Dental Benefits

Optional for Total Blue℠ and Classic Blue® health plans

Blue Cross and Blue Shield of Alabama's Dental Network is a statewide network. This program is designed to promote quality and cost effective dental care.

Dental Network Provisions:

We pay benefits toward the lesser of the allowable amount or the dentist's actual charge for services whether you receive services from a preferred or non-preferred dentist. There are four differences:

- All preferred dentists agree our payment is payment in full except for your deductible and coinsurance. If you are covered under another dental plan, a preferred dentist may bill that plan for any difference between the allowable amount and his usual charge for a service.
- Non-preferred dentists outside the state of Alabama may charge you the difference between the allowable amount and their billed charges.
- There is no coverage under the plan for services provided by non-preferred dentists in the state of Alabama. You will be responsible for payment of the full amount of the dentist's actual charges.
- Preferred dentists may not collect their fee for plan benefits from you except for deductibles and coinsurance. They must bill us first except for services which are not plan benefits, such as implants.

Eligibility:

To be eligible for dental coverage you must apply and be accepted into one of Blue Cross and Blue Shield of Alabama's Total Blue or Classic Blue health plans. If you have a single health plan contract, only you are eligible for dental coverage. If you have a family health plan contract, you and all your dependents under the health plan contract must enroll for dental coverage. If you do not add dental when you apply for health coverage, you will only be eligible to add dental coverage during open enrollment.

BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

www.ibcbsal.com **1-888-215-1832**

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GENERAL PROVISIONS

Deductible: $50 deductible per member per calendar year.

Maximum Benefit: $1,000 per member each calendar year.

DIAGNOSTIC AND PREVENTIVE SERVICES (Exams and Cleanings)

Covered at 100% subject to the deductible.

Includes:

- Dental exams up to twice per calendar year.
- Full mouth x-rays, one set during any 36 consecutive months.
- Bitewing x-rays, up to twice per calendar year.
- Other dental x-rays, used to diagnose a specific condition.
- Routine cleanings, twice per calendar year.
- Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of $20 per tooth. Limited to the first permanent molars of children through age 13.
- Fluoride treatment for children through age 18 twice per calendar year.
- Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.

RESTORATIVE SERVICES (Fillings)

Covered at 75% subject to the deductible.

Includes:

- Fillings made of silver amalgam and synthetic tooth color materials.
- Simple tooth extractions.
- Repairs to removable dentures.
- Emergency treatment for pain
- Direct pulp capping, removal of pulp and root canal treatment.

SUPPLEMENTAL SERVICES (Oral Surgery and Anesthesia)

Covered at 50% subject to the deductible after serving a 365 day waiting period.

Includes:

- Oral surgery for tooth extractions and impacted teeth.
- General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide.
- Treatment of the root tip of the tooth including its removal.

PERIODONTIC SERVICES (Gum Disease)

Covered at 50% subject to the deductible after serving a 365 day waiting period.

Includes:

- Periodontic exams twice each 12 months.
- Removal of diseased gum tissue and reconstructing gums.
- Removal of diseased bone.
- Reconstruction of gums and mucous membranes by surgery.
- Removing plaque and calculus below the gum line for periodontal disease.

Payments are based on the Dental Network Fee Schedule or the "Allowed Amount", depending on which provider you choose to use. This is not a contract. Benefits are subject to the terms, limitations and conditions of the contract.