



# WELCOME KLAVIYO, INC - DENTAL BLUE FREEDOM

## GET THE MOST OUT OF YOUR PLAN



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# CONTENTS

## PLAN OPTIONS

DENTAL: Dental Blue Freedom

[Summary](#)



## HELPFUL RESOURCES



[Dental Oral Health Assessment](#)



[Dental Quick Start for Large Group](#)



[Enhanced Dental Benefits](#)



[Enhanced Dental Benefit Enrollment Form](#)



[Dental Blue Freedom Fact Sheet](#)



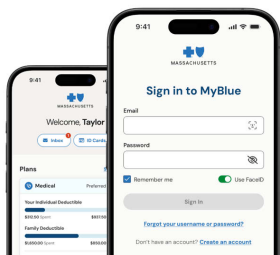
[Blue Card Program Brochure](#)



[Commitment To Confidentiality](#)



[MyBlue Fact Sheet](#)



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The simplest way to tap into your health plan.

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# DENTAL BLUE FREEDOM

(WITH ORTHODONTICS)

Klaviyo, Inc

## UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND  
BENEFITS



CLAIMS AND  
BALANCES



DIGITAL  
ID CARD

**Sign in**

Download the app, or create an account at [bluecrossma.org](https://bluecrossma.org).



# DENTAL BLUE FREEDOM WITH ORTHODONTICS

For members under age 13, benefits (except for orthodontic services) are covered in full up to the calendar-year benefit maximum and are not subject to the deductible.

| Preventive Benefit Group  | Basic Benefit Group  | Major Benefit Group  |
|---|--|--|
| No Deductible   | \$50 Per Member/\$150 Per Family Calendar-Year Deductible (in-network and out-of-network combined)   |  |
| Full Coverage   | 80% Coverage   | 50% Coverage   |
| <b>\$1,500 Per Member Calendar-Year Benefit Maximum (in-network and out-of-network combined)</b>  |  |  |
| <p><b>Diagnostic</b></p> <ul style="list-style-type: none"> <li>One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures</li> <li>Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months</li> <li>Bitewing X-rays twice per calendar year</li> <li>Single tooth X-rays as needed</li> <li>Study models and casts used in planning treatment once each 60 months</li> <li>Periodic or routine oral exams twice per calendar year</li> <li>Emergency exams</li> </ul> <p><b>Preventive</b></p> <ul style="list-style-type: none"> <li>Routine cleaning, scaling, and polishing of the teeth twice per calendar year</li> <li>Fluoride treatment twice per calendar year (members under age 19)</li> <li>Sealants on permanent pre-molar and molar surfaces (members under age 14). Benefits are provided for one application per bicuspid or molar surface each 48 months.</li> <li>Space maintainers needed due to premature tooth loss (members under age 19)</li> </ul> | <p><b>Restorative</b></p> <ul style="list-style-type: none"> <li>Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period)</li> <li>Composite resin (tooth color) fillings (limited to one filling for each tooth surface in a 12-month period)</li> <li>Pin retention for fillings</li> <li>Stainless steel crowns on baby teeth and on first permanent adult molars (members under age 16)</li> </ul> <p><b>Oral Surgery</b></p> <ul style="list-style-type: none"> <li>Tooth extraction</li> <li>Root removal</li> <li>Biopsies</li> </ul> <p><b>Periodontics (gum and bone)</b></p> <ul style="list-style-type: none"> <li>Periodontal scaling and root planing once per quadrant each 24 months</li> <li>Periodontal surgery once per quadrant each 36 months</li> <li>Periodontal maintenance following active periodontal therapy once each three months</li> </ul> <p><b>Endodontics (roots and pulp)</b></p> <ul style="list-style-type: none"> <li>Root canal therapy (permanent teeth, once in a lifetime per tooth)</li> <li>Retreatment root canal therapy on permanent teeth, once in a lifetime for each tooth</li> <li>Therapeutic pulpotomy on primary or permanent teeth (members under age 16)</li> <li>Other endodontic surgery to treat or remove the dental root</li> </ul> <p><b>Prosthetic Maintenance</b></p> <ul style="list-style-type: none"> <li>Repair of partial or complete dentures, crowns, and bridges once each 12 months</li> <li>Adding teeth to an existing complete or partial denture</li> <li>Rebase or reline of dentures once each 36 months</li> <li>Recementing of crowns, inlays, onlays, and fixed bridgework once each 12 months</li> </ul> <p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>Occlusal adjustments once each 24 months</li> <li>Services to treat root sensitivity</li> <li>General anesthesia when administered in conjunction with covered surgical services</li> <li>Emergency dental care to treat acute pain or to prevent permanent harm to a member*</li> </ul> | <p><b>Prosthetics (teeth replacement)</b></p> <ul style="list-style-type: none"> <li>Complete or partial dentures (including services to fabricate, measure, fit, and adjust them) once each 60 months for each arch</li> <li>Fixed bridges (including services to fabricate, measure, fit, and adjust them) once each 60 months for each tooth</li> <li>Replacement of dentures and bridges once each 60 months when the existing appliance can't be made serviceable</li> <li>Adding teeth to an existing bridge</li> <li>Temporary partial dentures to replace any of the six upper or six lower front teeth (only covered if they are installed immediately following the loss of teeth and during the period of healing)</li> </ul> <p><b>Major Restorative (members age 16 or older)</b></p> <ul style="list-style-type: none"> <li>Crowns, once each 60 months for each tooth</li> <li>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 each 60 months for each tooth. You pay any balance.</li> <li>Metallic, porcelain, and composite resin onlays, once each 60 months for each tooth</li> <li>Replacement of crowns, once each 60 months for each tooth</li> <li>Replacement 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 each 60 months for each tooth. You pay any balance.</li> <li>Replacement of metallic, porcelain, and composite resin onlays, once each 60 months for each tooth</li> <li>Post and core or crown buildup, once each 60 months for each tooth</li> </ul> <p><b>Implants (members age 16 or older)</b></p> <ul style="list-style-type: none"> <li>Single tooth dental endosteal implants (the fixture and abutment portion) in addition to the allowance for the crown for the implant, once each 60 month period, when the implant replaces permanent teeth through the second molars</li> </ul> |
| <b>Orthodontic Benefit Group</b>  |  |  |
| <b>50% coverage<br/>No deductible</b>   |  |  |
| <b>\$1,500 Lifetime Benefit Maximum</b>   |  |  |

\* Emergency care services are not subject to the calendar-year deductible.

# WELCOME TO DENTAL BLUE FREEDOM,

## A DENTAL PLAN DESIGNED TO MANAGE THE COST OF DENTAL SERVICES.

### Your Dentist

Dental Blue Freedom offers a large network of dentists, including participating dentists in Massachusetts and nationwide. When searching for a network dentist, Dental Blue Freedom members can choose from the Dental Blue PPO (Preferred Dentist) or Dental Blue (Participating Dentist) networks. Using a network dentist will minimize your out-of-pocket expenses.

If you would like help choosing a dentist, or already have a dentist and want to know if they participate with your plan, you can call the dentist, look at the current dental provider directory, or call Member Service at the toll-free phone number shown on your Dental Blue ID card. You can also access the online dental provider directory at [bluecrossma.org](http://bluecrossma.org).

### Your Benefits

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

The dental benefits your plan covers are subject to the calendar-year deductible and coinsurance (if applicable), and benefit maximum amounts shown in the chart. **For members under age 13, these benefits (not including orthodontic services) are covered in full up until the calendar-year benefit maximum.** The calendar year begins on January 1 and ends on December 31 of each year. 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.

### Pre-Treatment Estimates

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

### Multi-Stage Procedures

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 are 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 Blue Cross Blue Shield only after the completion date of the procedure. You will be responsible for all charges for multi-stage procedures if your plan has been cancelled before the completion date of the procedure.

### How Network Dentists Are Paid – Preferred Dentists

You will receive the greatest value if you visit a preferred dentist, because you will maximize the amount of benefits received under your plan.

Payments are calculated based on the provisions of the Blue Cross Blue Shield preferred dentist's payment agreement and the dentist's allowed charge that is in effect at the time the covered dental service is provided. Preferred dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year or lifetime benefit maximum.

### How Network Dentists Are Paid – Participating Dentists

For dentists who participate with Blue Cross Blue Shield, but do not have a Blue Cross Blue Shield preferred provider contract, benefits are calculated based on the provisions of the participating dentist's payment agreement and the dentist's allowed charge. These dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year or lifetime benefit maximum.

### How Out-of-Network Dentists Are Paid – Non-Preferred or Non-Participating Dentists

Benefits for covered services by a non-preferred or non-participating dentist are provided based on the allowed charge or the dentist's actual charge, whichever is less. The allowed charge is based on a schedule of charges. You may be responsible for any difference between the dentist's actual charge or the allowed charge, whichever is less. You are also responsible for your deductible and coinsurance (if applicable), and charges beyond your calendar-year or lifetime benefit maximum.

### Orthodontic Benefits

Your plan includes orthodontic coverage. The lifetime benefit maximum is not part of your calendar-year benefit maximum; it applies only to orthodontic services. You are responsible for your coinsurance (if applicable) and any charges beyond your lifetime benefit maximum. Benefits are available on your effective date. If your orthodontic treatment began before you were covered under Dental Blue Freedom, a monthly fee will be paid for your remaining orthodontic visits until either your treatment is completed or the lifetime benefit maximum is exhausted, whichever comes first.

**When Coverage Begins**

You are covered, without a waiting period, from the date you enroll in the plan.

**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. See your plan description (and riders, if any) for exact coverage details.

**Domestic Partner Coverage**

Domestic partner coverage may be available for eligible dependents. Contact your plan sponsor for more information.

**Accumulated Maximum Rollover Benefits**

This dental plan includes an Accumulated Maximum Rollover Benefit. This rollover benefit allows you to roll over a certain dollar amount of your unused annual dental benefits for use in the future. There are limits and restrictions on this benefit. Refer to the Accumulated Dental Maximum Rollover brochure for further information.

**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 specific conditions included in this benefit, review your plan description (and riders, if any) on MyBlue at [bluecrossma.org](http://bluecrossma.org).

**If You Have to File a Claim**

Network dentists will send claims directly to Blue Cross Blue Shield. All you have to do is show them your Dental Blue ID card. The payment will be sent directly to your dentist as long as the claims are received within one year of the completed service.

If you receive care from an out-of-network dentist, you will typically need to submit the claim yourself. Before submitting your claim, get an Attending Dentist's Statement form from Member Service.

After your dentist fills out the form, send it and your original itemized bills to Blue Cross Blue Shield of Massachusetts, P. O. Box 986030, Boston, MA 02298. All member-submitted claims must be submitted within two years of the date of service.

If you have a grievance, see your plan description for instructions on how to file a grievance.

**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 do not exceed the total charges billed for covered services.

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

## QUESTIONS?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-358-2227, or visit us online at [bluecrossma.org](http://bluecrossma.org).



MASSACHUSETTS

# DENTAL BLUE® ACCUMULATED MAXIMUM ROLLOVER

At Blue Cross Blue Shield of Massachusetts, we know that 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.

## HOW 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 is no cost to you. You don’t need to do anything. To figure out the amount of benefit dollars that are eligible to roll over, just use the chart below. Start by searching for your benefit period maximum in the first column. If Blue Cross

doesn’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.

And, your rollover amount keeps growing and is available for you to use as long as your employer offers this rollover benefit.\* The last column will show you the total amount of additional benefit dollars you can earn. It’s one more way we’re working to improve health care for all our members.

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 during the benefit period
- You remain a member of the plan throughout the benefit period
- You don’t exceed the claim payment threshold in the benefit period

| 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:* |
|---|--|---|--|
| \$500–\$749   | \$200  | \$150   | \$500  |
| \$750–\$999   | \$300  | \$200   | \$500  |
| \$1,000–\$1,249   | \$500  | \$350   | \$1,000  |
| \$1,250–\$1,499   | \$600  | \$450   | \$1,250  |
| \$1,500–\$1,999   | \$700  | \$500   | \$1,250  |
| \$2,000–\$2,499   | \$800  | \$600   | \$1,500  |
| \$2,500–\$2,999   | \$900  | \$700   | \$1,500  |
| \$3,000 or more   | \$1,000  | \$750   | \$1,500  |

\*This is not a flexible spending account (FSA). The amount reflects your benefit maximum for a given year.

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).

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MASSACHUSETTS

# DENTAL BLUE® GOOD ORAL HEALTH LEADS TO BETTER OVERALL HEALTH

The connection is clear: Patients who take care of their teeth and visit a dentist regularly tend to be in better overall health. For example, the treatment of periodontal disease may help control blood sugar levels in diabetics; cut the risk of delivering a preterm, low-birthweight baby; and limit the severity of heart disease.<sup>1</sup>

## HOW HEALTHY IS YOUR MOUTH?

Answer this questionnaire to find out.

|   |     |    |
|---|-----|----|
| 1. Do you brush your teeth less than once per day and floss less than several times per week? | Yes | No |
| 2. Do your gums bleed when you brush your teeth?  | Yes | No |
| 3. Has it been longer than a year since your last dental visit?                               | Yes | No |
| 4. Are you diabetic?  | Yes | No |
| 5. Have you had more than two fillings placed in the past two years?                          | Yes | No |
| 6. Do you prefer eating sweets to eating fruits and vegetables?                               | Yes | No |
| 7. Do you take medications that may cause a dry mouth?  | Yes | No |
| 8. Do you smoke and/or have more than two alcoholic drinks per day?                           | Yes | No |

A higher number of “Yes” answers to these questions may mean you’re at greater risk of developing oral health problems, which can impact your overall health and make controlling certain conditions more difficult.

### Schedule Your Regular Dental Checkup

You can search for in-network dentists using our Find a Doctor tool at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor).

(Continued)

## WHY IT'S IMPORTANT

The questions on page 1 call attention to important habits that can keep your mouth healthy, and identify risk factors that can lead to poor oral health. Following these habits and recognizing the warning signs can help you stay healthy.

### HOW ORAL HEALTH AFFECTS CERTAIN CONDITIONS

Your oral health can affect health conditions, such as:

- **Heart Disease**—Researchers have linked increased bacteria in oral plaque to the increase of the same bacteria in arteries leading to the heart.<sup>1</sup>
- **Diabetes**—People with diabetes, especially when it's uncontrolled, are more likely to have periodontal disease than those without the condition, and periodontal disease can increase blood sugar.<sup>2</sup>
- **Pregnancy**—Pregnant women with periodontal disease are more likely to give birth to premature babies.<sup>3</sup>

### HOW DENTAL BLUE HELPS

Our Dental Blue plans give you the tools, resources, and comprehensive coverage to help keep your mouth healthy. As a member, you enjoy:

- Preventive visits to the dentist at no cost to you\*
- Access to one of the largest dental networks nationwide
- Enhanced Dental Benefits

\*Check your plan benefits for details.

### HEALTHY HABITS

Following these habits can improve your oral health and reduce your risk of periodontal disease, tooth decay, and oral cancer:

- Brush your teeth twice per day and floss daily.
- Visit the dentist regularly.
- Eat a well-balanced diet.
- Avoid smoking and having more than two alcoholic drinks per day.

### RISK FACTORS

Being aware of these risk factors can help you prevent or manage an oral health problem:

- Bleeding gums
- Diabetes
- Frequent fillings or crowns
- Taking medications that reduce saliva

## ENHANCED DENTAL BENEFITS

Our condition-specific total health solution helps members with qualifying medical conditions, such as those listed above, manage their oral and overall health. We identify members who may benefit from oral health interventions and provide additional, specific support, including full coverage for preventive and non-surgical periodontal services that have been connected to improved overall health.

To see if you qualify for Enhanced Dental Benefits, call Member Service at the number on the front of your ID card.

1. American Academy of Periodontology, "New Reports Confirm Perio-Systemic Connection and Outline Clinical Recommendations," perio.org, 2019.

2. Ibid., "Diabetes and Periodontal Disease," 2019.

3. Ibid., "Expectant Mothers' Periodontal Health Vital to Health of Her Baby," 2019.

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MASSACHUSETTS

# DENTAL BLUE® QUICK-START GUIDE

## For Large Employer Groups

Thank you for choosing Dental Blue. This guide will help you get the most from your plan by providing you with a summary of common benefits and services, as well as a general understanding of how your dental coverage works. For specific details about the benefits available to you, refer to your subscriber certificate.

If you have any questions, call Team Blue at the Member Service number on the front of your ID card.

### How Dental Plans Work

Basic plans help offset the cost of diagnostic and preventive dental care. More comprehensive plans may also cover a percentage of restorative care. Most plans limit the benefit expenses per calendar year (or per lifetime, in the case of orthodontic benefits).

### What You Should Know Before Visiting a Dentist

#### Which Plan Do You Have?

Our plans include Dental Blue®, Dental Blue® PPO, Dental Blue® Select, Dental Blue® Freedom, and Dental Blue® Value. Refer to your benefit summary, or sign in to MyBlue at [bluecrossma.org](http://bluecrossma.org) to view your plan details.

#### If You Have a Deductible or Co-insurance

You may be responsible for some of the costs for services. Knowing your deductible and co-insurance amounts will help you understand what you have to pay.

#### If You Qualify for Enhanced Dental Benefits

See page 3 for more information about the program.

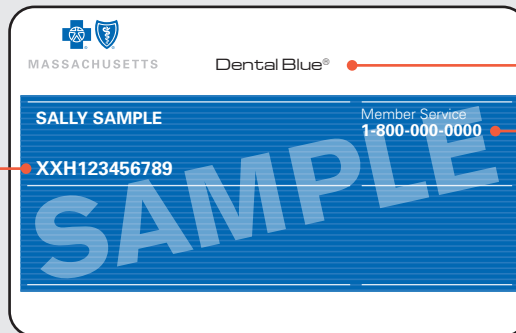
### Know How to Read Your ID Card

Your Dental Blue ID card contains important information like our Member Service phone number and your ID number. Be sure to always carry your ID card with you, and show it to all of your providers, so they can keep your records up to date.

#### Get Your Digital ID Card

MyBlue gives you digital access to your ID cards, so you can easily use it from your computer or mobile device. Download the MyBlue app or create an account at [bluecrossma.org](http://bluecrossma.org).

Your ID Number



Your Plan Name

Your Member Service Phone Number

# OUR PLANS

## Dental Blue

Our traditional dental plan offers flexible dental coverage across a large network of dental providers. When you receive services from in-network dentists, you'll see lower rates, and pay lower out-of-pocket costs.

## Dental Blue PPO

You'll get better rates for services when you see one of the dentists in the Dental Blue PPO network. If you go out-of-network, you're still covered, but you'll have to pay higher out-of-pocket costs.

## Dental Blue Select

Similar to our PPO plan, you'll get better rates for services when you see one of the dentists in the Dental Blue PPO network. There's a deductible for out-of-network preventive services, and you won't be charged for preventive services after the deductible is met.

## Dental Blue Freedom

Dental Blue Freedom offers the largest selection of network dentists. You'll get the best rates for in-network care, especially when you see dentists in the Dental Blue PPO network. If you go out-of-network, you're still covered, but you'll pay the highest out-of-pocket costs for service.

## Dental Blue Value

Our standard Table of Allowance plan offers coverage across a large network of dental providers. When you see an in-network dentist, you're responsible for the difference between the Dental Blue Value Table of Allowance amount and our contracted provider's fee schedule.

### Our Networks

#### Dental Blue

Our traditional network offers access to more than 98 percent of dentists in Massachusetts.

#### Dental Blue PPO

You'll receive the most coverage when you see one of the thousands of dentists in Massachusetts who participate in our PPO network.

### Nationwide Network Access



| Plan Name           | Network Coverage |                 |                           |                          |
|---------------------|------------------|-----------------|---------------------------|--------------------------|
|                     | Dental Blue      | Dental Blue PPO | Nationwide Network Access | Out-of-Network Providers |
| Dental Blue         | •                |                 | •                         | *                        |
| Dental Blue PPO     |                  | •               | •                         | •                        |
| Dental Blue Select  |                  | •               | •                         | •                        |
| Dental Blue Freedom | •                | •               | •                         | •                        |
| Dental Blue Value   | •                | •               | •                         | •                        |

\*Refer to your subscriber certificate to see if you have out-of-network options.

## Filing Your Claims

### If Your Dentist Files the Claim

Most participating dentists will send your claims to us. We'll pay them directly if we receive the claim within two years of the completed service.

### If Your Dentist Doesn't File the Claim

If your dentist doesn't file the claim, which may occur when you visit a non-participating dentist, download our dental claim form at [bluecrossma.org](http://bluecrossma.org), complete it, and mail it to:

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

## Manage Your Dental Budget: Tips to Help You Plan for Any Out-of-Pocket Costs

### Show Your Dental Blue ID Card Every Time You See a Dentist

This will ensure that your claims are filed properly.

### Find Out What You Owe for Each Visit

Some plans require you to pay a deductible or co-insurance.

### Know Your Benefit Maximum

Once you reach the calendar-year limit and use any additional accumulated maximum rollover benefit, no more services will be covered until the following year.

### Monitor the Balance of Your Benefit Maximum

Team Blue can help you keep an eye on your account balances. Call the Member Service number on the front of your ID card.

### Visit Dentists in Our Network

You'll receive the most coverage when you visit dentists who participate in our network.

## QUESTIONS?

If you have any questions, call Team Blue at the Member Service number on the front of your ID card, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET (TTY: 711)

## GET THE MOST FROM YOUR PLAN

### Enhanced Dental Benefits

Dental Blue offers the only condition-specific total health solution with a complete program for at-risk members with qualifying medical conditions. Our Enhanced Dental Benefits offer additional, specific support, including full coverage for preventive and periodontal services that have been connected to improved overall health. To learn more about specific conditions included in this benefit, review your subscriber certificate on MyBlue at [bluecrossma.org](http://bluecrossma.org).

### Accumulated Maximum Rollover

Some plans allow you to roll over a portion of your unused dental benefits from year to year. This can help offset higher out-of-pocket costs for complex procedures. To find out if you have this benefit, sign in to MyBlue at [bluecrossma.org](http://bluecrossma.org).

### MyBlue

MyBlue is your online member account that gives you instant digital access to your plan benefits, tools and resources. Track your claims, view your digital member ID card, and get answers to your questions. To get started, download the MyBlue app or create an account at [bluecrossma.org](http://bluecrossma.org).

### Find a Doctor or Dentist

Our **Find a Doctor & Estimate Costs** tool makes it easy for you to find what you need.

- Search for doctors, dentists, hospitals, and other health care providers
- Read and write reviews
- Compare up to 10 doctors at a time

To start searching, download the MyBlue app or sign in at [bluecrossma.org](http://bluecrossma.org), then select **Find a Doctor & Estimate Costs** under **My Care**.

## FREQUENTLY ASKED QUESTIONS

**Q: I only received two Dental Blue ID cards. How do I get additional cards for my family?**

A: You can order replacement and/or additional ID cards online through MyBlue at [bluecrossma.org](https://bluecrossma.org). You can also call Member Service at the number on the front of your ID card.

**Q: How do I find a dentist or specialty dental provider who is participating with my dental plan?**

A: You can use our **Find a Doctor & Estimate Costs** tool at [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor) to search for dentists and other specialty providers that participate in your plan. Sign in to your MyBlue account for the best results, or continue without signing in by choosing your current dental plan.

**Q: Do all Dental Blue members have nationwide network access?**

A: Yes, all dental members have access to 500,000 credentialed provider locations nationwide. To find a dentist, visit [bluecrossma.com/findadoctor](https://bluecrossma.com/findadoctor).

**Q: Where do I find my specific dental coverage information?**

A: You can look up your coverage information, including services and amounts covered, deductible, co-insurance, and annual benefit maximum, by signing in to MyBlue at [bluecrossma.org](https://bluecrossma.org) and reviewing your subscriber certificate. You can also call Member Service at the number on the front of your ID card.

**Q: My plan has a calendar-year maximum. Is that per person, or do all my family's dental services apply toward one calendar-year maximum? How do I check to see if my maximum has been reached?**

A: Your calendar-year maximum applies individually for each person enrolled. To find out how much has been applied toward your plan maximum, call Member Service at the number on the front of your ID card.

**Q: If my cleanings are covered at 100 percent, does that count toward my calendar-year maximum?**

A: Generally, all services paid by Dental Blue are applied toward your plan-year or calendar-year maximum. However, if you're enrolled in our Enhanced Dental Benefits program, deductibles and co-insurance don't apply to condition-specific services that are provided in addition to dental benefits already covered by your plan, and condition-specific services are excluded from the calendar-year maximum.

**Q: My previous plan had orthodontic coverage, and my child is in the middle of a 24-month treatment plan. Will some orthodontic services still be covered under my new Dental Blue plan?**

A: Any remaining orthodontic treatment received after your new plan's effective date will be covered based on your plan's orthodontic benefits and up to the applicable lifetime maximum.

Not all plans include orthodontic coverage. Please review your Dental Blue plan specifics for more details.

**Q: How do I enroll in the Enhanced Dental Benefits program?**

A: Call Member Service at the number on the front of your ID card to request an enrollment form and to find out more information. You may also be automatically enrolled in the Enhanced Dental Benefits program if you have medical coverage through Blue Cross Blue Shield of Massachusetts and have been identified to have a qualifying medical condition.

**Q: My children are covered by both my dental plan and my spouse's dental plan. Am I able to coordinate benefits so I can reduce my out-of-pocket expenses?**

A: Yes, specific criteria determine which plan should be billed as the primary coverage when a family has duplicate coverage. If either coverage is a medical plan, that plan would be primary. When the family has both Dental Blue and coverage through another dental insurer, the primary coverage is determined based on the parents' birthdates. Review your benefit information by signing in to MyBlue at [bluecrossma.org](https://bluecrossma.org), or check your subscriber certificate for more details.

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).

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# DENTAL BLUE<sup>®</sup> ENHANCED DENTAL BENEFITS

## Additional Support for Members with Qualifying Conditions

The connection is clear: good oral health leads to better overall health. That’s why your Dental Blue plan includes Enhanced Dental Benefits, a total health solution for members with qualifying medical conditions that may require increased oral care. We offer additional, specific support, including full coverage for preventive and periodontal services that have been connected to improved overall health.

| Condition   | One cleaning or periodontal maintenance, 4 per calendar year <sup>1</sup> | Periodontal scaling, once per quadrant every 24 months <sup>1</sup> | Oral cancer screening, twice per calendar year | Fluoride treatment, 4 per calendar year |
|---|---|---|--|---|
| DIABETES  | ✓   | ✓   |  |   |
| CORONARY ARTERY DISEASE                                       | ✓   | ✓   |  |   |
| STROKE  | ✓   | ✓   |  |   |
| PREGNANCY <sup>2</sup>  | ✓   | ✓   |  |   |
| ORAL CANCER   | ✓   |   | ✓  | ✓                                       |
| SJÖGREN’S SYNDROME  | ✓   |   | ✓  | ✓                                       |
| INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES <sup>2,3</sup> | ✓   |   | ✓  | ✓                                       |
| MENTAL HEALTH CONDITIONS <sup>2,3</sup>                       | ✓   |   | ✓  | ✓                                       |

1. Periodontal maintenance and scaling are available on plans that offer periodontal benefits. There must be at least three months between a periodontal maintenance cleaning and any other cleanings covered under your dental plan, including these Enhanced Dental Benefits.

2. Self-enrollment is required for this condition. You can download the Enhanced Dental Benefits Enrollment Form at [bluecrossma.org/myblue/fast-forms](http://bluecrossma.org/myblue/fast-forms)

3. Intellectual and/or Developmental Disabilities and Mental Health Conditions are being added to benefits on renewal starting October 1, 2023.

**Note:** Certain dental plans cover preventive dental services and Enhanced Dental Benefits at different frequency intervals. Check your plan benefits to confirm your coverage before scheduling dental services.

# USING THESE BENEFITS

## There's No Additional Cost to Receive These Extra Services<sup>4</sup>

These services aren't subject to a deductible, co-insurance, or annual maximum when provided by a dentist in our network. If you have a PPO plan and choose to receive services from a dentist not in our network, you may have to pay co-insurance.

## Accessing Enhanced Dental Benefits

You may be automatically enrolled for these extra services if you have medical coverage through Blue Cross and have been identified to have a qualifying medical condition. However, there are some instances where you'll need to self-enroll using the Enhanced Dental Benefits Enrollment Form.

- You don't have Blue Cross medical coverage
- For the following conditions, even if you have Blue Cross medical coverage:
  - Intellectual and/or developmental disability
  - Mental health condition
  - Pregnancy

4. Qualifying members only.

## Questions?

If you have any questions, call Member Service  
at the number on the front of your ID card.

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# ENHANCED DENTAL BENEFITS ENROLLMENT FORM

This is a self-enrollment form to receive Enhanced Dental Benefits from Blue Cross Blue Shield of Massachusetts. Enhanced Dental Benefits provide coverage for additional preventive services for members diagnosed with one or more of the qualifying medical conditions listed below. Please complete this form with your doctor and mail it back to the address provided below to receive these benefits.

(Your dental coverage policy must include Enhanced Dental Benefits in order to be eligible for coverage.)

### Please check qualifying medical conditions:

- Diabetes
- Coronary artery disease
- Stroke
- Pregnancy (expected date of birth \_\_\_/\_\_\_/\_\_\_)
- Oral cancer
- Sjögren's syndrome
- Intellectual and/or developmental disabilities\*
- Mental health conditions\*

### Subscriber/Member Information

|   |  |                            |       |                              |
|---|--|----------------------------|-------|------------------------------|
| Subscriber Name                                     |  | Member Name                |       | Date of Birth<br>___/___/___ |
| Member Address                                      |  | City                       | State | ZIP Code                     |
| Member Telephone # (Home)                           |  | Member Telephone # (Other) |       |                              |
| Blue Cross Blue Shield of Massachusetts Dental ID # |  |                            |       |                              |

### To Be Completed By Your Doctor

|   |  |                      |                     |
|---|--|----------------------|---------------------|
| I hereby confirm that my patient has been diagnosed with the conditions listed above. |  |                      | Date<br>___/___/___ |
| Doctor's Signature  |  |                      |                     |
| Doctor's Name (please print, circle MD or DO)<br>MD/DO                                |  | License #            | State               |
| Doctor's Address  |  | Doctor's Telephone # |                     |



Complete this form, keep a copy for your records, and return the original to:

Enhanced Dental Benefits Program  
 Blue Cross Blue Shield of Massachusetts  
 Dental Operations  
 P.O. Box 986040  
 Boston, MA 02298

\*Intellectual and/or developmental disabilities and mental health conditions are being added to benefits on renewal, starting October 1, 2023.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.



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# DENTAL BLUE® FREEDOM

With the ability to see any dentist in our Dental Blue® and Dental Blue® PPO networks, as well as out-of-network dentists, Dental Blue Freedom gives you the most choices for dental care. You'll save the most when you get care from an in-network dentist.

## PLAN HIGHLIGHTS



### Freedom of Choice

With the largest selection of network dentists, plus the ability to see out-of-network dentists, you'll have the most choices for dental care.



### No "Balance Billing"

When using our Dental Blue and Dental Blue PPO networks, you won't be billed for the difference between what the dentist charges and the allowed amount.



### The Best Rates for In-Network Service

The dentist's charge for services will be lowest when you use the Dental Blue PPO network, while the charge for services from dentists in the Dental Blue network will be slightly higher.



### No-Cost Preventive Care

You won't have to pay any out-of-pocket costs for preventive care, such as regular checkups, when you use in-network dentists.

## OUR NETWORKS

### Dental Blue

Our traditional network offers you access to more than 93 percent of dentists in Massachusetts, as well as a large number of national dentists. Rates for services are slightly higher than those in our PPO network.

### Dental Blue PPO

When you visit dentists in our PPO network, you'll get the lowest rates, and pay the least out-of-pocket costs for dental services.

## OUT-OF-NETWORK COVERAGE

You have the flexibility to visit out-of-network dentists, but will pay the highest out-of-pocket costs for services.

## HOW TO FIND IN-NETWORK DENTISTS



Sign in, or create an account at

[bluecrossma.com/myblue](https://bluecrossma.com/myblue).



Go to the **Find a Doctor** tool.



Fill in all fields and enter Dental Blue or Dental Blue PPO\* for your network.



Click **Search**.

\*Choosing Dental Blue PPO will give you the most coverage.

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# Worldwide Coverage

For Foreign and Domestic Travelers



Get quality health care no matter where you are in the world.

Whether you're traveling within the United States or abroad, BlueCard<sup>®</sup> and Blue Cross Blue Shield Global<sup>®</sup> Core make sure you have access to top doctors and hospitals and concierge-level service.

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Call **1-800-810-BLUE (2583)** for a list of participating doctors and hospitals, or to obtain an international claim form.



Take this reference card with you when you travel.

When you need care, you'll be prepared.

TEAR HERE

## Urgent Care

1. Call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find nearby doctors and hospitals anywhere in the world that participate in the Blue Cross Blue Shield network.
2. Show your member ID card when you get care.
3. If you're admitted, or if you have questions about your coverage, call Member Service at the number on the front of your ID card.

## Your Passport to Good Health

Always carry your Blue Cross Blue Shield of Massachusetts ID card.

FOLD HERE

## Emergency Care


For emergency services, call the local emergency number or go to the nearest hospital immediately.

## Getting Care in the United States

More than 85 percent of all doctors and hospitals in the United States participate in the BlueCard program. If you need care outside your plan's service area, call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find a doctor near you. Be sure to show your ID card before you receive service.

### When you get service:

- There's no paperwork
- Participating doctors and hospitals submit claims for you
- All you pay is the copayment, co-insurance, or deductible
- If you receive care from a non-participating doctor or hospital, you may need to pay for the services up front and submit a claim for reimbursement

**BlueCard PPO Members Only:** If you see this symbol, , on your ID card, you're a BlueCard PPO member. To save the most money when getting service, use a participating BlueCard PPO doctor or hospital.

## In Case of Emergency

For emergency services, call the local emergency number or go to the nearest hospital immediately.

## Getting Care Outside the United States

The Blue Cross Blue Shield Global<sup>®</sup> Core network gives you access to doctors and hospitals around the world. If you need care, call the Service Center at **1-800-810-BLUE (2583)**, or call collect at **1-804-673-1177**, 24 hours a day, 7 days a week. An assistance coordinator, along with a medical professional, will arrange a doctor's appointment or hospitalization if necessary. You can also visit **bcbsglobalcore.com**.

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An Association of Independent Blue Cross and Blue Shield Plans

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Primary Care Provider's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Doctor's Hospital Affiliation: \_\_\_\_\_

Your Blue Cross Blue Shield Member ID: \_\_\_\_\_

Member Service Phone Number (from your ID card): \_\_\_\_\_

### For Inpatient Services:

- Call the Service Center at **1-800-810-BLUE (2583)**, or Member Service at the number on your ID card, for precertification or preauthorization
- In most cases, all you pay is the copayment, co-insurance, or deductible
- The hospital should submit the claim on your behalf

### For Outpatient Services:

- Show your ID card
- Pay the doctor or hospital
- Fill out a Blue Cross Blue Shield Global<sup>®</sup> Core International Claim form for reimbursement (Call **1-800-810-BLUE (2583)** or visit **bcbsglobalcore.com** for the form)
- You're only responsible for copayments, co-insurance, or deductible when seeing in-network doctors and hospitals
- You'll pay more when seeing out-of-network doctors and hospitals

## Doctors and Hospitals

In most cases, participating doctors and hospitals will file the claim for you. If they need information about eligibility or your coverage, have them call **1-800-676-BLUE (2583)**.

## Your Member Responsibilities

As a Blue Cross Blue Shield of Massachusetts member, you're still responsible for any copayments, co-insurance, deductible, or non-covered services. For out-of-country services, Blue Cross Blue Shield of Massachusetts payments will be based on the provider's charge.

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**).

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MASSACHUSETTS

# OUR COMMITMENT TO CONFIDENTIALITY (NOTICE OF PRIVACY PRACTICES) AND WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**Our Commitment: We respect your right to privacy. We will not disclose personally identifiable information about you without your permission, unless the disclosure is necessary to provide our services to you or is otherwise in accordance with the law.**

## Collection of Information

We collect only the information about you that we need to operate our business. We collect information from other parties, such as your health care providers and employers. Examples of the information we collect are (i) medical and dental information from health care providers when they submit claims for services and (ii) personal information such as name, address, and date of birth, which is most often supplied by you or your employer when you enroll in a plan.

## USE AND DISCLOSURE OF INFORMATION

We are required by law to protect the confidentiality of information about you and to notify you in case of a breach affecting your information. We may use and disclose information about you without your written authorization for the following purposes, to the extent otherwise permitted or required by law:

**You or Your Representatives**—to you or your “personal representative” upon request or to help you (or your personal representative) understand treatment options, benefits, or the rights available to you. Your “personal representative” is a person who has legal authority to make health-related decisions on your behalf, such as a person with a health-care power of attorney. Your request must be in writing. Please complete the Documentation of Legal Representative Status for Members form available on our website. You also may designate a family member or friend to receive information and interact with us on your behalf. Your designation and any subsequent revocation must be in writing. Please complete the Member’s Designation of an Authorized Representative form available on our website. You may also call Member Service for a copy of these forms.

- **Treatment**—to help health care providers manage or coordinate your health care and related services. For example, we may use and disclose information about you to inform providers of medications you take or to remind you of appointments.
- **Payment**—to obtain payment for your coverage, pay claims for your health benefits, or help another health plan or health care provider in its payment activities. For example, we may use or disclose information about you to make coverage determinations, administer claims, or coordinate benefits with other coverage you may have.
- **Health Care Operations**—to perform other activities necessary for the operation of our business, including customer service, disease management, and determining how to improve the quality of care. For example, we may use or disclose information about you to respond to your call to customer service, arrange for medical review of your claims, or conduct quality assessment and improvement activities.

- **Legal Compliance**—to comply with applicable law. For example, we may be required to use or disclose information about you to respond to regulatory authorities responsible for oversight of government benefit programs or our business operations; to parties or courts in the course of judicial or administrative proceedings; or pursuant to workers' compensation laws.
- **Government Agencies**—under limited circumstances established by law, to public health authorities, coroners or medical examiners, law enforcement, or other government officials
- **Research**—for health-related research studies that meet legal standards for protection of the individuals involved in the studies and their personal information. We may also create a database of our members' information that does not include individual identifiers and use the database for research or other purposes, provided that the information cannot be traced back to specific members.
- **To Your Employer** (or other plan sponsor), if applicable, for administration of its health plan. This applies only if you receive coverage through an employer-sponsored plan (or plan sponsored by your union or other entity). For example, we may disclose information about you to your employer (or other plan sponsor) to confirm

enrollment in the plan or (if the employer or other plan sponsor is self-insured) for claim review and audits. We will disclose your information only to designated individuals. That, along with legal prohibitions on use of your personal information for discriminatory purposes, helps protect your information from unauthorized use.

To carry out these purposes, we share information with entities that perform functions for us subject to contracts that limit use and disclosure for intended purposes. We use physical, electronic, and procedural safeguards to protect your privacy. Even when allowed, we limit uses and disclosures of your information to the minimum amount reasonably necessary for the intended task.

The Health Insurance Portability and Accountability Act (HIPAA) generally does not override other laws that give people greater privacy protections. As a result, we must comply with any state or federal privacy laws that require us to provide you with more privacy protections. For example, federal law provides special protections for substance use disorder information; Massachusetts state law restricts the disclosure of HIV and AIDS related information. In addition, we will not use (and are prohibited from using) your genetic information for underwriting purposes.

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## OTHER DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

Except as provided in this notice, we will not use or disclose information about you without your written authorization. For example, we must have your written authorization to use or disclose your information for marketing purposes or (in most cases) to use or disclose psychotherapy notes. Although we would need written authorization to sell information about you, we do not sell members' information.

You may revoke your authorization at any time. Your authorization must be in writing. Your revocation will not affect any action that we have already taken in reliance on your authorization. If you would like us to disclose information about you to a third party, please complete the Permission for One-Time Disclosure of Information form available on our website or call Member Service for a copy of the form.

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## YOUR PRIVACY RIGHTS

You have the following rights with respect to information about you. You may exercise any of these rights by calling the Member Service number listed on your member ID card or contacting us at the address listed at the end of this notice. The forms listed below are also available on our website.

- **You have the right to receive information about privacy protections.** Your member-education materials include a notice of your rights, and you may request a paper copy of this notice at any time.
- **You have the right to inspect and get copies of information that we use to make decisions about you.** This is your designated record set. Your request must be in writing. We may charge a reasonable fee for copying and mailing you this information. Please complete the Request for Access to Copies of Protected Health Information in Designated Record Set form to request copies of your information.
- **You have the right to receive an accounting of certain disclosures that we make of information about you.** Your request must be in writing. Please complete the Members Request for an Accounting of Disclosures form. Our response will exclude any disclosures made in support of treatment, payment, and health care operations or that you authorized (among others). An example of a disclosure that would be reported to you is our disclosure of your information in response to a court order.
- **You have the right to ask us to correct or amend information you believe to be incorrect.** Your request to correct or amend information must be in writing. Please complete the Members Request to Amend Protected Health Information form. If we deny your request, you may ask us to make your request part of your records.

- **You have the right to ask that we restrict or refuse the disclosure of information about you and that we direct communications to you by alternative means or to alternative locations.** While we may not always be able to agree to your request, we will make reasonable efforts to accommodate requests. Unless you've notified us to request a different mailing address, Summary of Health Plan Payments statements for the subscriber, and all members listed on the subscriber's plan, are generally delivered to the subscriber's address. Under certain circumstances, you can request to not receive statements for a particular service, or to have statements delivered through an alternate method or to an alternate address, when required by state law. If you have concerns about protecting the privacy of your medical information in your

statements, you can have these statements delivered to an address other than the plan subscriber's address, or have them delivered only via electronic means. For help understanding your delivery options, please call Member Service at the number listed on your member ID card. Your request and any subsequent revocation must be in writing.

If you believe your privacy rights have been violated, you have the right to complain to us using the grievance process outlined in your benefit materials, or to the Secretary of the U.S. Department of Health and Human Services, without fear of retaliation.

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## ABOUT THIS NOTICE

The original effective date of this notice was April 14, 2003. The effective date of the most recent revision is indicated in the footer of this notice. We are required by law to provide you with this notice of our legal duties and privacy practices and to abide by the notice for as long as it is in effect. We reserve the right to change this notice. Any changes will apply to all information that we maintain, regardless of when it was created or received. If we make a material change to this notice, we will post the revised notice on our website and notify you of the change and how to obtain the revised notice in our next regular mailing to you. If you have any questions, please call the Member Service number listed on your member ID card, or write us at:

**Blue Cross Blue Shield of Massachusetts**  
**Privacy Officer**  
**101 Huntington Ave.**  
**Suite 1300**  
**Boston, MA 02199-7611**

## WHCRA NOTICE

Did you know that your medical plan provides benefits for many mastectomy-related services? This is the case even if you were not covered by Blue Cross Blue Shield of Massachusetts at the time of the mastectomy. It's required by the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy and elect breast reconstruction in connection with a mastectomy, then benefits are also provided for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage will be provided as determined in consultation with you and your attending doctor. The costs that you pay for these services are the same as those you pay for other services in the same category. To learn more, please call the Member Service number on your member ID card.

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Spanish/Español: 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**).

Portuguese/Português: 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**).

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MASSACHUSETTS

# GETTING MORE. NOW THERE'S A PLAN.

Your plan has more benefits than you probably realize. Tap into all of them, all in one place.

The MyBlue App is your key to more features and savings. Plus, up-to-date status for claims, your deductible, account balances, and more. It's like a free upgrade for the plan you already have.



## UNLOCK THE POWER OF YOUR PLAN

The MyBlue App gives you an instant snapshot of your plan, including:



COVERAGE  
AND BENEFITS



CLAIMS AND  
BALANCES



FITNESS AND WEIGHT-  
LOSS REIMBURSEMENT



MEDICATION  
LOOKUP



VIDEO  
DOCTOR VISITS USING  
WELL CONNECTION

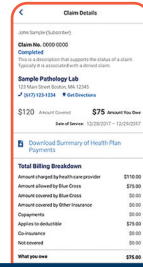
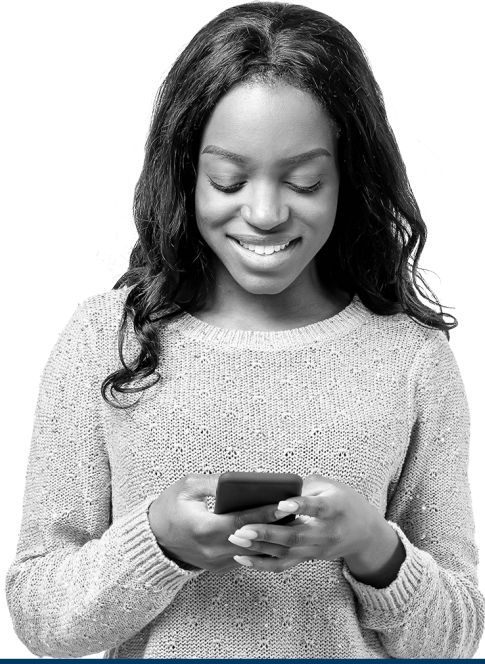
### Get the App

Download the app from the App Store® or Google Play™.

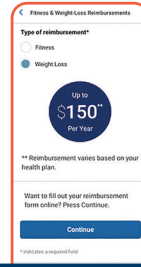
# STAY ON TOP OF YOUR COVERAGE

It's never been easier, faster, or more convenient.

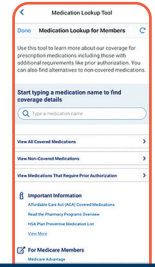
## YOUR PLAN IN YOUR HAND



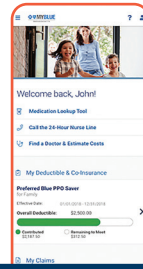
**Track claims and benefits**  
Keep up to date on benefits and coverage.



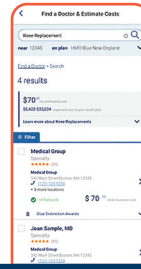
**Fitness and weight-loss reimbursement**  
The online forms are here, along with other savings and offers.



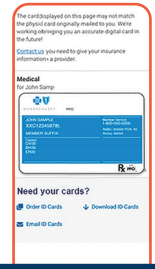
**Your medications at a glance**  
Their names, costs, and prescriptions at your fingertips.



**Check deductible balances**  
End the guesswork and know for sure every time.



**Find a Doctor**  
Or a specialist, dentist, or facility. On your phone and on the fly.



**Need your cards**  
Access your ID cards without opening your wallet.

Once you sign in or create a MyBlue App account, you can see all of your benefits, all in one place. Track your claims, medications, account balances, and more from your device. And, you can easily keep track of reimbursements and savings.



## GET THE MYBLUE APP

You can download the MyBlue App from the App Store® or Google Play™.

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).

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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. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

## BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689 (TTY: 711)**; fax at **1-617-246-3616**; or email at **[civilrightscoordinator@bcbsma.com](mailto:civilrightscoordinator@bcbsma.com)**.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at **[ocrportal.hhs.gov](https://ocrportal.hhs.gov)**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**.

Complaint forms are available at **[hhs.gov](https://hhs.gov)**.

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# PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

**Spanish/Español:** 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).

**Portuguese/Português:** 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).

**Chinese/简体中文:** 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

**Haitian Creole/Kreyòl Ayisyen:** ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

**Vietnamese/Tiếng Việt:** LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

**Russian/Русский:** ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

**Arabic/العربية:**

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": 711).

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

**French/Français:** ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

**Italian/Italiano:** ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

**Korean/한국어:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

**Greek/Ελληνικά:** ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).

**Polish/Polski:** UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

**Hindi/हिंदी:** ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711).

**Gujarati/ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

**Tagalog/Tagalog:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

**Japanese/日本語:** お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

**German/Deutsch:** ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

**Persian/پارسیان:**

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

**Lao/ພາສາລາວ:** ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowólgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjijí' béésh bee hodíílnih (TTY: 711).