MIT Graduate Student Dental Plan

Don’t miss your chance! Enroll September 1–15

The MIT Graduate Student Dental Plan is offered by MIT through Blue Cross Blue Shield of Massachusetts. It is available to all MIT graduate students enrolled in a degree-granting program. It is separate from the MIT student health plans. This coverage is optional and enrollment is not automatic. Dental insurance is not required by law, and students are responsible for premiums and any dental bills they incur.

What does the plan cover?

Covered in full: Routine diagnostic and preventative services once every six months, including emergency exams and periodic X-rays.

Covered at 80 percent after $50 deductible per member per year: Other dental services, such as fillings (tooth-color or silver) and root canal therapy. See the back of this page for more information, or visit medical.mit.edu/gsdp.

Who is eligible to enroll?

- MIT graduate students who are in good standing in a degree-granting program.
- Spouses/partners and dependent child(ren) of MIT graduate students. An MIT graduate student must be enrolled in the Plan in order for family members to be insured.

Can I enroll my spouse or children?

Yes. If you enroll in the Plan, you can also enroll your spouse/partner and child(ren)/dependent(s).

How much does it cost?

- Individuals: $436.08 per year ($36.34 per month).
- Families: $1,102.92 per year ($91.91 per month). Note that the family rate is the same whether you choose to enroll only your spouse/partner, only your child(ren), or both; and the cost is the same regardless of the number of children enrolled.

The plan is billed in full once a year, so you will receive one charge for the whole year on your student account.

When can I enroll?

You can enroll from September 1 to September 15.

What if I miss the sign-up window?

No. You cannot sign up outside of the September 1–September 15 window unless you lose your existing dental insurance or experience a “qualifying life event”—like getting married or having a baby. If you join in the middle of the year after a qualifying life event, you will receive a single bill, but only for the months you receive coverage. For more information, visit medical.mit.edu/gsdp.

How long will I have coverage?

Coverage lasts from October 1 to September 30 of the next year.

Where can I use it?

You can use the Plan anywhere that accepts the Blue Cross Blue Shield of Massachusetts Dental Blue Program. This includes MIT Medical’s Dental Service, located on the fifth floor of building E23. You can make an appointment by dialing 617-253-1501. Appointments are available Mondays, Thursdays, and Fridays, 8 a.m.–4:30 p.m., and on Tuesdays and Wednesdays, 8 a.m.–7 p.m.

Can I transfer my previous dental records to MIT Dental?

Yes. Just have your clinician send your X-rays and other information to mitdental@med.mit.edu.

Is there a maximum benefit?

Yes. You may receive up to $1,500 in services per year. For more information, visit medical.mit.edu/gsdp.

Are braces or other orthodontic services covered?

No. This plan does not include coverage for braces or orthodontics. MIT Medical’s Dental Service does not offer orthodontic services, but they can direct you to orthodontists in the Cambridge area.

Do benefits roll over from year to year?

Yes, some benefits roll over to the next year if they are not used. If you use less than $700 in services in one year, you can roll over up to $500 of benefit to use the following year—or beyond, to a maximum of $1,250. You can learn more at medical.mit.edu/gsdp.

How do I register?

To sign up between September 1 and September 15, visit benone.wageworks.com/mit/register. If you have a qualifying life event and need to sign up at another time of year, visit medical.mit.edu/gsdp, download and fill out the Blue Cross Blue Shield enrollment form, and bring it to the Health Plans Office in E23-308, Monday through Friday, 8:30 a.m. to 4:30 p.m.
## Program Benefits

**Benefit maximum:** $1,500 per calendar year

### Preventive benefits
- No deductible
- Full coverage

### Basic benefits
- $50 deductible per member per calendar year
- 80% coverage after deductible

### Diagnostic
- One complete initial oral exam, including initial dental history and charting of the teeth and supporting structures
- Full mouth X-rays, seven or more films, or panoramic X-ray with bitewing X-rays once each 60 months
- Bitewing X-rays once each six months
- Single tooth X-rays as needed
- Study models and casts used in planning treatment once each 60 months
- Periodic or routine oral exams once each six months
- Emergency exams

### Preventive
- Routine cleaning, scaling, and polishing of the teeth once each six months
- Fluoride treatment once each six months (members under age 19 only)
- Sealants on permanent pre-molar and molar surfaces (members under age 14 only). One application per bicuspid or molar surface each 48 months.
- Space maintainers needed due to premature tooth loss (members under age 19 only)

### Restorative
- Amalgam (silver) fillings (limited to one filling for each tooth surface in a 12-month period)
- Composite resin (tooth color) fillings (limited to one filling for each tooth surface in a 12-month period)
- Pin retention for fillings
- Stainless steel crowns on baby teeth and on first permanent adult molars (members under age 16 only)

### Oral Surgery
- Tooth extraction
- Root removal
- Biopsies

### Periodontics (gum and bone)
- Periodontal scaling and root planing once per quadrant each 24 months
- Periodontal surgery once per quadrant each 36 months
- Periodontal maintenance following active periodontal therapy once each three months

### Endodontics (roots and pulp)
- Root canal therapy (permanent teeth, once per lifetime per tooth)
- Retreatment root canal therapy on permanent teeth, once per lifetime for each tooth
- Therapeutic pulpotomy on primary or permanent teeth (members under age 16 only)
- Other endodontic surgery to treat or remove the dental root

### Prosthetic Maintenance
- Repair of partial or complete dentures, crowns, and bridges once each 12 months
- Adding teeth to an existing complete or partial denture
- Rebase or reline of dentures once each 36 months
- Recementing of crowns, inlays, onlays, and fixed bridgework once each 12 months

### Other Services
- Occlusal adjustments once each 24 months
- Services to treat root sensitivity
- Emergency dental care to treat acute pain or to prevent permanent harm
- General anesthesia when administered in conjunction with covered surgical services