

*We cover what matters.*

# Dental Plan Benefits

**The University of Alabama in Huntsville  
Dental Plan**

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

# 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.
- This 12-month benefit exclusion period may be waived or reduced if:
  - You were covered by another dental plan before becoming covered by this plan, and;
  - There is no greater than a 63-day break in dental coverage

# 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 450,542 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  
1 800 239-5772**

**The University of Alabama in Huntsville**  
**Dental Benefits**  
**Effective January 1, 2022**

**GENERAL PROVISIONS**

<b>Deductible</b>	\$50 deductible per member per calendar year; \$150 family maximum.
<b>Annual Dental Maximum</b>	Combined in and out-of-network maximum of \$1,000 per member each calendar year. Additional \$500 benefit available if services are received in-network.
<b>Lifetime Orthodontic Maximum</b>	\$1,000 lifetime maximum per person.

**DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)**

<p><b>Covered at 100% of the allowed amount, no deductible.</b>  <b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Dental exams up to twice per benefit period.</li> <li>• Full mouth x-rays, one set during any 36 consecutive months.</li> <li>• Bitewing x-rays, one set per benefit period.</li> <li>• Other dental x-rays, used to diagnose a specific condition.</li> <li>• Routine cleanings, twice per benefit period.</li> <li>• 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.</li> <li>• Fluoride treatment for children under age 19 twice per benefit period.</li> <li>• Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.</li> </ul>
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**RESTORATIVE (Fillings and Root Canals)**

<p><b>Covered at 80% of the allowed amount, subject to the deductible.</b>  <b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Fillings made of silver amalgam and synthetic tooth color materials on the front upper and lower tooth numbers 5-12 and 21-28.</li> <li>• Simple tooth extractions.</li> <li>• Direct pulp capping, removal of pulp and root canal treatment.</li> <li>• Repairs to removable dentures.</li> <li>• Emergency treatment for pain.</li> <li>• 12 month waiting period for new entrants into the plan (except fillings and simple extractions).</li> </ul>
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**SUPPLEMENTAL (Oral Surgery and Anesthesia)**

<p><b>Covered at 80% of the allowed amount, subject to the deductible.</b>  <b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Oral surgery for tooth extractions and impacted teeth.</li> <li>• 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 no analgesics, drugs given by local infiltration or nitrous oxide.</li> <li>• Treatment of the root tip of the tooth including its removal.</li> <li>• 12 month waiting period for new entrants into the plan.</li> </ul>
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**PERIODONTIC (Gum Disease)**

<p><b>Covered at 80% of the allowed amount, subject to the deductible.</b>  <b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Periodontic exams twice per benefit period. Benefit period is calendar year.</li> <li>• Removal of diseased gum tissue and reconstructing gums.</li> <li>• Removal of diseased bone.</li> <li>• Reconstruction of gums and mucous membranes by surgery.</li> <li>• Removing plaque and calculus below the gum line for periodontal disease per quadrant every two years.</li> <li>• Periodontal surgery once per quadrant, every three years.</li> <li>• 12 month waiting period for new entrants into the plan.</li> </ul>
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**PROSTHETIC (Crowns and Dentures)**

<p><b>Covered at 50% of the allowed amount, subject to the deductible.</b>  <b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Full or partial dentures. Limited to once every five years.</li> <li>• Fixed or removable bridges. Limited to once every five years.</li> <li>• Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate. Limited to once every five years.</li> <li>• Dental Implants.</li> <li>• 12 month waiting period for new entrants into the plan.</li> </ul>
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## ORTHODONTIC (Braces)

### **Covered at 50% of the allowed amount, no deductible.**

- Coverage for employee, spouse and dependents up to age 26 while dental insurance is in effect.
- Limited to a lifetime maximum of \$1,000.
- 12 month waiting period for new entrants into the plan.
- All dental procedures performed by an orthodontist in connection with orthodontic treatment are payable as orthodontia (photographs are not covered).
- Initial banding fee payable at 50% of the allowed amount, up to the lifetime maximum.
- Consecutive monthly visits are payable at 50% of the allowed amount, up to the lifetime maximum. Consecutive monthly visit claims require a minimum of 21 days between visits, or the service is not covered. Member/Provider must file claims for monthly visits.
- Orthodontic benefits end at cancellation of coverage.

**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.**