

**Enrollment Information**

Applicant Last Name	Applicant First Name	MI	Sex	Date of Birth	Social Security No.
Street Address (No P.O. Boxes Accepted)			Mailing Address (if different)		
City	State	Zip	City	State	Zip
Home Phone	Work/Cell Phone	Email Address			

Spouse Last Name	Spouse First Name	MI	Sex	Date of Birth	Social Security No.
Dependent Last Name	Dependent First Name	MI	Sex	Date of Birth	Social Security No.
<input type="checkbox"/> Natural Child/Stepchild	<input type="checkbox"/> Adopted/Legal Guardian	<input type="checkbox"/> Other (specify)			
Dependent Last Name	Dependent First Name	MI	Sex	Date of Birth	Social Security No.
<input type="checkbox"/> Natural Child/Stepchild	<input type="checkbox"/> Adopted/Legal Guardian	<input type="checkbox"/> Other (specify)			
Dependent Last Name	Dependent First Name	MI	Sex	Date of Birth	Social Security No.
<input type="checkbox"/> Natural Child/Stepchild	<input type="checkbox"/> Adopted/Legal Guardian	<input type="checkbox"/> Other (specify)			

To include additional dependents, please record information for on a separate sheet of paper and attach it to this application.

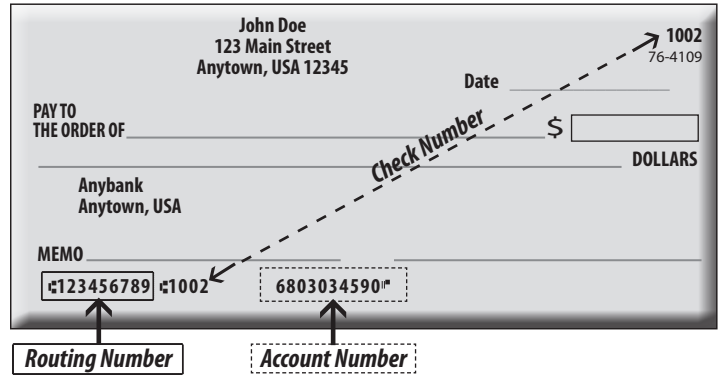
**Payment Information**

First Month's Premium Payment (optional):

Bill Me Monthly     eCHECK

Bank Draft Routing Number    Checking Account Number

\$ Amount Authorized \$



The effective date of the policy will be the first of the month following approval. Once approved you will receive an authorization form to enroll in an automated payment method. Until that request is processed you will be billed monthly via paper billing. We will notify you in writing when the automated payment will take effect.

**Premium Information**

Group Number: 120800    Benefit Code: ID3    Monthly Premiums: \$26.50 per adult (includes dependents age 18-24)  
\$14.60 for each dependent ages 2-17 (no charge for dependent ages 0-1)  
(Maximum charge would be for a subscriber, spouse and up to 3 additional dependents per family.)

**Signatures**

By signing and dating below, it is understood and agreed as follows:

- All information listed is accurate and true to the best of my (our) knowledge;
- I (We) understand that if any information is incorrect or untrue, BlueCross BlueShield of Tennessee may, at its own discretion, as permitted by laws, terminate or rescind my policy or amend it so that my (our) coverage, including my premium, would be the same as it would have been had the information on the application been correct;
- I do hereby reside in the state of Tennessee;
- I understand if I have selected Credit Card Payments or Automatic Bank Draft as my payment method, I am authorizing BlueCross BlueShield of Tennessee to draft/charge the checking or savings account or credit card account, for the purpose of paying the premiums due for this dental coverage, regardless of whether such Contract is listed in name of the subscriber or the name of some other person, and confirm that I have received the Card Holder's expressed consent. The premiums drafted/charged will be accurately reflected as those which are shown on the dental insurance policy or the most recent premium change notifications issued to the dental insurance policy holder (the subscriber) by BlueCross BlueShield of Tennessee. This authority is to remain in effect until revoked by you in writing; and until we actually receive such notice, we shall be fully protected in honoring any such draft/charge;
- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage;
- A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.

Signature: **X** \_\_\_\_\_ Date: | | | | 20 | |

Spouse's Signature: **X** \_\_\_\_\_ Date: | | | | 20 | |

Agent's Signature: **X** \_\_\_\_\_ Agent's ID: | | | | | Date: | | | | 20 | |

## Plan Features

- Open access to all dentists.
- The DentalBlue network includes over 60% of all general dentists in Tennessee.
- Network savings between 10 and 30% on dental services.
- Maximum allowable charge (MAC) allows access to out-of-network dentists.
- Use DentalBlue network to lower out of pocket expenses.
- Preventive, restorative and diagnostic dental services provided.

## Covered Dental Services\*\*\*

- Diagnostic and Preventive services
- Restorative services
- Major Restorative services including crowns, inlays and onlays\*
- Endodontics services
- Periodontic services\*
- Removable and fixed prosthetics\*
- Oral surgery services

**\*12-month waiting period applies. Orthodontic services are not covered.**

## Schedule of Benefits for Common Dental Procedures\*\*\*

<b>Procedure (This is a partial list):</b>	<b>Plan Pays MAC**</b>
Comprehensive Oral Evaluation	\$38
Periodic Oral Evaluation	\$24
Adult Cleaning (prophylaxis)	\$48
Child Cleaning (prophylaxis)	\$35
Bitewing X-ray (2 films)	\$24
Filling (amalgam-one surface)	\$34
Crown (porcelain fused to high noble metal)*	\$326*
Root Canal - molar (excluding final restoration)	\$340
Periodontal scaling and root planning (4+ teeth per quadrant)*	\$68*
Extractions - single tooth	\$36
Removable Upper Denture*	\$360*
Removal of Benign Cyst/Tumor	\$409

**\*12-month waiting period applies. Orthodontic services are not covered.**

**\*\*Current MAC at time of printing. Deductible and annual maximum apply.**

**Use DentalBlue network to lower out of pocket expenses.**

## Limitations on Dental Services \*\*\*

- 2 exams in 12 month period.
- 2 cleanings in 12 month period.
- X-rays; 1 complete and 1 panoramic in 36 month period; 2 bitewings in a 12 month period.
- 1 fluoride treatment in a 12 month period (for children only)

## Annual Maximum

\$1,000 calendar year maximum per member.

## Annual Deductible

\$50 per member or \$150 per family. Deductible does not apply to preventive and diagnostic services covered by the plan.

**\*\*\* This is a summary and is not all inclusive. The Personal Dental Coverage policy includes a complete list of benefits, limitations, exclusions and provisions.**

**To learn more, call 1-800-845-2738 or visit [bcbst.com](http://bcbst.com).**