

Rider 07-339

Preventive Dental Plus

This *rider* modifies the terms of your health plan. Please keep this *rider* with your Benefit Description for easy reference.

The *outpatient* benefits as described in your Benefit Description for preventive dental care have been changed.

In addition to the preventive dental care benefits described in your Benefit Description, this health plan also provides benefits based on the *preferred fee schedule* for the preventive and restorative dental services listed below for a *member* of any age. You do not need a referral from your PCP before you receive these *covered services*, but you must obtain these *covered services* from a dentist who has a preferred payment agreement with *Blue Cross and Blue Shield*. For these *covered services*, you must pay the *copayment* that you would normally pay for other office visits.

These benefits for a *member* who is age 19 or older are limited to \$300 for each *member* in each *plan year*.

The term *preferred fee schedule* means the benefit fee schedule on which *Blue Cross and Blue Shield* bases its payments for most preferred dentists' services covered under this Preventive Dental Plus plan. The *preferred fee schedule* is not the same as the dentists' actual charge.

Covered Services

Preventive Services

- Periodic or routine oral exams (once each six months).
- Routine cleaning, scaling and polishing of teeth (once each six months).
- Fluoride treatment (once each six months for members under age 19).
- One complete initial oral exam, including initial dental history and charting of teeth and supporting structures.
- Single tooth x-rays as needed.
- Bitewing x-rays of the crowns of the teeth (once each six months).
- Full mouth x-rays, seven or more films, or panoramic x-rays with bitewings x-rays (once each 60 months).
- Emergency exams when the dentist does not perform another *covered service* during the visit.

Restorative Services

- Sealants applied to permanent molar and premolar surfaces for members under age 14 (one application each 48 months for each premolar or molar surface).
- Silver amalgam fillings (limited to one filling for each tooth surface in each 12 months). However, no benefits are provided for fillings on tooth surfaces where a sealant was applied within the last 12 months.
- Composite resin (tooth color) fillings on front teeth, limited to one filling for each tooth surface in each 12 months. This health plan provides the benefits for amalgam fillings toward the cost of composite resin (tooth color) fillings on back teeth (bicuspids and molars). You must pay any balance.
- Pin retention for fillings.
- Space maintainers required due to premature loss of teeth for members under age 19.
- Study models and casts used in planning treatment (once each 60 months).

Finding a Preferred Dentist

To find out if a dentist is a preferred dentist, you may look at the Dental Blue PPO Directory of Providers on the Blue Cross Blue Shield of Massachusetts website <https://member.bluecrossma.com/fad>. You can also contact the *Blue Cross and Blue Shield* customer service office at **1-800-782-3675**.

All other provisions remain as described in your Benefit Description.