

HARVARD, YOU HAVE TWO GREAT OPTIONS FOR YOUR DENTAL COVERAGE

Coverage begins
August 1, 2025.



Learn how to enroll

Enrollment isn't automatic. To learn more about rates, eligibility, and how to enroll, visit hushp.harvard.edu/enroll/optional-dental-plans.

CHOOSE THE DENTAL PLAN THAT'S RIGHT FOR YOU

One plan doesn't always fit all. You have two great options to choose from this year.

PICK THE PLAN THAT'S RIGHT FOR YOU:

OPTION 1

Dental Blue Preventive

Plan-year maximum benefit: \$500/year

Cost: \$296/year*

Coverage for: Preventive benefits only

OPTION 2

Dental Blue® Comprehensive

Plan-year maximum benefit: \$1,500/year

Cost: \$538/year*

Coverage for: Preventive, basic, and major benefits

HOW TO FIND AN IN-NETWORK DENTIST

Both plans give you access to an extensive network of dentists. Over 90% of dentists in Massachusetts and Rhode Island participate in the Dental Blue network, as well as many dentists nationwide.



1. Go to
bluecrossma.org



2. Click **Find a Doctor**
under **Find Care**



3. Fill in all fields and
enter **Dental Blue** for
your network



4. Click
Search

*Cost is for a student-only plan. For more rates, visit <https://massblue.org/optionabide/rate-plans-dental-plans-benefits/>.

COMPARE YOUR PLAN OPTIONS

Use these tables to see which services each plan covers.



DENTAL BLUE PREVENTIVE

This plan only provides coverage for diagnostic and preventive care, such as routine cleanings. If you need emergency dental care or additional care, such as fillings or root canals, you'll be responsible for paying the full cost of those services.

Plan-year maximum benefit: \$500/year
Cost: \$296/year*

Preventive benefits

100% coverage

No deductible

Diagnostic

- One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures
- Full-mouth X-rays with seven or more films, or panoramic X-ray with bitewing X-rays once every five years
- Bitewing X-rays twice per calendar year
- Single-tooth X-rays as needed
- Study models and casts used in planning treatment, once every five years
- Periodic or routine oral exams twice per calendar year
- Emergency exams

Preventive

- Routine cleaning, scaling, and polishing of the teeth twice per calendar year
- Fluoride treatment twice per calendar year (members under age 19)
- Sealants on permanent pre-molar and molar surfaces (members under age 14). Benefits are provided for one application per bicuspid or molar surface every two years.
- Space maintainers needed due to premature tooth loss (members under age 19)

*Cost is for a student-only plan. For more rates, visit hushp.harvard.edu/enroll/optional-dental-plans.

DENTAL BLUE COMPREHENSIVE (DENTAL BLUE PROGRAM 2)

This is a good option if you want the most dental protection. In addition to diagnostic and preventive care, you'll receive coverage for basic and major services, such as fillings, crowns, and root canals.

Plan-year maximum benefit: \$1,500/year Cost: \$538/year*		
For members under age 13, benefits are covered in full up to the plan-year benefit maximum and aren't subject to the deductible.		
Preventive benefits 100% coverage No deductible	<div><div></div><div>Basic benefits 60% coverage</div></div>	Major benefits 40% coverage
\$50 deductible/individual plan and \$150 deductible/family plan		
<div>Diagnostic<ul style="list-style-type: none">One complete initial oral exam, including initial dental history and charting of the teeth and supporting structuresFull-mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once every five yearsBitewing X-rays twice per calendar yearSingle-tooth X-rays as neededStudy models and casts used in planning treatment, once each every five yearsPeriodic or routine oral exams twice per calendar yearEmergency exams</div> <div>Preventive<ul style="list-style-type: none">Routine cleaning, scaling, and polishing of the teeth twice per calendar yearFluoride treatment twice per calendar year (members under age 19)Sealants on permanent pre-molar and molar surfaces (members under age 14). Benefits are provided for one application per bicuspid or molar surface every four years.Space maintainers needed due to premature tooth loss (members under age 19)</div>	<div>Restorative<ul style="list-style-type: none">Amalgam (silver) fillings (limited to one filling for each tooth surface in a year-long period)Composite resin (tooth color) fillings (limited to one filling for each tooth surface in a year-long period)Pin retention for fillingsStainless steel crowns on baby teeth and on first permanent adult molars (members under age 16)</div> <div>Oral Surgery<ul style="list-style-type: none">Tooth extractionRoot removalBiopsies</div> <div>Periodontics (gum and bone)<ul style="list-style-type: none">Periodontal scaling and root planing once per quadrant every two yearsPeriodontal surgery once per quadrant every three yearsPeriodontal maintenance following active periodontal therapy, once each three months</div> <div>Endodontics (roots and pulp)<ul style="list-style-type: none">Root canal therapy (permanent teeth, once in a lifetime per tooth)Retreatment root canal therapy on permanent teeth, once in a lifetime for each toothTherapeutic pulpotomy on primary or permanent teeth (members under age 16)Other endodontic surgery to treat or remove the dental root</div> <div>Prosthetic maintenance<ul style="list-style-type: none">Repair of partial or complete dentures, crowns, and bridges once every yearAdding teeth to an existing complete or partial dentureRebase or reline of dentures once every three yearsRecementing of crowns, inlays, onlays, and fixed bridgework once every year</div> <div>Other services<ul style="list-style-type: none">Occlusal adjustments every two yearsServices to treat root sensitivityEmergency dental care to treat acute pain or to prevent permanent harm to a memberGeneral anesthesia when administered in conjunction with covered surgical services</div>	<div>Prosthodontics (teeth replacement)<ul style="list-style-type: none">Complete or partial dentures (including services to fabricate, measure, fit, and adjust them) once every five years for each archFixed bridges (including services to fabricate, measure, fit, and adjust them) once every five years for each toothReplacement of dentures and bridges once every five years when the existing appliance can't be made serviceableAdding teeth to an existing bridgeTemporary partial dentures to replace any of the six upper or six lower front teeth (only covered if installed immediately following the loss of teeth and during the period of healing)</div> <div>Major restorative (members age 16 or older)<ul style="list-style-type: none">Crowns, once every five years for each toothMetallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once every five years for each tooth. You pay any balance.Metallic, porcelain, and composite resin onlays, once every five years for each toothReplacement of crowns, once every five years for each toothReplacement of metallic, porcelain, and composite resin inlays. Benefits are provided for an amalgam filling toward the cost of a metallic, porcelain, or composite resin inlay, once every five years for each tooth. You pay any balance.Replacement of metallic, porcelain, and composite resin onlays, once every five years for each toothPost and core or crown buildup, once every five years for each tooth</div> <div>Implants (members age 16 or older)<ul style="list-style-type: none">Single-tooth dental endosteal implants (the fixture and abutment portion) in addition to the allowance for the crown for the implant, once every five years, when the implant replaces permanent teeth through the second molars</div>

IMPORTANT INFORMATION ABOUT DENTAL BLUE PLANS

Your benefits

The dental benefits your plan covers are subject to the plan-year benefit maximum amount shown in the chart. 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. For more information, call Team Blue at **1-800-932-8323**.

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. For exact coverage details, see your plan description (and riders, if any).

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 qualifying conditions, visit **bluecrossma.org**, then go to **Dental** under **Learn & Save**.

How in-network dentists are paid for covered services

Dentists who participate in the Dental Blue network submit claims directly to us, and accept either the dentist's actual charge for covered services, or our maximum amount allowed, whichever is lower. If you exceed your plan-year maximum, your out-of-pocket cost for covered services won't exceed the allowed amount, but you'll be responsible for paying the dentist directly.

How out-of-network dentists are paid for covered services

We'll pay up to the allowed amount for covered services performed by an out-of-network dentist. You'll be responsible for the difference between the dentist's actual charge and the allowed amount. If you exceed your plan-year maximum, you'll be responsible for paying the full charge for services.

If you receive service from an out-of-network dentist, you'll need to submit a claim within two years of the date of the service. To submit a claim:

1. Call Member Service at the phone number on your ID card, and ask for an Attending Dentist's Statement form.
2. Have your dentist fill out the form.
3. Send the completed form and your itemized bill to:

Blue Cross Blue Shield of Massachusetts
P. O. Box 986030
Boston, MA 02298

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 don't exceed the total charges billed for covered services.

Your plan description has a subrogation clause, which means that we can recover payments if a member has already been paid for the same claim by a third party.

Pre-treatment estimates (Comprehensive Plan only)

If your dentist expects that your dental treatment will involve covered services that cost more than \$250, we recommend that your dentist should send a copy of the "treatment plan" to us 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 plan-year benefit maximum at the time the estimate is received and reviewed. (The actual payment may differ if your available plan-year benefit maximum or eligibility status has changed.)

Multi-stage procedures (Comprehensive plan only)

Your dental plan provides benefits for multi-stage procedures (procedures that require more than one visit, such as crowns, dentures, and root canals) as long as you're enrolled in the plan on the date that the multi-stage procedure is completed. A participating dentist will send a claim for a multi-stage procedure to us only after the completion date of the procedure. You'll be responsible for all charges for multi-stage procedures if your plan has been canceled before the completion date of the procedure.

ACCUMULATED MAXIMUM ROLLOVER

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. This means that 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, including a routine checkup, during the benefit period



Remain a member of the plan throughout the benefit period



Do not exceed the claim payment threshold in the benefit period

HOW ACCUMULATED 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’s no cost to you, and you don’t need to do anything.

You can use the chart below to determine the amount of benefit dollars that are eligible to roll over. If we don’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.

In addition, your rollover amount keeps growing and is available for you to use for covered services as long as Harvard offers this rollover benefit. The last column will show you the maximum amount of additional benefit dollars you can earn. It’s one more way we’re improving health care for all our members.

Plans	If your dental plan’s annual maximum benefit amount is:	And if your total claims don’t exceed this amount for the benefit period:	We’ll roll over this amount for you to use next year and beyond:	However, rollover totals will be capped at this amount:
Comprehensive	\$1,500	\$700	\$500	\$1,250
Preventive	\$500	\$200	\$150	\$500

GET A PERSONALIZED VIEW OF YOUR PLAN

MyBlue is your member account that gives you instant access to your plan benefits. You can:



Track and
manage claims

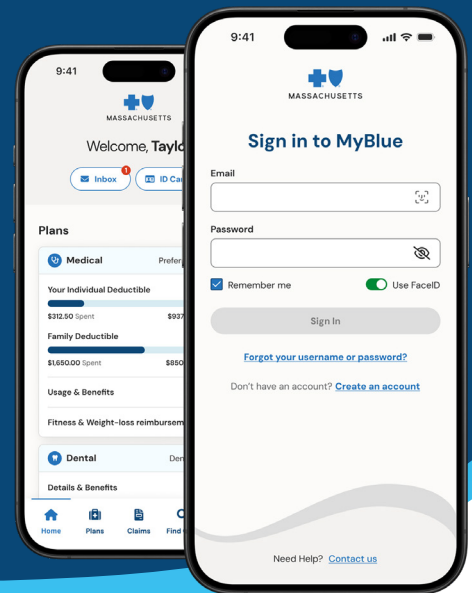


Find in-network
dentists



Access member
ID cards

Download the app or create an account
at bluecrossma.org.



Questions?

If you have questions about coverage, call Team Blue Member Service at **1-800-932-8323**.



MASSACHUSETTS

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).