

# FY25 City of Woburn – Dental Blue Dual Option Plan Comparison

Are you trying to decide between plans? Here is a comparison of some of the key similarities and differences between the Dental Blue Freedom High plan and the Dental Blue Enhanced Table Plan of allowance plan. Please refer to the plan documents for full details on each plan.

| <b>Dental Blue Freedom - High Option</b>  | <b>Dental Blue Enhanced Value Table of Allowance – Lower Option</b>  |
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| <p><b>Covered Services:</b></p> <p><b>Diagnostic and Preventive – 100%</b></p> <p><b>Basic Benefit Group:</b> 80% plan coverage after the deductible (members pay 20% coinsurance after the deductible)</p> <ul style="list-style-type: none"><li>• Restorative</li><li>• Oral Surgery</li><li>• Periodontics</li><li>• Endodontics</li><li>• Prosthetic Maintenance</li></ul> <p><b>Major Benefit Group:</b> 50% plan coverage after the deductible (members pay 50% coinsurance after the deductible)</p> <ul style="list-style-type: none"><li>• Prosthodontics</li><li>• Major restorative</li><li>• Implants</li></ul> <p><b>Calendar Year Deductible: (Jan. 1 – Dec. 31)</b><br/>\$50 per member/\$150 per family. Deductible waived for Preventive and Diagnostic services (In and out of network combined)</p> <p><b>Calendar Year Maximum: (Jan. 1 – Dec. 31)</b><br/>\$1,000 per member per calendar year (In and out of network combined)</p> <p><b>Monthly Rates through MIIA (7/1/24 -6/30/25):</b><br/>Individual: \$45.14<br/>Family: \$114.13</p> <p><b>Dependents:</b> This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status.</p> <p><b>Enhanced Dental Benefits</b><br/>Enhanced Dental Benefits for certain dental care services are available for members who have been diagnosed with qualifying conditions. To learn more about specific conditions included in this benefit, please review your plan description document.</p> | <p><b>Covered Services:</b></p> <p><b>Diagnostic and Preventive – 100%</b></p> <p><b>Basic Benefit Group:</b> Table of allowance (See plan summary for service allowances)</p> <ul style="list-style-type: none"><li>• Restorative</li><li>• Oral Surgery</li><li>• Periodontics</li><li>• Endodontics</li><li>• Prosthetic Maintenance</li></ul> <p><b>Major Benefit Group:</b> Table of allowance (See plan summary for service allowances)</p> <ul style="list-style-type: none"><li>• Prosthodontics</li><li>• Major restorative</li><li>• Implants</li></ul> <p><b>Calendar Year Deductible: None</b></p> <p><b>Calendar Year Maximum: (Jan. 1 – Dec. 31)</b><br/>\$1,500 per member per calendar year (In and out of network combined)</p> <p><b>Monthly Rates through MIIA (7/1/24 -6/30/25):</b><br/>Individual: \$36.58<br/>Family: \$90.97</p> <p><b>Dependents:</b> This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status.</p> <p><b>Enhanced Dental Benefits</b><br/>Enhanced Dental Benefits for certain dental care services are available for members who have been diagnosed with qualifying conditions. To learn more about specific conditions included in this benefit, please review your plan description document.</p> |

## Dental Blue Freedom High Option

### Accumulated Maximum Rollover Benefits

This dental plan includes an Accumulated Maximum Rollover Benefit. This rollover benefit allows you to roll over a certain dollar amount of your unused annual dental benefits for use in the future. There are limits and restrictions on this benefit. Refer to the Accumulated Dental Maximum Rollover details for further information that are outlined on your plan description document.

### Pre-Treatment Estimates

If your dentist expects that your dental treatment will involve covered services that will cost more than \$250, Blue Cross Blue Shield recommends that your dentist send a copy of the “treatment plan” to Blue Cross Blue Shield before services are provided. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate of the charge for each service. Once the treatment plan is reviewed, you and your dentist will be notified of the benefits available.

Dental Blue Freedom offers a large network of dentists, including dentists in Massachusetts and Rhode Island who participate with Blue Cross Blue Shield of Massachusetts. Dental Blue Freedom members also have access to participating dentists nationwide. When searching for a network dentist, Dental Blue Freedom members can choose from the Dental Blue PPO (Preferred Dentist) or Dental Blue (Participating Dentist) networks. Using a network dentist will minimize your out-of-pocket expenses.

You will receive the greatest value if you visit a preferred dentist, because you will maximize the number of benefits received under your plan. Payments are calculated based on the provisions of the Blue Cross Blue Shield preferred dentist’s payment agreement and the dentist’s allowed charge that is in effect at the time the covered dental service is provided. Preferred dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year benefit maximum.

For dentists who participate with Blue Cross Blue Shield, but do not have a Blue Cross Blue Shield preferred provider contract, benefits are calculated based on the provisions of the participating dentist’s payment agreement and the dentist’s allowed charge. These dentists agree to accept the allowed charge as payment in full. You pay your deductible and coinsurance (if applicable), and any allowed charges beyond your calendar-year benefit maximum.

## Dental Blue Enhanced Value Table of Allowance

### Accumulated Maximum Rollover Benefits

This dental plan includes an Accumulated Maximum Rollover Benefit. This rollover benefit allows you to roll over a certain dollar amount of your unused annual dental benefits for use in the future. There are limits and restrictions on this benefit. Refer to the Accumulated Dental Maximum Rollover details for further information that are outlined on your plan description document.

### Pre-Treatment Estimates

If your dentist expects that your dental treatment will involve covered services that will cost more than \$250, Blue Cross Blue Shield recommends that your dentist send a copy of the “treatment plan” to Blue Cross Blue Shield before services are provided. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate of the charge for each service. Once the treatment plan is reviewed, you and your dentist will be notified of the benefits available.

Dental Blue offers an extensive network of dentists. Over 90 percent of dentists in MA and RI participate with Blue Cross Blue Shield of MA. Dental Blue members also have access to participating dentists nationwide.

For Group 1 (Preventive Benefit Group), benefits for covered services by dentists that participate with Dental Blue are provided based on the contracted rate that is in effect at the time the covered dental service is provided. This contracted rate is referred to as the dentist’s allowed charge.

For Group 2 and Group 3 (Basic and Major Benefit Groups), benefits for covered services by dentists that participate Dental Blue are provided based on a Table of Allowance. The Table of Allowance is selected by Blue Cross Blue Shield and includes a specific dollar amount allowance for each covered dental procedure. Blue Cross Blue Shield calculates your benefits based on the Table of Allowance that is in effect at the time the covered dental service is provided. This Table of Allowance amount may sometimes be less than the dentist’s contracted rate. If this is the case, you must pay the amount of the dentist’s allowed charge that is in excess of the Table of Allowance amount. You are also responsible for any allowed charges beyond your calendar-year benefit maximum.