



*Effective  
January 1, 2018*

# Access Plus Dental Comparison





**BlueCross BlueShield  
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**The University of Alabama in Huntsville**

*Access Plus Dental Comparison*

Effective January 1, 2018

## **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 318,000 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 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 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**



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	Option I – Basic Access Plus Dental	Option II – Comprehensive Access Plus Dental
<b>GENERAL PROVISIONS</b>		
Calendar Year Deductible (per member)	\$25 single \$75 max family	\$25 single \$75 max family
Calendar Year Maximum (per member) In-Network Out-of-Network	\$1,000 \$750	\$1,250 \$1,000
<b>DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)</b>		
<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, once 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 up to 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>	Covered at 90% with no deductible	Covered at 90% with no deductible
<b>RESTORATIVE (Fillings and Root Canals)</b>		
<ul style="list-style-type: none"> <li>Fillings made of silver Fillings made of silver amalgam and synthetic tooth color materials.</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> </ul>	Covered at 80% subject to the deductible.	Covered at 90% subject to the deductible.
<b>SUPPLEMENTAL (Oral Surgery and Anesthesia)</b>		
<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 not analgesics, drugs given by local infiltration, or nitrous oxide.</li> </ul>	Covered at 80% subject to the deductible.	Covered at 90% subject to the deductible.
<b>PROSTHETIC (Crowns and Dentures)</b>		
<ul style="list-style-type: none"> <li>Full or partial dentures; once every 5 years.</li> <li>Fixed or removable bridges; once every 5 years.</li> <li>Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate; once every 5 years.</li> </ul>	Not Covered.	Covered at 60% subject to the deductible.
<b>PERIODONTIC (Gum Disease)</b>		
<ul style="list-style-type: none"> <li>Periodontic exams twice each 12 months.</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</li> </ul>	Covered at 80% subject to the deductible.	Covered at 90% subject to the deductible.
<b>ORTHODONTIC (BRACES)</b>		
<ul style="list-style-type: none"> <li>Coverage for employee, spouse and dependents up to age 26 while dental insurance is in effect.</li> <li>Limited to a lifetime maximum of \$1,000.</li> <li>All dental procedures performed by an orthodontist in connection with orthodontic treatment are payable as Orthodontia (photographs are non-covered).</li> <li>Initial banding fee payable at 50% of the allowed amount, up to the life maximum.</li> <li>Consecutive monthly visits are payable at 50% of the allowed amount, up to the lifetime max.</li> <li>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.</li> <li>Orthodontic benefits end at cancellation of coverage.</li> </ul>	Not Covered	Covered at 50% with no deductible.

## Dental / Benefits / Exclusions

Generally, benefits provided by a Blue Cross and Blue Shield of Alabama membership do not include coverage for the following listed services:

- Dental treatment due to an illness, injury, disease, or physical condition caused by an act of war, riot, insurrection, civil disobedience, nuclear explosion accident, or major disaster.
- Services or supplies ordered before coverage commences, or received (installed) after coverage ends, **except** that prosthetic devices such as dentures, bridges, crowns, inlays, onlays and their fittings are covered if they are ordered from the laboratory while insured and received within 60 days after coverage ends. Also, root canal treatment begun before termination of coverage and that cannot be completed until afterwards are covered.
- Services for which benefits are payable under Medicare or which are provided for under Workers' Compensation Laws or Employee's Liability Law, or which are provided for by any government agency.
- Services received from a dental or medical department maintained by, or on behalf of, an employer, a mutual benefit association, labor union, trustee or similar group.
- Dental services to the extent coverage is available to the patient under any other Blue Cross and Blue Shield contract.
- Services not billed by a dentist, or services rendered by a dentist or a dental hygienist beyond the scope of his license, or services which are not necessary or which are not recommended by the attending dentist.
- Charges for services or supplies which do not meet the accepted standards of dental practice, including charges for services or supplies which are experimental in nature.
- Anesthetic services performed by and billed for by a dentist other than the attending dentist or his/her assistant.
- Charges for failure to keep appointments, completion of insurance forms, charges which would not be made if the dental program were not in effect.
- Spare or duplicate prosthetic devices or appliances.
- Services rendered as a result of loss or theft of an artificial denture or orthodontic appliance (normally these losses are covered by homeowners insurance), or service and supplies in connection with the replacement or repair of an orthodontic appliance.
- Dental services with respect to congenital malformations or primarily for cosmetic or anesthetic purposes.
- Appliances (other than full dentures) or fillings primarily used to increase vertical dimension or restore occlusion.
- Charges for surgical implants, oral hygiene, and dietary instruction, or plague control programs.
- Charges for use of any facility (including, but not limited to a hospital) in which dental services are rendered, whether or not the use of the facility was medically necessary.

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### 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@bcbosal.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 દે: 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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. 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 (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。