

2022 MEDICARE ADVANTAGE (PPO) DENTAL BENEFITS OVERVIEW



Original Medicare does not cover preventive and routine dental services. Medicare Part A (hospital insurance) will pay for certain dental services that you get when you are in a hospital.

Your Blue Cross and Blue Shield of Minnesota Medicare Advantage plan may include extra dental benefits that Original Medicare does not cover at no additional premium. These added dental benefits will vary by plan. Be sure to review your Evidence of Coverage (EOC) for benefit coverage and important details.

VIEW DENTAL COVERAGE

To find your Evidence of Coverage:

1. Visit bluecrossmn.com/medicare-documents
2. Find your specific plan
3. Under plan coverage, click on your plan's EOC (PDF) link to download and print

Note: For verification of coverage, please talk to your dentist or contact the dental customer service team at the number below. Your provider may also submit a pre-treatment estimate prior to services rendered.

To find a dentist:

1. Visit bluecrossmn.com/medicatedental
2. Search by location or by specific dentist

Note: For verification of in-network status, please talk to your dentist or contact the dental customer service team at the number below.

NEED HELP?

For assistance finding a dental provider or if you have questions, please contact the dental customer service team at **1-844-397-4182** TTY: **711**, Monday through Friday, 8 a.m. to 8 p.m., Central time.

*For dental services performed by an out-of-network dentist, you may be responsible for paying the difference between Blue Cross' Medicare negotiated fees and the fees your dental provider charges, even for services listed as \$0. See your Evidence of Coverage for more information, including the cost sharing of covered limitations and/or exclusions. Out-of-network services are subject to in-network benefit maximums, limitations and/or exclusions. You may also need to submit your own claims; if the out-of-network dental provider is unable to submit claims on your behalf.

**\$2,000 is the annual maximum amount the plan will pay for all in-network and out-of-network covered dental services. Coinsurance and copayments also apply. After the annual maximum is exhausted, any remaining charges are your responsibility.

SUMMARY OF DENTAL COVERAGE – 2022 MEDICARE ADVANTAGE (PPO)

Your Blue Cross and Blue Shield of Minnesota Medicare Advantage plan may provide coverage for additional dental benefits. There are no waiting periods. Below is a summary of your benefits and not all covered services, limitations, and exclusions are listed. Please be sure to view your Evidence of Coverage (EOC) for benefit coverage, dental procedure description or codes, and other important details.

	Medicare Advantage CORE		Medicare Advantage CHOICE		Medicare Advantage COMPLETE	
	You Pay		You Pay		You Pay	
Dental Network BCBSMN Medicare Dental Network	In- Network	Out-of- Network*	In-Network	Out-of- Network*	In-Network	Out-of- Network*
Annual Deductible	None	None*	None	None*	None	None*
Oral Examinations Up to 2 per year	\$0	\$0*	\$0	\$0*	\$0	\$0*
Routine Cleanings Up to 2 per year	\$0	\$0*	\$0	\$0*	\$0	\$0*
X-ray 1 per year	\$0	\$0*	\$0	\$0*	\$0	\$0*
Fluoride Treatment Up to 2 per year	\$0	\$0*	\$0	\$0*	\$0	\$0*
Periodontal Maintenance Cleanings 1 per year	\$0	\$0*	\$0	\$0*	\$0	\$0*
Restoration e.g., Fillings	No Coverage		30% coinsurance	30%* coinsurance	30% coinsurance	30%* coinsurance
Extractions e.g., Teeth pulling	No Coverage		50% coinsurance	50%* coinsurance	50% coinsurance	50%* coinsurance
Endodontics e.g., Root canal	No Coverage		50% coinsurance	50%* coinsurance	50% coinsurance	50%* coinsurance
Other Periodontal Services e.g., Treatment of periodontitis	No Coverage		50% coinsurance	50%* coinsurance	50% coinsurance	50%* coinsurance
Crowns e.g., crowns, inlays, and onlays	No Coverage		50% coinsurance	50%* coinsurance	50% coinsurance	50%* coinsurance
Prosthetics e.g., Bridges, dentures, and implants	No Coverage		50% coinsurance	50%* coinsurance	50% coinsurance	50%* coinsurance
Oral Surgical Procedures	No Coverage		50% coinsurance	50%* coinsurance	50% coinsurance	50%* coinsurance
Annual Plan Benefit Maximum Applies to both in and out-of-network services**	\$2,000 For all covered services**		\$2,000 For all covered services**		\$2,000 For all covered services**	