

*We cover what matters.*



## Dental Plan Benefits

# East Alabama Health

**Healthlinks  
Voluntary Employee Benefit  
Association Trust**

Effective January 1, 2024  
Premium Dental Plan

Visit our website at  
**AlabamaBlue.com**



**BlueCross BlueShield  
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

# PREFERRED DENTAL

Blue Cross and Blue Shield of Alabama's Dental Network is a statewide dental network. This managed care program is designed to promote quality and cost effective dental care. Currently about 1,700 dentists, approximately 88% of the dentists in Alabama, have joined this program.

## ***Dental Network Provisions:***

- Network dentists will file all claims and accept the Blue Cross payment as payment in full (after any deductible and coinsurance you owe).
- Payments for covered services provided by in-network dentists in Alabama are based on the dental network fee schedule that offers an average savings of approximately 20% off billed charges.
- Payments for covered services provided by out-of-network dentists in Alabama will be made according to the dental network fee schedule at the same level as in-network services. However, you may be responsible for the difference between the Blue Cross payment and the dentist's charge (plus any deductible and coinsurance). You may also have to file the claim if your dentist's office will not.
- Payments for covered services received outside Alabama will be paid at the lesser of the amount Blue Cross will recognize as the "allowed amount" or the amount charged by the dentist.
- To find a network dentist, go to **AlabamaBlue.com** and click on "Find a Doctor". Then, select "Dentist" for healthcare provider type and enter a search location.

***The Managed Dental Network - another reason why  
Blue Cross and Blue Shield of Alabama is the leader in managed care.***

**Dental**  
**Voluntary Employee Benefit Association Trust**  
**East Alabama Medical Center - Healthlinks**

BENEFITS	COVERAGE
<b>Deductible</b>	\$50 deductible per member per calendar year; maximum of 3 deductibles per family each calendar year.
<b>Maximum</b>	\$2,000 per member each calendar year.
<b>Diagnostic and Preventive</b>	<p>Payable at 100% of the Preferred Dental Fee Schedule, <b>with no deductible.</b></p> <ul style="list-style-type: none"> <li>• Dental exams up to four visits per benefit period (does not apply toward the \$2,000 maximum).</li> <li>• Dental X-ray exams: <ul style="list-style-type: none"> <li>• Full mouth x-rays, one set during any 36 consecutive months;</li> <li>• Bitewing x-rays, up to twice per benefit period; and</li> <li>• Other dental x-rays, used to diagnose a specific condition.</li> </ul> </li> <li>• Routine cleanings, four visits per benefit period (does not apply toward the \$2,000 maximum).</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.</li> <li>• Fluoride treatment for children through age 18 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>
<b>Restorative</b>	<p>Payable at 100% of the Preferred Dental Fee Schedule, <b>subject to the deductible.</b></p> <ul style="list-style-type: none"> <li>• Fillings made of silver amalgam and synthetic tooth color materials (tooth color materials include composite fillings on the front upper and lower teeth numbers 5-12 and 21-28; payment allowance for composite fillings used on posterior teeth is reduced to the allowance given on amalgam fillings).</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>
<b>Supplemental Services</b>	<p>Payable at 80% of the Preferred Dental Fee Schedule, <b>subject to the deductible.</b></p> <ul style="list-style-type: none"> <li>• Oral surgery to treat fractures and dislocations of the jaw, to diagnose and treat mouth cysts and abscesses, and 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> <li>• Treatment of the root tip of the tooth including its removal.</li> </ul>
<b>Prosthetic Services</b>	<p>Payable at 50% of the Preferred Dental Fee Schedule, <b>subject to the deductible.</b></p> <ul style="list-style-type: none"> <li>• Full or partial dentures.</li> <li>• Fixed or removable bridges.</li> <li>• Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate.</li> </ul>
<b>Periodontic Services</b>	<p>Payable at 80% of the Preferred Dental Fee Schedule, <b>subject to the deductible.</b></p> <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 disease.</li> </ul>
<b>Orthodontic</b>	<p><b>Dependent Orthodontics:</b> Payable at 100% of the Preferred Dental Fee Schedule, subject to the deductible for dependent children up to age 26. Limited to a lifetime maximum of \$2,000.</p> <p><b>Adult Orthodontics:</b> Payable at 100% of the Preferred Dental Fee Schedule, subject to the deductible. Limited to a lifetime maximum of \$1,000.</p>

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

**Note:** Temporomandibular joint (TMJ) phase II services limited to \$2,000 lifetime maximum per member.

### Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, 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](mailto: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 नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

**Laotian:** ໄປອຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮັບມໃຫ້ທ່ານ. 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。