



Dental

Preferred Dental Program



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the
Blue Cross and Blue Shield Association

P L A N B E N E F I T S

Visit our web site at www.bcbsal.com

PREFERRED DENTAL

Blue Cross and Blue Shield of Alabama's Dental Network is a statewide dental network. This managed care program is designed to promote quality and cost effective dental care. Currently more than 1,260 dentists, approximately 74% of the dentists in Alabama, have joined this program.

Dental Network Provisions:

- There is no pre-existing condition exclusion period to meet before your dental coverage begins.
- Preferred Dentists will file all claims and accept the Blue Cross payment as payment in full (after any deductible and coinsurance you owe). Payments are based on the Preferred Dental Fee Schedule or the dentist's actual charge for services if less than the fee schedule amount. The fee schedule offers average savings of approximately 20% off billed charges.
- If you do not use a Preferred Dentist, Blue Cross will pay you based on the Preferred Dental Fee Schedule amount (or the charge if less than the fee schedule amount) for covered services received. You will be responsible for the difference between the Blue Cross payment and the dentist's charge (plus any deductible and coinsurance). You may also have to file the claim if your dentist's office will not. Payment provisions when you do not use a Preferred Dentist are outlined below:
 - Payment for Basic Diagnostic and Preventive, Basic Restorative (except for emergency treatment for pain) and Prosthetic services performed by a non-Preferred Dentist in Alabama will be only 50% of the amount we would have paid to a Preferred Dentist for the same services.
 - Supplemental services, endodontic services, periodontic services and emergency treatment for pain performed by a non-Preferred Dentist will be paid at the same percentage as a Preferred Dentist.
 - All services received outside Alabama will be paid according to the usual, customary and reasonable (UCR) amount and at the same percentage as a Preferred Dentist in Alabama.

GENERAL PROVISIONS

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| Deductible | \$25 deductible per member per calendar year; \$75 aggregate family maximum. |
| Maximum | \$1,500 per member each calendar year. |

BASIC DIAGNOSTIC AND PREVENTIVE SERVICES (Exams and Cleanings)

Covered at **100%** of the Preferred Dental Fee Schedule, subject to the deductible for services provided by a Preferred Dentist. For services provided by a non-Preferred Dentist in Alabama, payable at **50%** of the Preferred Dental Fee Schedule subject to the deductible.

Includes:

- Dental exams up to twice per benefit period.
- Full mouth x-rays, one set during any 36 consecutive months.
- Bitewing x-rays, up to twice per benefit period.
- Other dental x-rays, used to diagnose a specific condition.
- Routine cleanings, twice per benefit period.
- 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 benefit period.
- Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.

BASIC RESTORATIVE SERVICES (Fillings)

Covered at **100%** of the Preferred Dental Fee Schedule, subject to the deductible for services provided by a Preferred Dentist. For services provided by a non-Preferred Dentist in Alabama, payable at **50%** of the Preferred Dental Fee Schedule subject to the deductible for all services except emergency treatment for pain.

Includes:

- Fillings made of silver amalgam and synthetic tooth color materials.
- Simple tooth extractions.
- Repairs to removable dentures.
- Emergency treatment for pain (not subject to the 50% payment reduction if a non-Preferred Dentist in Alabama is used).

SUPPLEMENTAL SERVICES (Oral Surgery and Anesthesia)

Covered at **100%** of the Preferred Dental Fee Schedule, subject to the deductible for services provided by a Preferred or non-Preferred Dentist.

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.

PROSTHETIC SERVICES (Crowns and Dentures)

Covered at **50%** of the Preferred Dental Fee Schedule, subject to the deductible for services provided by a Preferred Dentist. For services provided by a non-Preferred Dentist in Alabama, payable at **25%** of the Preferred Dental Fee Schedule subject to the deductible.

Includes:

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

ENDODONTIC SERVICES (Root Canals)

Covered at **100%** of the Preferred Dental Fee Schedule, subject to the deductible for services provided by a Preferred or non-Preferred Dentist.

Includes:

- Treatment of the root tip of the tooth including its removal.
- Direct pulp capping, removal of pulp and root canal treatment.

PERIODONTIC SERVICES (Gum Disease)

Covered at **80%** of the Preferred Dental Fee Schedule, subject to the deductible for services provided by a Preferred or non-Preferred Dentist.

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 group contract.

