

We cover what matters.



Dental Plan Benefits

Auburn University
Expanded Dental

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

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.
- Access Plus Dental provides access to dental providers throughout the United States. When you use a network dentist they will file the claim for you and accept the dental fee schedule amount as payment in full, minus any applicable coinsurance and deductible. Members utilizing providers in Alabama are required to use the Preferred Dental Program network. If the Preferred Dental Program network is not used in Alabama, there is no coverage. Members utilizing providers outside Alabama are required to use the Access Plus Dental network. If the Access Plus Dental network is not used outside of Alabama, there is no coverage.
- 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
1-800-633-8052**

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GENERAL PROVISIONS

Deductible	\$25 deductible per member per calendar year; maximum of 3 deductibles per family each calendar year.
Maximum	\$1,000 per member each calendar year.

DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)

Covered at 100%, with no 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 80%, 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 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 80%, 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.

Payments are based on the "Allowed Amount". This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.

Group #50986 fr