



MASSACHUSETTS

# 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



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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 ___/___/___
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 ___/___/___
Doctor's Signature			
Doctor's Name (please print; circle MD or DO) 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.

## Questions?

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



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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.

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).