

*We cover what matters.*

# Dental Plan Benefits

**Alabama Chiropractic  
Association**  
Dental Blue<sup>®</sup> 1500A

Effective January 1, 2024

Visit our website at  
**AlabamaBlue.com**



**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 2,800 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 nearly 450,000 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® 1500A  
Dental Benefits**

**GENERAL PROVISIONS**

<b>Calendar Year Deductible</b>	\$25 deductible per member per calendar year; \$75 family maximum.
<b>Annual Maximum Benefits each Calendar Year</b>	\$1,500 per member per calendar year. (does not apply to orthodontic services)
<b>Annual Maximum Benefits Rollover each Calendar Year</b>	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.
<b>Rollover Account Maximum Limit</b>	The rollover amount is \$1,000.
<b>Lifetime Orthodontic Maximum Benefits</b>	\$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 100%, 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 80%, 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.

## Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), [1557Grievance@bcbsal.org](mailto:1557Grievance@bcbsal.org) (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Foreign Language Assistance

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711)

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711)번으로 전화해 주십시오.

**Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-216-3144 (TTY: 711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-216-3144 (TTY: 711).

**Arabic:** انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-216-3144 (الهاتف النصي: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer:

1-855-216-3144 (TTY: 711).

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-216-3144 (ATS: 711).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

**Gujarati:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-216-3144 પર કોલ કરો (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa

1-855-216-3144 (TTY: 711).

**Hindi:** ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າຈ່າຍ, ຈະມີມາດພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-216-3144 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (телефайн: 711).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-216-3144 (TTY: 711).

**Turkish:** DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-216-3144 (TTY: 711).

**Japanese:** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-216-3144 (TTY: 711) まで、お電話にてご連絡ください。