



EHB Supplemental Dental Renewal Benefit Summary

Group: Blue Line Solutions, LLC

Group ID: 133433 - 1

Plan Information

Plan Name: Non-Voluntary Dental Supp 01

This Dental Supplement Plan from BlueCross BlueShield of Tennessee is designed as a supplement to an Essential Health Benefits (EHB) medical plan, which includes pediatric dental benefits.

Because these services are covered under EHB medical plans, dental services for individual under 19 are not covered by this Supplemental Plan unless the member is not enrolled in a medical plan that includes pediatric dental benefits.

Cosmetic orthodontia may be covered for members under 19 who are enrolled in a BCBST EHB medical plan if specified on the Summary of Benefits.

Member Advantage

- The largest dental PPO network in Tennessee, delivering consistent member savings for over 30 years.
- Utilizes the same dental network used for the BlueCross BlueShield of Tennessee EHB medical pediatric benefits; maintains consistency and simplicity.
- Supplemental Plans offer the opportunity for single ID cards, which means less confusion for members and providers alike.

Benefits and Eligibility

- This plan is different from the standardized pediatric benefits contained in an EHB medical plan, so it is important to review prior to seeking service.
- Limitations such as annual maximums, deductibles and coinsurance amounts are specified in the Schedule of Benefits.
- When a member reaches the age of 19 and is no longer covered by their EHB pediatric dental benefits, he/she is eligible to be added to this plan due to the loss in coverage, which is a qualifying event. As with all qualifying events, subscribers have 31 days to add a newly eligible member to the plan. If the member is not added within 31 days, they must wait until the next open enrollment period.
- Even if a member under age 19 has received cosmetic orthodontic services under this plan, they will need to be added for full supplement benefits to be applied. The group benefits manager can provide information on adding members to this plan.
- Individuals that turn 19 and did not have prior EHB pediatric dental benefits because they were not enrolled in an EHB medical plan containing pediatric dental benefits are eligible to add the plan at open enrollment.
- Benefits, eligibility, and claims may be viewed 24/7 using BlueAccess at bcbst.com, or verified by calling the member service number on the ID card.

BlueCross BlueShield
of Tennessee

Independent Licensee of
the BlueCross BlueShield Association

BlueCross BlueShield of Tennessee
1 Cameron Hill Circle, Chattanooga, TN 37402

bcbst.com



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Deductible (Applies to Coverage B & C): \$50 Per Covered Person (3x Family)

Annual Maximum (Applies to Coverage B & C): \$1,000 Per Covered Person

Dental Care Services

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Coverage A		
Exams	Covered at 100%	Covered at 100%
Cleanings	Covered at 100%	Covered at 100%
X-Rays	Covered at 100%	Covered at 100%
Coverage B		
Basic Restorative Services	20%	20%
Basic & Major Endodontics	20%	20%
Basic & Major Periodontics	20%	20%
Basic & Major Oral Surgery	20%	20%
Coverage C		
Major Restorative Services	50%	50%
Prosthodontics & Implants	50%	50%

- This document serves as a summary of the benefits that are detailed in the Evidence of Coverage. These benefits are subject to the Covered Services and Limitations on Covered Services.
- When applicable, benefits will be paid based on the Benefit Percentages listed above. Members will be responsible for coinsurance (when benefit percentages are less than 100%), deductible(s), and all other charges when benefit maximums have been met.
- Members may see any dentist. We have contracted dentists in our network that have agreed to discount their charges to our fee schedule. Because we have no contract with non-network dentists, members may be responsible for any billed charges that exceed our Maximum Allowable Charge.

BlueCross BlueShield of Tennessee

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex¹. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

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

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Si usted es miembro, llame al número de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالجان. إذا كنت عضواً، فلتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 1-800-565-9140 (ال هاتف النصي: 1-800-848-0298).

注意: 如果您使用繁体中文, 您可以免費獲得語音輔助服務。若您為會員, 請撥打會員 ID 卡背面的會員服務專線號碼 1-800-565-9140 (國粵專線 (TTY) : 1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 가입자의 경우, 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298) 번으로 전화하시기 바랍니다.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ATS: 1-800-848-0298).

වැදගත්: ඉංග්‍රීසි භාෂා ක්‍රියාත්මක කරන අතර, භාෂා සහාය සේවාවන් නොමිලේ ලබාදෙයි. සාමාජිකයෙක් වන්නේ නම්, සාමාජිකයෙකුගේ සේවකයෙකුගේ පිටුපස ඇති ID සාමාජිකයෙකුගේ අංකය 1-800-565-9140 (TTY: 1-800-848-0298) වෙත ඇවිල්.

အကြောင်း: ဗမာစကားပြောသူများအတွက် လူမှုစကားပြော အကူအညီ ဝန်ဆောင်မှုများကို လိုလားပါက အခမဲ့ ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အကယ်၍ မိမိတို့သည် အသင်းဝင်များ ဖြစ်ပါက အသင်းဝင်များ၏ ID ကတ်ပြားပေါ်ရှိ အသင်းဝင်များ၏ အမှတ်အသား 1-800-565-9140 (အသင်းဝင်များ၏ အမှတ်အသား TTY: 1-800-848-0298) သို့မဟုတ်

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

සැලකීම: ඉංග්‍රීසි භාෂාවේ සේවාවන්, නොමිලේ ලබාදෙන භාෂා සහාය සේවාවන් සඳහා සාමාජිකයෙකු වන්නේ නම්, සාමාජිකයෙකුගේ සේවකයෙකුගේ පිටුපස ඇති ID සාමාජිකයෙකුගේ අංකය 1-800-565-9140 (TTY: 1-800-848-0298) වෙත ඇවිල්.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。会員のお客様は、会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर सदस्य सेवा नंबर पर फोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Если вы являетесь участником, позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. در صورتیکه عضو هستید یا شماره خدمات اعضا را پشت کارت شناسایی عضو خود یا 1-800-565-9140 (تلفن پشتیبانی: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Si ou se yon manm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Caso seja membro, ligue para o telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Se è un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Dili baa akó nínizín: Dili saad bee yánnit'ígo Díné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jilk'eh, éí nó hólo. Naaltsoos bee ná ha'dit'éego, Naaltsoos Bó Hada'dit'éhigili ninaaltsoos nít'izi bee nééhoznigili bine'déé' Naaltsoos Bó Hada'dit'éhigili Bee Áka'ánída'áwo'í bíbéeesh bee hane'í biká'igili bee hodlinih doodago 1-800-565-9140 (Doo Adlints'agógóo q TTY: 1-800-848-0298) bee hodlinih.

WICHTIG: Wann du Deutsch schwetzschit un witt en Translator, kenne mer eener griegie fer dich unni as es dich ennich ebbes koschte zelt. Wann du en Member bischt, ruf der Member Service Number uff as uff die hinnerscht Seit vun dei Member ID Card is odder ruf 1-800-565-9140 (TTY: 1-800-848-0298) uff.

FAAMATALAGA: Afai e te tautala i le Gagana Samoa, o lo'o avanoa mo oe auauana fesoasoani i le gagana e leai se tofoti. Afai o oe o se sui, fa'amolemole vala'au le numera o le Member Service o lo'o i tua o lau pepa ID po'o le 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSUN: Gare iga gogal Kapasal Falawasch, ye fri ngalug yamem bwe tepangung rei iye kepat kaale. Nge gare iga gel gosa fasiul log bwe semal member, gosa kol yegili nampal Member Service wool pak rel Member ID kard la yamw gare kol yegili 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSION: Kumu un tungo fuminu' Chamoru, guaha dibatdi na setbision asistimentun lengguahi para hagu. Kumu membro hao, pot fabot agang i Setbision Membro na numeru gi santatin iyomu ID card Membro pat 1-800-565-9140 (TTY: 1-800-848-0298).