude coverage for partials and bridges on any tooth you were born without or that was removed prior to their coverage. However, BlueCross will waive that exclusion and provide coverage for that missing tooth if your dental coverage has not lapsed prior to becoming a DentalBlue member.
Good Dental Care is Important for Overall Health

Did you know that some chronic conditions such as diabetes and heart disease have been linked to oral health? Did you know that patients being treated for head and neck cancer are particularly vulnerable to oral health issues? Research shows that a healthy mouth can help deter medical complications, a valuable reason for you and your family to practice good dental care throughout your life.

**Tips for a Lifetime of Good Oral Health**

- Brush for at least one minute twice everyday
- Floss at least once everyday
- Visit your dentist every six months
- Avoid tobacco
- Teach your children to brush and floss properly

**Visit bcbst.com/members/dental**

To find more information about:

- Children’s dental health
- Dental terms & tooth chart
- Dental claim forms
- Frequently asked questions