



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**.

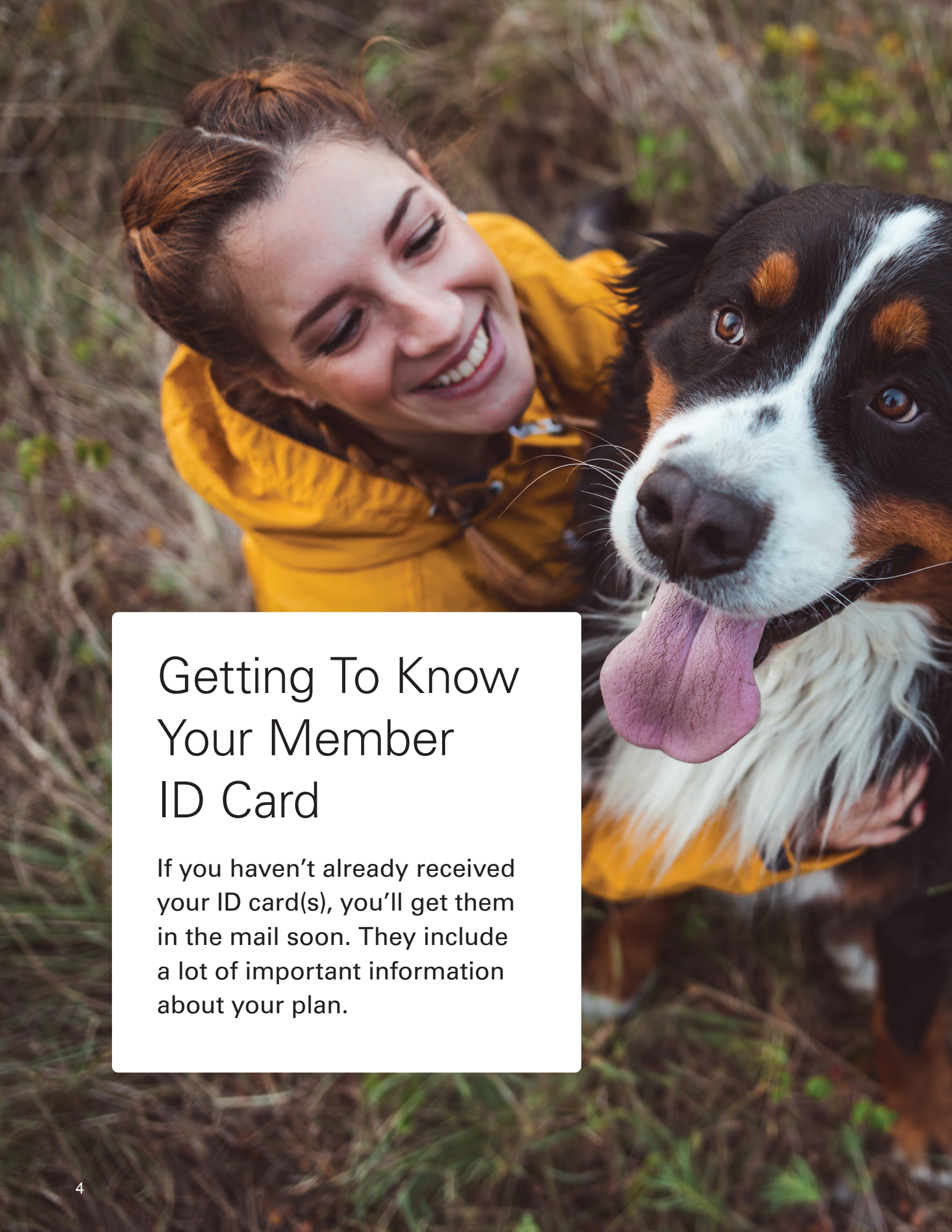
¿Tienes Preguntas? Tenemos las Respuestas. Tenemos representantes de servicio al cliente que hablan Español y pueden ayudarle con sus preguntas. Para hablar con un representante de servicio al cliente, marque el numero 1-866-636-0164. Presione "1" para preguntas sobre seguro medico o "2" para seguro 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 and looking down at a Bernese Mountain Dog. The dog has black, white, and brown fur and is sticking its pink tongue out. They are outdoors in a natural setting with dry grass and some green plants.

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

of Tennessee

CHRIS B HALL

Subscriber ID: **ABC123456789**

Group No. 123456
BLUE NETWORK S

PPO

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

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.



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 **BCBSTNSM** 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

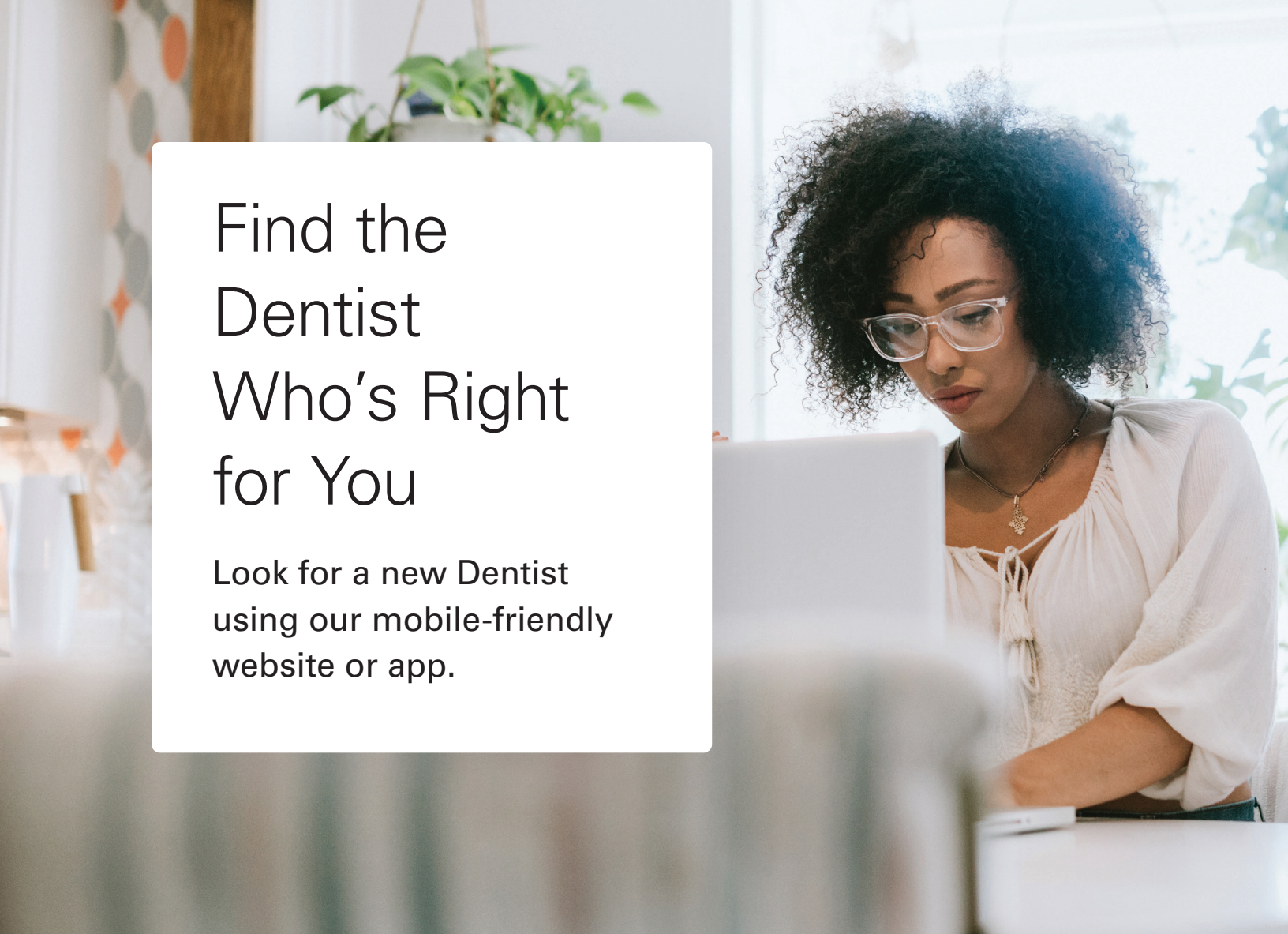
In addition to helping you keep a healthy smile, dentists can identify other diseases and medical conditions. Prevention and early detection lead to better health. Most plans cover the following items at 100% when you use an in-network provider:*

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

* Check bcbst.com/coverage 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.
- › Under Browse by Category, click Dental Care.
- › Sort results by distance, best match or patient reviews.

With the BCBSTNSM App

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

BCBSTNSM 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/welcome](https://www.bcbst.com/welcome)**. 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.

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 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.

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 sex¹.

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.

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).

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.

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

ATTENTION: If you speak English, free language assistance services and appropriate auxiliary aids and services are available to you. Please call the Member Service number on the back of your Member ID card or 1-800-565-9140 (TTY: 1-800-848-0298).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma, así como ayudas y servicios auxiliares adecuados. Llame al número de Servicio de atención a miembros que figura en el reverso de su tarjeta de identificación de miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

انتباه: إذا كنت تتحدث العربية، فستوفر لك خدمات المساعدة اللغوية المجانية والخدمات والأدوات المساعدة المناسبة. يرجى الاتصال برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو الخاص بك أو بالرقم 1-800-565-9140 (الهاتف التلوي: 1-800-848-0298)

注意: 如果您說中文，我們提供免費的語言協助服務，以及適當的輔助協助和服務。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)。

LƯU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các dịch vụ và công cụ hỗ trợ phù hợp. Vui lòng gọi đến số của bộ phận Dịch vụ Hội viên ở mặt sau Thẻ ID Thành viên của quý vị hoặc số 1-800-565-9140 (TTY: 1-800-848-0298).

주의: [한국어]를 사용하시는 경우, 무료 언어 지원 서비스 및 적절한 보조 기구와 서비스가 제공됩니다. 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 gratuits d'assistance linguistique et des aides et services auxiliares appropriés sont à votre disposition. Veuillez appeler le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາ ພາສາລາວ, ມີການບໍລິການ ຊ່ວຍເຫຼືອຖ້າພາສາ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ ພາດສາມາດໃຫ້ທ່ານ. ກະລຸນາໂທຫາເບີຊ່ວຍເຫຼືອບໍລິການສະມາຊິກ ທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስገንዘቢያ:- አማርኛ የሚናገር ሆኖ: ነጻ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ረዳት መርዳቶች እና አገልግሎቶች ለእርስዎ ይገኛሉ። በአገልግሎት መታወቂያዎ ጀርባ ላይ በሚገኘው የአገልግሎት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Bitte rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

ध्यान आपो: जो नमै गुजराती बोवो छी, तो नमारा माटे निःशुल्क भाषा सहाय सेवाओ अनै उपयुक्त सहायक साधनो अनै सेवाओ उपलब्ध छै. कृपया अपने सदस्य ID कार्डके पीछे दिए गए सदस्य सेवा नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करी.

お知らせ：日本語をお話しになる場合は、無料の支援サービスと適切な補助器具・サービスがご利用いただけます。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。

PANSININ: Kung kayo ay nagsasalita ng Tagalog, magagamit para sa inyo ang libreng mga serbisyong tulong sa wika at kaukulang mga karagdagang tulong at mga serbisyo. Mangyaring tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng inyong 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 निःशुल्क भाषा सहायता सेवाएँ और उपयुक्त सहायक साधन और सेवाएँ उपलब्ध हैं। कृपया अपने सदस्य ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करी।

ВНИМАНИЕ! Если Вы говорите по-русски, Вам будут предоставлены услуги языковой поддержки и соответствующие вспомогательные средства и сервисы на бесплатной основе. 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 صحبت می کنید، خدمات کمکی زبانی رایگان و مساعدت ها و خدمات کمکی مناسب در دسترس شما هستند. در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت عضویت خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, genyen sèvis asistans gratis pou lang ansanm ak èd pou sèvis oksilyè apwopriye k ap disponib pou ou. Tanpri rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej oraz rozwiązań i usług pomocniczych. Prosimy zadzwonić pod numer działu obsługi ubezpieczonych podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística e recursos e serviços auxiliares apropriados estão disponíveis para você. Ligue para o número de 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: se parla italiano, sono disponibili per Lei servizi gratuiti di assistenza linguistica nonché aiuti e servizi ausiliari adeguati. 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).

BAA'áKOHWIINIDZIN: Diné bizaad bee yánłít'í go, t'áá jiik'éh saad bee áka'aná'awo' bee áka'anida'awo'í dóó t'áadoole'í binahjí' bee adahodooníígíí diné bich'í' anidahazt'í'í bee bika'aanida'awo'í ná dahóló. T'áá shóodí Bih Ha'dít'éhí Bika'aná'awo' Bih Ha'dít'éhí ID naaltsoos nitł'izí bine'déé' binámboo bee hodíilnih doodago 1-800-565-9140 (TTY: 1-800-848-0298).

WICHHDICH: Wann Du Deutsch schwetzschst un brauchschst Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschede zellt. Mir kenne differnti Sadde Schprooch-Hilf beigrige aa fer nix. Ruf der Member Service Number uff die hinnerscht Seit vun dei Member ID Card uff odder 1-800-565-9140 (TTY: 1-800-848-0298).

FAASILASILAGA: Afai e te tautala i le faa-Samoa, o loo avanoa mo oe auaunaga fesoasoani mo gagana e aunoa ma se totogi faapea ma fesoasoani fa'aopo'opo ma auaunaga talafeagai. Faamolemole vala'au le numera o le Member Service (Auaunaga mo Tagata Auai) o lo'o i tua o lau pepa ID o le Member (Tagata Auai) po o le 1-800-565-9140 (TTY: 1-800-848-0298).

GAKIULA: Gare iga go kapetal Faluwasch, ye toore paliuwal yamem bwe tepangug rel gamatefal lane kapetal Faluwasch. Fale peshem kol yegili nampal Member Service ila yelug liugul tagurul Member ID kard la yam gare 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSION: Guaha setbisio siha para hâgu yanggen fifino' CHamorur hao, dibâtde na setbision inayudon fumino' CHamorur yan propriu na inasuden trâstes yan setbisio siha. Put fabot âgang i numiron Setbision Membro gi santatten i kattâ-mu Member ID pat 1-800-565-9140 (TTY: 1-800-848-0298).

Get Answers to Your Questions



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

Monday – Friday,
8 a.m. – 6 p.m. ET



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