

We cover what matters.

Dental Plan Benefits

The City of Birmingham Dental Premier Plan

Effective July 1, 2023

Visit our website at
AlabamaBlue.com



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

ACCESS PLUS DENTAL

Blue Cross and Blue Shield of Alabama's Access Plus Dental network provides access to dental providers throughout the United States. This network is designed to promote quality and cost-effective dental care. Access Plus Dental offers over 463,885 access points nationwide so that you can be confident in finding a dentist near your home in the Access Plus Dental network.

Dental Network Provisions:

- Network dentists will file claims for you.
- Network dentists accept the Blue Cross fee schedule as payment in full (after deductible and coinsurance, if applicable).
- Blue Cross payments offer an average savings of 20-40% 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 deductible and coinsurance, if applicable). You may also have to file the claim yourself if your dentist's office will not.
- To find a dentist in the Access Plus Dental network, visit **AlabamaBlue.com** and click on "Find a Doctor". Then select "Dentist" as the healthcare provider type, enter your zip code or city/state and choose "Access Plus Dental".

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.

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 Customer Service
1-866-208-6459**

**The City of Birmingham
Dental Benefits- Premier Plan
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GENERAL PROVISIONS

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

DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)

Covered at 100%, not 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, two sets 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 once per benefit period.
- Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.

RESTORATIVE (Fillings and Root Canals)

Covered at 80%, subject to the deductible.

Includes:

- Fillings made of silver amalgam and synthetic tooth color materials (once every 24 months).
- Simple tooth extractions.
- Direct pulp capping, removal of pulp and root canal treatment (limited to once per tooth).
- Repairs to removable dentures.
- Emergency treatment for pain.

SUPPLEMENTAL (Oral Surgery and Anesthesia)

Covered at 80%, subject to the deductible.

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.

PROSTHETIC (Crowns and Dentures)

Covered at 50%, subject to the deductible.

Includes:

- Full or partial dentures (initial placement to replace one or more natural teeth, which are lost while covered by the plan-once every five years).
- Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
- Fixed or removable bridges (once every five years).
- Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate (once every five years).
- Implants (replacement once every five years)
- Repair or recementation to crown, dentures and bridges (once every 12 months).

PERIODONTIC (Gum Disease)

Covered at 80%, subject to the 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 (once every 36 months)
- Any periodontal surgery listed above limited to once per quadrant every 36 months

ORTHODONTIC (Braces)

Covered at 50%, not subject to the deductible.

Includes:

- Coverage for adults and dependent children up to age 26
- Limited to a lifetime maximum of \$1,500.
- 20% of the orthodontia lifetime maximum will be considered at initial placement on the plan benefit's coinsurance level

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