Dental Blue® Complete

Effective January 1, 2019

BLUE DENTAL CHOICE

Eligibility Requirements

- You must work 30 hours or more to be eligible as a full time employee. Employees who work 29 hours or less are considered part time and will not be eligible.

Open Enrollment

- Annual open enrollments will be allowed and the following will apply:
  - If you did not enroll when first eligible, you will be accepted.
  - You may change type contract (example: single to family)
  - You can add dependents who were not added when first eligible.
  - You may cancel your entire contract.

Benefit Exclusionary Period

- All major services (Prosthetics-Rider B, Periodontics-Rider C and Orthodontia-Rider D if applicable) will not be available until the 12-month benefit exclusionary period has been served.
- Benefit exclusionary periods **will** apply to the following:
  - Late enrollees (employees and dependents who did not enroll within 30 days of eligibility).
  - Employees and dependents who voluntarily drop coverage and re-enroll at a later open enrollment.
- Benefit exclusionary periods **will not** apply to the following:
  - Initial enrollees.
  - New hires enrolled within 30 days of eligibility.
  - Employees and dependents added as special enrollees within 30 days of a change in family status.

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 410,613 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
1 800 292-8868

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GENERAL PROVISIONS	
Deductible	$50 deductible per member per calendar year; $150 family maximum.
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, 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.

RESTORATIVE (Fillings and Root Canals)

Covered at 100%, subject to the deductible.
Includes:

- 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.

SUPPLEMENTAL (Oral Surgery and Anesthesia)

Covered at 100%, 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.
- Fixed or removable bridges.
- Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate.

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.

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 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 (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 निःशुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।
Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 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 (телетайп: 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。