

Frequently Asked Questions

Blue Dental Plus

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Plan Offerings

What are the two plan options?

There is Blue Dental Plus **Standard** and Blue Dental Plus **Premier**.

What services are offered under Blue Dental Plus Standard?

| Covered Service: | Benefit payable: |
|-----------------------------------------------------------------|------------------|
| Diagnostic Evaluations | 80% |
| Preventive Services | 80% |
| Diagnostic Radiographs | 80% |
| Miscellaneous Preventive Services | 50% |
| Basic Restorative Services | 50% |
| Non-Surgical Extractions | 50% |
| Non-Surgical Periodontal Services | 50% |
| Adjunctive Services | 50% |
| Endodontic Services | 50% |
| Oral Surgery Services | 50% |
| Surgical Periodontal Services* | 50% |
| Major Restorative Services* | 50% |
| Prosthodontic Services* | 50% |
| Miscellaneous Restorative and Prosthodontic Services* | 50% |
| Orthodontics | Not covered |
| Benefit Period Maximum | \$1,000 |
| Calendar year deductible contracting / non-contracting dentist: | \$75 |

*12 month benefit waiting period applies.

What services are offered under Blue Dental Plus Premier?

| Covered Service: | Benefit payable: |
|-----------------------------------------------------------------|-------------------------|
| Diagnostic Evaluations (Deductible waived) | 100% |
| Preventive Services (Deductible waived) | 100% |
| Diagnostic Radiographs (Deductible waived) | 100% |
| Miscellaneous Preventive Services | 80% |
| Basic Restorative Services | 80% |
| Non-Surgical Extractions | 80% |
| Non-Surgical Periodontal Services | 80% |
| Adjunctive Services | 80% |
| Endodontic Services | 50% |
| Oral Surgery Services | 50% |
| Surgical Periodontal Services* | 50% |
| Major Restorative Services* | 50% |
| Prosthodontic Services* | 50% |
| Miscellaneous Restorative and Prosthodontic Services* | 50% |
| Orthodontics | Not covered |
| Benefit Period Maximum | \$2,000 |
| Calendar year deductible contracting / non-contracting dentist: | \$50 |

*12 month benefit waiting period applies.

Is the waiting period waved if coming from a BCBS group dental product? From a BCBS individual dental product? From other carriers' dental product?

| Moving from | Waiting Period Waved? Y/N |
|-----------------------------------------------|----------------------------------|
| BCBS Group to BDP Medicare Dental | Y* |
| BCBS Individual to BDP Medicare Dental | Y* |
| Other Carrier to BDP Medicare Dental | Y* |

*The waiting period can be waived if the patient meets all three conditions:

1. Continuous coverage under a different group and/or subscriber number with us, **AND**
2. There was **not** a lapse in coverage between the plans, **AND**
3. The prior length of coverage satisfies the wait period on the current policy, or combined with current length of coverage satisfies the wait period on the current policy.

Selling Blue Dental Plus

How do I get started selling Blue Dental Plus?

You can look up your current Medicare Supplement Book of Business in [Retail Producer Portal](#).

- Click the **Client Info** tab
- Under **Reporting**, go to **Book of Business**
- After you run the report, you can click **Export All** and it will pull the business into an excel spreadsheet where you can filter to only see Medicare Supplement business.

Do I have to be certified to sell Blue Dental Plus?

You do not need to be certified to sell Blue Dental Plus.

What is the sell and effective date for Blue Dental Plus?

The sell date is **Oct. 1, 2024**. The plan effective date is **Jan. 1, 2025**.

Does the agent receive 15% commission every year the member has Blue Dental Plus?

Yes.

Enrollment

What is required for an applicant to be eligible for Blue Dental Plus?

The member needs to be Medicare-eligible (over or under the age of 65 and disabled) to qualify for Blue Dental Plus. On the application, the member must include their 11-character Medicare Beneficiary Identifier (MBI).

Does the applicant need to have a Medicare Supplement plan in order to enroll in a Blue Dental Plus plan?

No, the applicant does not need to have a Medicare Supplement plan to enroll in a Blue

Dental Plus plan. However, if the applicant DOES enroll/have our Medicare Supplement plan, they will receive a 5% discount on their Dental premium.

How do agents enroll a member in a Blue Dental Plus Plan?

Agents can enroll a member either on [Blue Access for ProducersSM](#) (BAPSM) or on the [Retail Producer Portal](#) (RPP).

Who can I contact if an applicant needs assistance with enrolling in a Blue Dental Plus plan?

You can call our membership and billing help line at **1-833-443-0878**.

Are list bill groups allowed to enroll in Blue Dental Plus plans?

No, list bill members are not eligible for Blue Dental Plus.

Finding Care

Will members be able to access their Blue Dental Plus plan information on BAM?

Yes. Members will be able to view their plan offerings, find a provider, billing history, and access dental claims through BAM.

How do members get their Blue Dental Plus Member ID card? Can the producer print it on BAP?

Members will receive their separate Blue Dental Plus Member ID card in the mail. Members can see a digital version of their member card on BAM and the Mobile App at any time. They can print a copy as well from the computer if they desire to do so. This functionality will be available on Jan. 1.

How can a member find Blue Dental Plus in-network providers?

Click on this link to find a provider: [Find a Dental Provider](#).

Who can members call with questions about dental claims or whether a dental procedure is covered?

Members should call **1-888-262-0926**.

How do members get care while traveling?

There is not a traveling/vacation component for the plan; it utilizes the dental PPO commercial network.

Discounts

Are there any discounts for members who enroll in a Blue Dental Plus plan?

Yes, there is a 5% dental premium discount available for members that are also enrolled in a Medicare Supplement Plan.

How does an applicant qualify for the discount?

To qualify, the applicant must be enrolled in a Medicare Supplement plan with BCBSIL. The applicant must also include their Medicare Supplement Subscriber ID on their Blue Dental Plus application.

You may be eligible for a discount if you are enrolled in a Blue Cross and Blue Shield of Illinois Medicare Supplement policy. The discount is 5%.

Are you applying for this discount?

If yes, provide your BCBSIL Medicare Supplement subscriber ID:

When will the discount be applied?

If you are approved for the discount, it will be on the next dental premium invoice.

Can an individual enroll in a Blue Dental Plus Plan before they enroll in a Medicare Supplement plan, and still receive the Dental Premium Discount?

Yes. The member would need to call the customer support phone number listed on the back of their Blue Dental Plus ID Card to receive the dental discount. The discount will be applied as of their next billing cycle.

Billing and Payments

Can Blue Dental Plus members pay their bill online or by phone?

To pay by phone, members should call customer service at 833-443-0878.

Can Blue Dental Plus members set up automatic bank draft, credit card or debit card payments?

Yes. The member can choose between a paper statement invoices or automatic bank draft.

When will members be billed?

Blue Dental Plus members will be billed monthly on the 1st of every month. There will be no other billing options.

Do you need a binder check for Blue Dental Plus?

No.

Rates

Are members' monthly dental premiums subject to change?

For the first plan year, the rate will last for the remainder of the year (through the end of 2025). For 2026, all rates are subject to change on Jan. 1, 2026 and the new rate will last for the 12-month period. See example below:

| State | Rate effective | Rate renewal |
|-------|----------------|--------------|
| IL | 1/1/25 | 1/1/26 |

Please see examples below for the shorter rate year based on the member's effective date. Rates will change on Jan. 1 of each year regardless of the policy effective date.

| State | Policy effective date | Rate change |
|-------|-----------------------|-------------|
| IL | 7/1/26 | 1/1/27 |

Does an applicant's gender, age, and/or smoking status impact their rate?

There is a flat rate regardless of the applicant's gender, age, or smoking status.

What are the rating areas?

There are two rating areas in Illinois. See the table below to understand how rates are determined.

| IL Blue Dental Plus Rating Areas | | | |
|----------------------------------|-------------------------------------------------------------|----------|---------|
| Dental Area | County | Standard | Premier |
| IL 1 | Inside Cook, Dupage, Kankakee*, Kane*, Lake, McHenry, Will* | \$34.96 | \$64.33 |
| IL 2 | Outside Cook, Dupage, Kankakee, Kane, Lake, McHenry, Will | \$26.95 | \$49.88 |

*** EXCEPTION: The following zip codes are in Rate Area 2:**
KANKAKEE: 60901, 60902, 60910, 60913, 60914, 60915, 60917, 60925, 60935, 60940, 60941, 60944, 60950, 60954, 60958, 60961, 60964, 60969, 60976
KANE: 60151, 60502, 60504, 60538
WILL: 60401, 60410, 60481, 60503, 60544, 60585, 60586

Coverage Plus

What happens if a member has Coverage Plus?

Members can continue to enroll in Coverage Plus through 2024 and serviced through 2025. After which, they will need to elect a new plan, such as Blue Dental Plus.

Please note the “Basic” Coverage Plus plan is not an option under Blue Dental Plus, only Standard and Premier are offered.

If a Coverage Plus member would like to enroll in Blue Dental Plus, their deductible and waiting period will transfer over.

Can they keep their Coverage Plus?

Coverage Plus will remain open through the end of 2025. Blue Dental Plus customer service will conduct outreach phone calls to all existing Coverage Plus members to notify them that their dental plan will not continue after 2025.

Does the member have to cancel Coverage Plus on their own?

Yes. The member will not automatically be enrolled in Blue Dental Plus.

Where can a member go to cancel Coverage Plus?

The member must call Coverage Plus Central’s direct number at **844-294-3175**.

Does the agent of record change when a member transfers from Coverage Plus to Blue Dental Plus?

Yes.

TruHearing Benefit

What is hearing benefit?

The hearing the benefit includes a free hearing exam each year and a discount on hearing aids. There are two types of hearing aids available, Premium and Advanced. See the table below for the costs for each type of hearing aid.

| Hearing aid | Original price per aid | Savings per aid | Total fee per aid |
|-------------|------------------------|-----------------|-------------------|
| Premium | \$3,250 | \$2,251 | \$999 |
| Advanced | \$2,720 | \$2,021 | \$699 |

What TruHearing customer support phone number?

1-855-739-5903.

If a member is enrolled in Blue Dental Plus and a Medicare Supplement Plan that is eligible for the hearing benefit, will they receive the TruHearing benefit for both plans?

Yes, although the member is unlikely to use for both Blue Dental Plus and Medicare Supplement since the discount is per aid for both plans. There is no coordination of benefits for Blue Dental Plus.

Coordination of Benefits

Is there a coordination of benefits for Blue Dental Plus plans?

No. Similar to Medicare Supplement Plus dental, there is no coordination of benefits for Blue Dental Plus. If a member is paying for a Plus Plan and Blue Dental Plus, they will receive the services for both plans.

Is a member able to enroll in a Medicare Supplement Plus plan (example Plan G Plus) and Blue Dental Plus?

Members should not be sold or choose to enroll in two dental plans. There are no enrollment rules built to prevent this from occurring if a member chooses to enroll in Blue Dental Plus and a Medicare Supplement Plus plan that includes dental. There will be no backdate and/or premium refund for members that are enrolled in Plus and Blue Dental Plus.

Customer Support

Who is managing customer service for Blue Dental Plus?

TMG will manage customer service inquiries.

What is the customer support number available to Blue Dental Plus members?

| Customer Support Category | Phone Number |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Blue Dental Plus Provider Customer Support Providers should call this number for: <ul style="list-style-type: none">• Dental benefits /coverage• Dental accums• Dental claim status• Dental preauthorization status• Dental claims mailing address | 800-367-6401 |
| Blue Dental Plus Benefits and Dental Claims Customer Support (DNoA) Members should call this number for: <ul style="list-style-type: none">• Dental benefits/coverage• Dental accums• Dental claim status• Dental preauthorization status• Locating a dental provider• Dental claims mailing address | 888-262-0926 |
| Blue Dental Plus Membership and Dental Billing Customer Support (TMG) Members should call this number for: <ul style="list-style-type: none">• Make payments• Membership Billing• Premiums• Member ID Cards | 833-443-0878 |