



DENTAL MEMBER GUIDE

# Coverage To Smile About







# Welcome to BlueCross

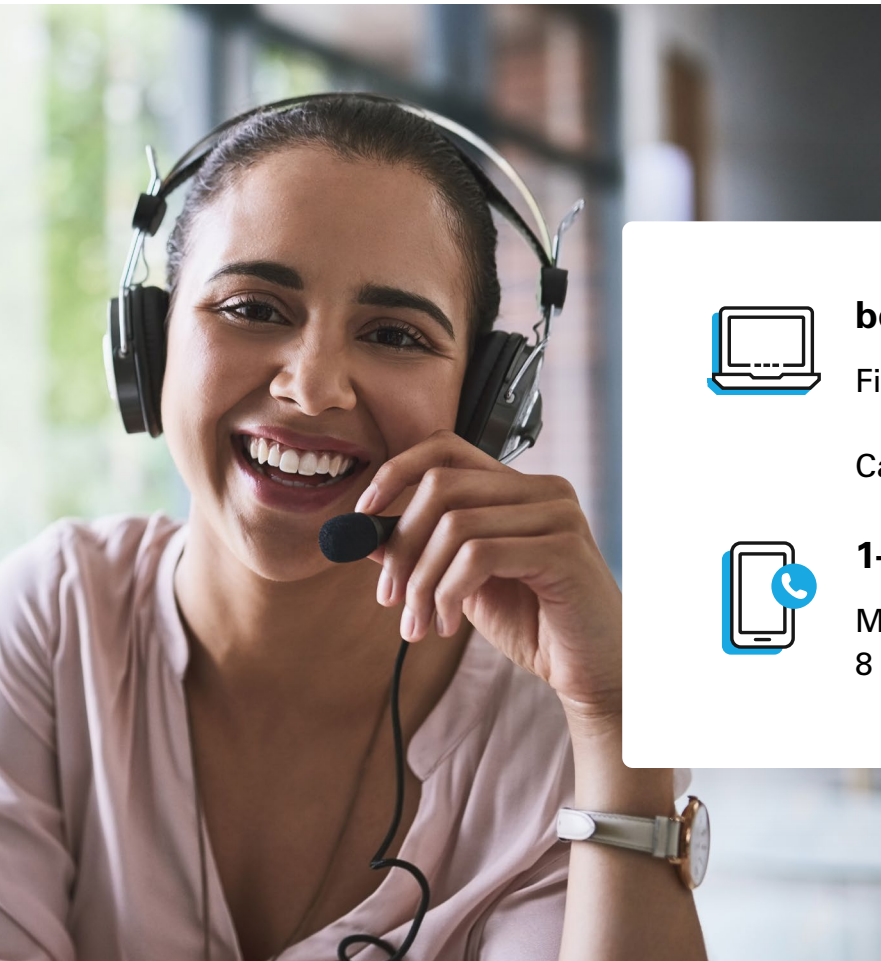


**We're happy to have you  
as a member.**

This quick reference guide can help you  
learn about your benefits and get the  
best value from your dental plan.

# We're Here To Help

Get the information you want online or over the phone:



**bcbst.com**

Find information online 24/7.

Call your Member Service line:



**1-800-565-9140**

Monday through Friday  
8 a.m. to 6 p.m. (ET)

## Services in Other Languages

You can access other language services by calling **1-800-565-9140**.

¿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.




# Let's Get Started

---

Your benefits offer you many options for your dental care needs. This guide can help you learn about:

- › Finding a dentist or other provider
- › Confirming your benefits
- › Checking your claims and benefit availability
- › Getting answers about your coverage
- › Other discounts associated with your plan
- › Seeing the details of all the benefits your plan covers in your Evidence of Coverage (EOC)

A woman with brown hair tied back, wearing a bright yellow raincoat, is smiling warmly at a Bernese Mountain Dog. The dog is sitting in a field of dry grass and has its long pink tongue hanging out. The background is a soft-focus natural setting.

## Getting To Know Your Member ID Card

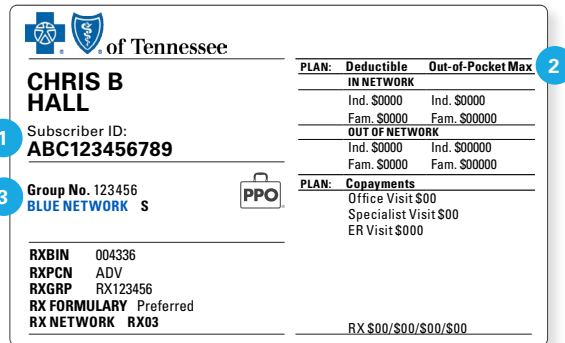
If you haven't already received your ID card(s), you'll get them in the mail soon. They include a lot of important information about your plan.

# Sample Member ID Card

(Your card will differ based on your plan and plan selections.)

- 1 Your ID number
- 2 The coverage included with your plan
- 3 Your Group Number
- 4 Member Service phone number
- 5 Address for filing claims and sending correspondence

Some services on this sample Member ID card may not apply to your plan, or you may have additional benefits not listed. Check your EOC to see exactly what's included in your plan.



**of Tennessee**

**CHRIS B HALL**

Subscriber ID: **ABC123456789**

Group No. 123456  
**BLUE NETWORK S**

**PPO**

PLAN:	Deductible	Out-of-Pocket Max
<b>IN NETWORK</b>	Ind. \$0000 Fam. \$0000	Ind. \$0000 Fam. \$00000
<b>OUT OF NETWORK</b>	Ind. \$0000 Fam. \$0000	Ind. \$00000 Fam. \$00000

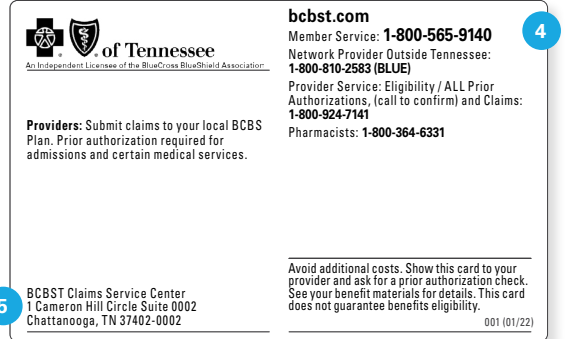
**PLAN: Copayments**

Office Visit \$00  
Specialist Visit \$00  
ER Visit \$000

RXBIN 004336  
RXPCN ADV  
RXGRP RX123456  
RX FORMULARY Preferred  
RX NETWORK RX03

RX \$00/\$00/\$00/\$00

Front



**of Tennessee**  
An Independent Licensee of the BlueCross BlueShield Association

**bcbst.com**  
Member Service: **1-800-565-9140**  
Network Provider Outside Tennessee: **1-800-810-2583 (BLUE)**  
Provider Service: Eligibility / ALL Prior Authorizations, (call to confirm) and Claims: **1-800-924-7141**  
Pharmacists: **1-800-364-6331**

Providers: Submit claims to your local BCBS Plan. Prior authorization required for admissions and certain medical services.

Avoid additional costs. Show this card to your provider and ask for a prior authorization check. See your benefit materials for details. This card does not guarantee benefits eligibility.

BCBST Claims Service Center  
1 Cameron Hill Circle Suite 0002  
Chattanooga, TN 37402-0002

001 (01/22)

Back



## Tips for Using Your Card

- > Always carry it with you.
- > Protect it as you would a credit card.
- > Show it whenever you receive dental care.
- > Get a digital version on the **BCBSTN<sup>SM</sup>** app.



## DENTAL

# How We Cover You & Your Care

---

We pay different amounts to cover different services. We call this list your “Schedule of Benefits,” and it groups different services into one of four levels. See the example below.

### **Coverage A**

Diagnostic and preventive services such as exams, cleanings and X-rays

### **Coverage B**

Basic services such as fillings and extractions

### **Coverage C**

Major services such as crowns, bridges and dentures

### **Coverage D**

Orthodontic services such as braces and retainers

**Note:** Services may vary based on your plan or contract. Some plans don't include coverage for all four levels, change what certain levels cover or include waiting periods.



## How You Can Save

### Know What Your Plan Pays

Don't let the cost of your care surprise you. Before you get any non-emergency care, you and your dentist can ask us how much we'll cover for each service. We call this request a "predetermination of benefits," and we recommend your dentist asks for one any time a service may cost more than \$200.

### Networks Stretch Your Benefit Dollar

Some restorative and specialty dental services can cost more than your plan's annual benefit maximum. When you see a provider in your network, you have access to discounted pricing that will help your benefits stretch farther.

## Who Covers Care That's Already in Progress?

If you had another insurance plan before you joined us, you'll want to know who covers your current, ongoing care—us, or your old insurance company.

We ask dentists to bill their services based on the completion date. If the completion date is before the date your coverage starts with us, you'll have to see if your previous insurer will cover your treatment. If the completion date is after the date your coverage starts with us, we'll cover your care according to your benefits.

### Orthodontics\*

Any actual services (e.g. initial banding) for orthodontic treatment that began prior to the effective date of coverage with us should be filed with your previous insurer. However, any orthodontic services (e.g. monthly adjustment fees) received after your coverage with us starts should be filed with us, and we'll apply these costs to your orthodontic maximum.

\* Not all plans cover orthodontics. Check your EOC or benefit booklet to see if you have these benefits.

# Getting the Most From Your Plan

---

## Use Dentists in Your Network

We negotiate discounts for our members, so you can save money when you use an in-network provider.

## Watch Out for Hidden Out-of-Network Costs

Out-of-network dentists haven't agreed to these discounts. If you go to one, we'll pay your benefits at the same rate we pay in-network dentists.

The out-of-network dentist may send you a bill for any fees over that discount amount, and you'll be responsible for paying the difference.

## Healthier Mouth, Healthier You


In addition to helping you keep a healthy smile, dentists can identify other diseases and medical conditions. Prevention and early detection lead to better health. Most plans cover the following items at 100% when you use an in-network provider:\*

- › Two exams per year
- › Two cleanings per year
- › One set of bitewing X-rays

\* Check [bcbst.com/coverage](http://bcbst.com/coverage) to see the exact details of your plan.

Your plan may cover additional dental services at no cost to you if you have chronic conditions like diabetes, rheumatoid arthritis, or cardiovascular disease.





## Find the Dentist Who's Right for You

Look for a new Dentist  
using our mobile-friendly  
website or app.

### Find a Dentist Online

- › Log in at [bcbst.com/findaprovider](https://bcbst.com/findaprovider).
- › Under Browse by Category, click Dental Care.
- › Sort results by distance, best match or patient reviews.

### With the BCBSTN<sup>SM</sup> App

- › Select **Get Care**.
- › Select **Dental**.

## BCBSTN<sup>SM</sup> MOBILE APP

Keeping up with your plan is convenient and easy with our mobile app.

With our free app, you can find dentists, look up claims information, get a digital copy of your Member ID card or access health and wellness tools.

- › Find dentists in your network by specialty or name.
- › View benefits, claims, health plan details and a mobile version of your Member ID card.

## BCBST.COM

Manage your dental benefits online at **[bcbst.com/member](https://www.bcbst.com/member)**. Your online account gives you a number of helpful health and account-related tools.

- › Register once you've received your ID card.
- › Find a dentist or other provider.
- › Check your benefits.
- › See which family members are covered.
- › View coinsurance levels and frequency limits.
- › Estimate the cost of care and compare costs from different providers.

## Download the App

Scan the QR code with your smartphone to get the free **BCBSTN** app from your phone's app store.






## Healthy Living for Less

Blue365® discounts make it easier for you to make healthy lifestyle choices. Save on a wide range of health-related products and services – including things like gym memberships, dental care, hearing aids, nutrition programs and fitness gear.

For more details, visit  
**[bcbst.com/memberdiscounts](https://bcbst.com/memberdiscounts)**.

Check back often for new offers.



## Your Fitness, Your Way

Fitness Your Way™ lets you work out at more than 10,000 participating fitness locations nationwide for a \$29 signup fee and \$29 per month per person. It's available to anyone on your plan 18 and older. You can even take live and recorded virtual classes at home.

### Take the first step

To get started, visit [bcbst.com/memberdiscounts](https://bcbst.com/memberdiscounts) and register or log in.

- › Click **Fitness**.
- › Click **Fitness Your Way**.
- › Select **Details** then **Join**.
- › From there, you can create a Fitness Your Way account, find participating locations and participate in virtual classes.

Or call **1-888-242-2060**, Monday through Friday, 8 a.m. to 8 p.m. ET, to find participating facilities and enroll today.

# Your Rights & Responsibilities

As a member, you have rights and responsibilities with your health plan. We're here to help you understand them.

You have the right to:

1. Get information about us, like our services, the providers\* and practitioners in our networks, and your member rights and responsibilities.
2. Be respected and treated with dignity, and have your private information kept private.
3. Make your own decisions about your health care based on an open, honest discussion with your health care providers and practitioners about all your treatment options, regardless of cost or whether your plan covers them.
4. Make complaints or appeals about us or your care.
5. Recommend changes to our member rights and responsibilities policy.

You have the responsibility to:

6. Give us and your health care providers the details we need (as much as possible) to provide care that's right for you.
7. Follow directions you and your providers have agreed to about your treatment.
8. Work with your health care providers to understand your conditions and decide on a treatment and goal that you can agree on.

To learn more about your rights and responsibilities, go to [bcbst.com/memberrights](https://www.bcbst.com/memberrights).

## Getting Fair Decisions About Your Care

When we make decisions about what care we'll cover, our number one concern is your health. BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace. We look at two things when we make these decisions:

- › Is the requested care or service right for your condition and overall health?
- › Does your plan cover it?

## Independent Reviews of Our Decisions About Your Care

Most of our members have the right to ask that someone else — who doesn't work for BlueCross — review medical necessity decisions we make. You can learn more about how we handle these reviews in the Grievance or Appeals section of your Evidence of Coverage (EOC). You should have gotten your EOC when you signed up, but you can find it anytime by logging in to your [bcbst.com](https://www.bcbst.com) account. Call us at **1-800-565-9140** if you'd like us to send you a new copy.

## Health and Wellness

We give you resources to help improve and manage your health. To learn more about these resources, log in to [bcbst.com](https://www.bcbst.com) or call **1-800-565-9140**.

\* The National Committee for Quality Assurance (NCQA), an independent organization that offers accreditation for insurance companies, defines "providers" as facilities where you get care, and "practitioners" as people who provide care. In some documents, we use the term "providers" to refer to both.



## Making Sure You Get Quality Care

Every year, we look at the care our members receive to make sure you're getting:

- › High-quality care and services
- › Care that's right for you
- › Access to high-quality providers, hospitals and other facilities

We've earned national accreditation from two independent organizations, URAC and the National Committee for Quality Assurance (NCQA). If you'd like to know more about our quality programs, write to us at:

BlueCross BlueShield of Tennessee  
Attn: Quality Management 2.3  
1 Cameron Hill Circle  
Chattanooga, TN 37402

## Your Care and Benefits After a Mastectomy

You have a right to get certain care and benefits after a mastectomy, including:

- › Reconstruction and surgery to make the breasts symmetrical
- › Prostheses
- › Treatment for health complications that came from having a mastectomy, including lymphedema

You can read more details about these benefits and other covered health care services in your health plan materials.

## Who We Share Your Information With

We don't share your private information with anyone unless it's both legal and necessary. But to help provide, process and pay for your health care, we may share your information with certain companies we do business with, like:

- › Financial institutions
- › Other insurance companies health plans and health care providers
- › Marketing partners
- › Certain other third parties as needed

You can read our full Notice of Privacy Practices at [bcbst.com/NOPP](http://bcbst.com/NOPP).

## Who Has Access to Your Information

The only BlueCross employees who can use and disclose your information are those who need it to do their job providing coverage for you. This includes claims processors, underwriters and customer service employees. We use physical, electronic and procedural protections to make sure no one else can access your information.

## Where We Get Your Information

We receive information about your health care from:

- › Information you provide on applications or other forms
- › Information from your health records and transactions with us or other companies that we do business with

## Are We Doing a Good Job With Your Coverage?

Making sure you get the care and service you deserve is important to us. We want you to be happy with us, so if there's any reason you're not, please tell us. We'll do everything we can if you have a complaint about:

- › The quality of your care
- › Finding care
- › Your relationship with your providers or with us
- › Anything else related to your health plan

If you're not happy with any part of your care or your plan, we want to hear from you. Just give us a call at **1-800-565-9140**. If you'd rather write to us, please send it to us at:

BlueCross BlueShield of Tennessee  
Commercial Member Complaint Department  
1 Cameron Hill Circle, Suite 0019  
Chattanooga, TN 37402-0019

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث انكز اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمانجان. إذا كنت عضواً، فاتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 1-800-565-9140 (الهاتف النسي: 1-800-848-0298).

BlueCross:

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

注意: 如果您使用繁体中文, 您可以免費獲得語言援助服務。 如果您是會員, 請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140 (聽障專線 (TTY): 1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, 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).

ໂປດຊາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ຖ້າທ່ານເປັນສະມາຊິກ, ໃຫ້ໂທຫາເບີຂອງຝ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የግሩፕናት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገኙዎት ተዘጋጅተዋል። አባል ከሆኑ፣ በአባልነት መታወቂያ ሂሳብ ላይ በግንገሥ የአባል አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (መስማት ለተሳናቸው፡ TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. જો તમે સભ્ય છો, તો તમારા સભ્ય આઈડી કાર્ડની પાછળના સભ્ય સેવા સંબંધિત નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કોલ કરો.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。会員のお客様は、会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर सदस्य सेवा नंबर पर फोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Если Вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت شناسایی عضو خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

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 Grievance; 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.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination\_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

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

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

The App Store is a registered trademark of Apple, Inc. Android is a trademark of Google, Inc.

Tivity Health and Fitness Your Way are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018 Tivity Health, Inc. All rights reserved.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Si ou se yon manm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Czynkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínizin: Díí saad bee yáání'tí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóíq. Naaltsosos bee ná ha'dít'éégo, Naaltsosos Bá Hada'dít'éhígíí ninaaltsosos nit'i'izií bee neéehozinígíí bine'déé' Naaltsosos Bá Hada'dít'éhígíí Bee Áka'anída'áwo'í bibéesh bee hane'í biká'ígíí bee hodílníh doodago 1-800-565-9140 (Doo Adinits'agóógo q TTY: 1-800-848-0298) bee hodílníh.

WICHDICH: Wann du Deutsch schwetzschst un witt en Translator, kenne mer eener grieege fer dich unni as es dich ennich ebbes koschte zellt. Wann du en Member bischt, ruf der Member Service Number uff as uff die hinnerscht Seit vun dei Member ID Card is odder ruf 1-800-565-9140 (TTY: 1-800-848-0298) uff.

FAAMATALAGA: Afai e te tautala i le Gagana Samoa, o lo'o avanoa mo oe auanaga fesoasoani i le gagana e leai se totogi. Afai o oe o se sui, fa'amolemole vala'au le numera o le Member Service o lo'o i tua o lau pepa ID po'o le 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSHUN: Gare iga gogal Kapasal Falawasch, ye fri ngalug yamem bwe tepangung rel iye kepat kaale. Nge gare iga gel gosa fasiul log bwe semal member, gosa kol yegilii nampal Member Service woal pak rel Member ID kard la yamw gare kol yegilii 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSIÓN: Kumu un tungo fuminu' Chamoru, guaha dibatdi na setbision asistimentun lengguahi para hágu. Kumu membro hao, pot fabot agang i Setbision Membro na numeru gi santatin iyomu ID card Membro pat 1-800-565-9140 (TTY: 1-800-848-0298).

1 Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)



## Get Answers to Your Questions



Call us at **1-800-565-9140**

Monday – Friday,  
8 a.m. – 6 p.m. ET



Chat with us at **[bcbst.com](https://www.bcbst.com)**