



Dental

Easy optional supplemental benefits

Dental care is important to your overall health. With this in mind, you can add an optional supplemental dental benefit to your BlueSaver (HMO), Senior Blue (HMO), or Forever Blue (PPO) plan.

How much do optional supplemental dental benefits cost?

You have two optional supplemental dental benefits to choose from — basic or enhanced. With the basic plan, you pay \$11 per month. With the enhanced plan, you pay \$25 per month. You also need to continue paying your Part B and Medicare Advantage plan premiums.

What's covered?

The services listed on the next page are covered. All services include an annual maximum allowance. This means that we pay up until a certain amount for those services every year.

- Diagnostic/restorative services — With the basic plan, there's a \$500 annual allowance for covered diagnostic and restorative services. With the enhanced plan, the annual allowance is \$1,000. The amount we pay counts toward your annual maximum. For example, if the billed amount for oral surgery is \$500, you pay 50% (\$250). We pay the remaining \$250, which counts toward your annual maximum. After the annual maximum is met, you pay for these services in full.

Is there a network of dentists I must use?

No, you have the freedom to receive care from any dentist.

When can I enroll?

- Annual enrollment period — You can enroll in an optional supplemental dental benefit during the annual enrollment period, which begins each year on October 15 and ends on December 7. Your dental coverage will be effective on January 1 of the following year.
- Initial coverage election period — If you're new to Medicare, you can enroll in one of our Medicare Advantage plans and optional supplemental dental benefits during your initial coverage election period. Your dental coverage and your Medicare Advantage plan will start on the same day.

How do I enroll?

You can select an optional supplemental dental benefit on the application included in our enrollment kit, or call us at 1-800-248-9296 (TTY 711).

We're available:

October 1 – December 31, 8 a.m. to 8 p.m., 7 days a week

January 1 – September 30, 8 a.m. to 8 p.m., Monday – Friday

Category of service	Basic	Enhanced	Counts toward annual maximum allowance?
Premium	\$11	\$25	
Annual maximum allowance (the most we pay)*	\$500	\$1,000	
Preventive services			
Oral examinations; limit two per plan year	N/C (covered as part of medical plan)	N/C (covered as part of medical plan)	No
Prophylaxis (cleanings on natural teeth only); limit two per plan year			
X-rays; up to four bitewing X-rays per plan year OR one full mouth X-ray per year			
Diagnostic services			
Problem-focused oral exams	You pay 50% of the billed cost	You pay 50% of the billed cost	Yes
Extra-oral imaging			
Oral pathology			
Intra-oral periapical X-rays; as needed			
Intra-oral occlusal X-rays; limit two per plan year			
Emergency palliative treatment of dental pain; no other services except X-rays			
Laboratory test and examinations			
Restorative services			
Crowns	You pay 50% of the billed cost	You pay 50% of the billed cost	Yes
Amalgam restorations; limit one per surface per 12 consecutive months	You pay 50% of the billed cost	You pay 50% of the billed cost	
Composite resin restorations; limit one per surface per 12 consecutive months			
Endodontic — root canal and pulpotomy	You pay 50% of the billed cost	You pay 50% of the billed cost	
Cementing/recementing of inlay, onlay, or crown; limit 1 per tooth per 12 consecutive months (resin, porcelain, three quarters cast, full cast on natural teeth only)			
Apicoectomy			
Periodontics (including scalings); limit one full mouth treatment per year	You pay 50% of the billed cost	You pay 50% of the billed cost	
Uncomplicated extractions			
General anesthesia			
Oral surgery			
Emergency palliative treatment of dental pain			
Denture repairs/adjustments (new dentures not covered)			

You may be asked to pay 100% of the cost at the time of service. You would then submit a claim to us to be reimbursed for 50% of the cost for covered services (up to the \$500 or \$1,000 maximum allowance for restorative and diagnostic services).



BlueCross BlueShield of Western New York (BCBSWNY) is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. BCBSWNY is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association.

This information is not a complete description of benefits. Call 1-800-329-2792 (TTY 711) for more information.

BCBSWNY complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-735-4515 (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-833-735-4515 (TTY 711).

* What you spend on an optional supplemental dental plan and services does not count toward your medical out-of-pocket maximum.