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BlueCard[®] PPO Plan Benefits

**Alabama Dental Association
Dental Blue[®] 1000A**

Effective April 1, 2023



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

DENTAL NETWORKS

Covered in-network dental providers are accessible both in and outside Alabama. Blue Cross and Blue Shield of Alabama's **Preferred Dental Network** is a statewide dental network. Currently more than 2,532 dentists in Alabama have joined this network.

The **Access Plus Dental Network** is one of the largest dental networks and it offers access to dental providers outside Alabama. There are more than 463,885 participating dentists nationwide. These networks are designed to promote quality and cost effective dental care.

To find a dentist in our network, visit **AlabamaBlue.com/FindADoctor**. Then select "Dentist" under the "Search Term" and enter your zip code or city/state. To view only Alabama Preferred Dental providers or Access Plus Dental providers, choose "Alabama Preferred Dentists" or "Access Plus Dental" under "Network or Plan".

Dental Network Provisions:

- Network dentists will file all claims and accept the Blue Cross payment as payment in full (after any deductible and coinsurance you owe).
- Payments for covered services will be based on the lesser of the allowed amount or the dentist's actual charge.
- Covered dental services, level of coverage, deductible and benefit maximum amounts will be the same for in-network and out-of-network dentists (unless otherwise specified). However, if you do not use an in-network dentist, Blue Cross will pay you the "allowed amount" for covered services. You may be responsible for the difference between the Blue Cross payment and the dentist's charge (plus deductible and coinsurance, if applicable). You may also have to file the claim if the dentist's office will not.

Filing Dental Claims:

To file your own dental claim, you should complete the top portion of the claim form found by visiting AlabamaBlue.com and selecting Dental Claim Form under Resources. An itemized statement from your dentist will need to be included.

Send dental claims to this address:

**Blue Cross and Blue Shield of Alabama
P.O. Box 830389
Birmingham, Alabama 35283-0389**

If you have questions about your dental coverage or claim, please call the following number:

**Blue Cross and Blue Shield of Alabama Customer Service
1-800-292-8868**

**Dental Blue® 1000A
Dental Benefits**

GENERAL PROVISIONS

Calendar Year Deductible	\$50 deductible per member per calendar year; \$150 family maximum.
Annual Maximum Benefits each Calendar Year	\$1,000 per member per calendar year. (does not apply to orthodontic services)
Annual Maximum Benefits Rollover each Calendar Year	Plan will allow up to \$500 of unused annual maximum dollars to carry over when a member completes their diagnostic and preventive service(s) within a calendar year.
Rollover Account Maximum Limit	The rollover amount is \$1,000.
Lifetime Orthodontic Maximum Benefits	\$1,500 per member.

DIAGNOSTIC AND PREVENTIVE SERVICES

Covered at 100%, with no 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.

BASIC RESTORATIVE SERVICES

Covered at 100%, subject to deductible.

Includes:

- Fillings made of silver amalgam and synthetic tooth color materials (tooth color materials include composite fillings on the front upper and lower teeth numbers 5-12 and 21-28; payment allowance for composite fillings used on posterior teeth is reduced to the allowance given on amalgam fillings).
- Simple tooth extractions.
- Direct pulp capping, removal of pulp and root canal treatment.
- Repairs to crowns, inlays, onlays, veneers, fixed partial dentures and removable dentures.
- Emergency treatment for pain.

BASIC SUPPLEMENTAL SERVICES

Covered at 80%, subject to deductible.

Includes:

- Oral surgery for tooth extractions and impacted teeth and to treat mouth cysts and abscesses of the intra-oral and extra-oral soft tissue.
- 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.

MAJOR PROSTHETIC SERVICES

Covered at 50%, subject to deductible.

Includes:

- Full or partial dentures.
- Fixed or removable bridges.
- Inlays, onlays, veneers or crowns to restore diseased or accidentally broken teeth, if less expensive fillings will not restore the teeth.

Note: No benefits for late enrollee until the member has been covered for a continuous 365-days

MAJOR PERIODONTIC SERVICES

Covered at 50%, subject to deductible.

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.

Note: No benefits for late enrollee until the member has been covered for a continuous 365-days

ORTHODONTIC SERVICES

Covered at 50%, with no deductible.

Includes:

- Coverage for dependent children up to age 26.
- Limited to a lifetime maximum of \$1,500 per member.

Note: No benefits for any enrollee until the member has been covered for a continuous 365-days

This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.