

We cover what matters.

Dental Plan Benefits

City of Montgomery
National Preferred Dental

Effective January 1, 2022

Visit our website at
AlabamaBlue.com



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

NATIONAL PREFERRED DENTAL

Blue Cross and Blue Shield of Alabama's National Preferred Dental program offers access to dental providers in many areas throughout the United States. This program is designed to promote quality and cost effective dental care. There are now approximately 241,000 access points for participating dentists nationwide in the National Preferred Dental program through Blue Cross' partnership with Dental Networks of America (DNOA). The preferred networks include dentists that participate with DNOA, DenteMax and Connection Dental.

Dental Network Provisions:

- Network dentists should file claims for you.
- Network dentists accept the Blue Cross fee schedule as payment in full (after any deductible and coinsurance you owe).
- Blue Cross payments offer an average savings of approximately 25% off billed charges.
- Covered dental services, level of coverage, deductible and benefit maximum amounts will be the same for in-network and out-of-network dentists. 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 any deductible and coinsurance). You may also have to file the claim if your dentist's office will not.
- To find a network dentist, go to **AlabamaBlue.com** and click on "Find a Health Provider/Healthcare Provider or Facility". Then, select "Dentist" for healthcare provider type and enter a search location. In the drop down box under "Networks and Plans" select "National Preferred Dental Network (DNOA)." Preferred providers will be identified under "Network Participation" as "DNOA Preferred: DNOA, DenteMax or Connection Dental." In Alabama, all "Preferred Dentists" are considered network providers.

Filing Dental Claims:

File all claims for dental services to **Blue Cross and Blue Shield of Alabama**. If your dentist files your claim, ask him or her to send the claim to Blue Cross and Blue Shield of Alabama's address. You should fill out the top portion of the form and ask the dentist to complete the bottom portion of the form.

To file your own dental claim, you should complete the top portion of the claim form and attach an itemized statement from your dentist.

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
1 800 828-6451**

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GENERAL PROVISIONS

Deductible	\$25 deductible per member per calendar year; maximum of 3 deductibles per family each calendar year.
Benefit Maximum	No maximum for members up to age 19. \$1,000 per member age 19 and over each calendar year.
Annual Out-of-Pocket Maximum	For members up to age 19, deductibles and coinsurance for in-network dental services will apply to the annual in-network out-of-pocket maximum set forth in the health plan.

Preferred Dentists

Non-Preferred and Out-of-State Dentists

DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)

<p>Covered at 100% of the allowed amount, not subject to the deductible. Includes:</p> <ul style="list-style-type: none"> 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. 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. 	<p>Covered at 80% of the allowed amount, subject to the deductible. Includes:</p> <ul style="list-style-type: none"> 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. 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.
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RESTORATIVE (Fillings and Root Canals)

<p>Covered at 80% of the allowed amount, subject to the deductible. Includes:</p> <ul style="list-style-type: none"> Fillings made of silver amalgam and synthetic tooth color materials. Simple tooth extractions. Direct pulp capping, removal of pulp and root canal treatment. Repairs to removable dentures. Emergency treatment for pain 	<p>Covered at 80% of the allowed amount, subject to the deductible. Includes:</p> <ul style="list-style-type: none"> Fillings made of silver amalgam and synthetic tooth color materials. Simple tooth extractions. Direct pulp capping, removal of pulp and root canal treatment. Repairs to removable dentures. Emergency treatment for pain
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SUPPLEMENTAL (Oral Surgery and Anesthesia)

<p>Covered at 80% of the allowed amount, subject to the deductible. Includes:</p> <ul style="list-style-type: none"> 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. 	<p>Covered at 80% of the allowed amount, subject to the deductible. Includes:</p> <ul style="list-style-type: none"> 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.
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PROSTHETIC (Crowns and Dentures)

<p>Covered at 50% of the allowed amount, subject to the deductible. Includes:</p> <ul style="list-style-type: none"> 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. 	Not covered.
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PERIODONTIC (Gum Disease)

<p>Covered at 80% of the allowed amount, subject to the deductible. Includes:</p> <ul style="list-style-type: none"> 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. 	<p>Covered at 80% of the allowed amount, subject to the deductible. Includes:</p> <ul style="list-style-type: none"> 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.
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This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.