
Local Government Dental Benefit Plan



Local Government Plan
Effective January 1, 2010



An Independent Licensee of the Blue Cross and Blue Shield Association

INTRODUCTION

To be eligible for the Local Government Dental Plan, you must be enrolled in the Local Government Group Health Benefit Plan. This summary of dental benefits available is designed to help you understand your coverage. This booklet replaces any previously issued information. All terms, conditions and limitations are not covered here. All benefits are subject to the terms, conditions and limitations of the contract or contracts between the State Employees Insurance Board (SEIB) and Blue Cross Blue Shield of Alabama or other third party administrators that the SEIB may contract with that it deems is necessary to carry out its statutory obligations. Copies of all contracts are kept on file at the SEIB office and are available for review. The SEIB shall have absolute discretion and authority to interpret the terms and conditions of the plan and reserves the right to change the terms and conditions and/or end the plan at any time and for any reason.

Local Government Dental Plan Administered By:

State Employees' Insurance Board
Post Office Box 304900
Montgomery, Alabama 36130-4900
Phone: (334) 263.8326
Toll-Free: 1.866.836.9137
Website: www.alseib.org

Claims Administrator

Blue Cross Blue Shield of Alabama
450 Riverchase Parkway East
Birmingham, Alabama 35298
Customer Service: 1.800.321.4391
Rapid Response: 1.800.248.5123
Fraud Hot Line: 1.800.824.4391
Website: www.bcbsal.com

DENTAL BENEFITS		
	PREFERRED	NON-PREFERRED
Deductible	\$25 per person each calendar year; maximum of three deductibles per family.	\$25 per person each calendar year; maximum of three deductibles per family. Member responsible for any difference between billed charge and fee schedule reimbursement.
Diagnostic & Preventive Services	Covered at 100% of the Preferred Dental Fee Schedule with no deductible.	Covered at 100% of the Preferred Dental Fee Schedule with no deductible. Member responsible for any difference between billed charge and fee schedule reimbursement.
Basic and Major Services (Fillings, Oral Surgery, Periodontics, Endodontics, Prosthodontics)	Covered at 50% of the Preferred Dental Fee Schedule subject to a \$25 annual deductible.	Covered at 50% of the Preferred Dental Fee Schedule subject to a \$25 annual deductible. Member responsible for any difference between billed charge and fee schedule reimbursement.
Orthodontic Services	Covered at 50% of the Preferred Dental Fee Schedule subject to a \$25 annual deductible; limited to a separate lifetime maximum of \$1,000 per person for Dependent Children 19 and under, only.	Covered at 50% of the Preferred Dental Fee Schedule subject to a \$25 annual deductible; limited to a separate lifetime maximum of \$1,000 per person for Dependent Children 19 and under, only. Member is responsible for difference in billed charges & allowed fee schedule.
Annual Maximum	There is a \$1,500 annual maximum for all covered services.	

***These services do not apply to the out-of-pocket maximums. This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.**

Dental coverage is a part of the health insurance coverage provided to employees, retirees and dependents and is only provided for the diagnosis and treatment of dental disease or illness.

Preferred Dental Program

When you use a Preferred Dentist, the dentist will file your claim and Blue Cross will pay the dentist based on the Preferred Dental Fee Schedule. The dentist will accept this payment as payment in full after any co-payments you owe. Your **50% co-payment** for Basic and Major Services will be based on this amount, providing you with lower overall out-of-pocket expenses than in the past. You will continue to pay your **\$25 annual deductible** for Basic and Major Services.

When you do not use a Preferred Dentist, you are responsible for paying the dentist and filing your own claims. Blue Cross will pay you directly based on the Preferred Dental Fee Schedule. You will owe the dentist any difference between the charge and the Fee Schedule amount.

Maximum Dental Benefits

Covered dental expenses are provided up to a maximum dollar amount of **\$1,500 for each member** during each calendar year.

Dental Benefit Period

Your dental benefit period is the calendar year beginning January 1 and ending on December 31 of each year. Each enrolled member of the family has the same benefit period.

Dental Deductible

There is no deductible for diagnostic and preventive services. There is a **\$25 deductible per person** each calendar year for Basic and Major Services. The maximum deductible is met when three family members have satisfied their deductibles during a benefit period.

Diagnostic and Preventive Expenses

Diagnostic and Preventive Expenses are payable at 100% of Preferred Dental Fee Schedule and include:

- Two routine oral examinations per benefit period. Examinations include but are not limited to case history, charting of existing restorations and defects, and mobility evaluation.
- Two cleanings of teeth per benefit period. Charges for this treatment performed by a licensed dental hygienist are also included if rendered under the supervision and guidance of a licensed dentist.
- Full mouth dental X-rays (once every 36 consecutive months); supplementary bitewing X-rays (twice per calendar year); and other dental X-rays as are required in connection with the diagnosis of a specific condition requiring treatment.

Emergency Office Visits

Emergency palliative treatment (excluding any procedures covered under the health plan).

Sealants

A substance placed on the occlusal surface of permanent first molars (teeth #3, 14, 19, and 30) to prevent decay. This service is only covered when rendered to a member under age 19 and applies only to first molars.

Basic & Major Services

Payable at 50% of Preferred Dental Fee Schedule subject to \$25 deductible per person each year, basic and major services include:

- Fillings of amalgam, silicate, acrylic, synthetic porcelain and composite fillings to restore diseased or accidentally broken teeth.
- General Anesthesia - covered when medically necessary and administered in connection with oral surgery.
- Oral Surgery - surgical procedures performed in or about the mouth that involve but are not limited to the incision and excision procedures for the correction of diseases, injury or preparation of the mouth for dentures. Dental surgery includes charges for removal of teeth.
- Periodontics - treatment of the gum and tissues supporting the teeth; management of periodontal disease; gingivectomy and gingivoplasty (removal of diseased gum tissue and reconstructing gums); osseous/surgery (removal of diseased bone); mucogingivoplastic surgery (reconstruction of gums and mucous membranes by surgery); and management of acute infection and oral lesions.
- Endodontics - treatment of disease of the dental pulp and the surrounding structures, including pulpotomy, direct pulp capping and root canal treatment.

- Prosthodontics (dentures, bridgework and crowns); initial installation of fixed bridgework including inlays, veneers and crowns to form abutments; initial installation of partial or full removal dentures including adjustments during the six-month period following installation; addition of a tooth or teeth to an existing partial removable denture or to bridgework; installation of a permanent full denture that replaces and is installed within 12 months of a temporary denture; repair or recementation of inlays, veneers, crowns, bridgework, dentures, or relining of dentures; the replacement of an existing partial denture, full removable denture, crown or fixed bridgework is covered providing the existing denture, crown or bridgework cannot be made serviceable and was installed at least five years before its replacement; however, should additional extractions require the replacement of dentures or bridgework, the five-year requirement is waived.
- Orthodontic benefits are provided for the initial and subsequent treatment and installation of orthodontic equipment for dependent children up to age 19. Benefits are provided at 50% of the allowable amount and are subject to a separate lifetime limit of \$1,000 per member.

The need for orthodontic services must be diagnosed and a treatment plan submitted by the dentist. The diagnosis must indicate that the orthodontic condition consists of handicapping malocclusion that is abnormal and is correctable.

Blue Cross Blue Shield reserves the right to review the member's dental records, including necessary X-rays, photographs, and models, to determine whether orthodontic needs and treatment are within the limitations and exclusions of the contract.

If orthodontic treatment is terminated for any reason before completion, benefits will not be paid after the date the treatment was terminated. If services are resumed, benefits will be resumed to the extent of the remaining maximums applicable to the individual.

The benefit payment for orthodontic services shall be only for months that coverage is in force. Benefits are not provided for treatment received prior to commencement of coverage. Claims for a course of treatment that was started prior to commencement of coverage but completed while coverage is in force will be investigated to determine the amount of the entire fee that should be allocated to the treatment that was actually received while covered.

Any charge for the replacement and/or repair of any appliance furnished under the treatment plan shall not be paid.

Treatment Plan

A Treatment Plan is necessary so that your dentist knows if certain dental treatments are covered benefits. Your dentist should file a Treatment Plan to Blue Cross Blue Shield of Alabama for the following:

- veneers,
- crowns (including inlays and outlays), and
- bridges.

The Treatment Plan should include the proposed fees, along with appropriate records and diagnostic X-rays or periodontal charting. Blue Cross Blue Shield will notify your dentist of their determination on the proposed treatment.

Pre-Determination of Benefits

To assure you and the dentist that the proposed dental treatment is covered by your dental plan, pre-determination of benefits is recommended. Before beginning a course of treatment for which dentist's charges are expected to be \$500 or more, or for crowns, bridgework or osseous surgery, a description of the proposed

course of treatment and charges to be made must be filed on a Blue Cross Blue Shield of Alabama dental claim form (Attending Dentist's Statement). Verification is then made as to the availability of these benefits under the dental plan and you and the dentist are notified before treatment.

Dental Limitations

The following limitations will apply to all benefits available under the dental plan:

- Benefits for examination and diagnosis will be provided not more than twice during any benefit period.
- Benefits for full mouth X-rays will be provided once each 36 months. Benefits for supplementary bitewings will be provided upon request but not more than twice during any benefit period.
- Benefits for routine prophylaxis cleaning will be provided not more than twice during any benefit period.
- Benefits for space maintainers (not made of precious metals) that replace prematurely lost teeth are available only for members under age 19.
- Fluoride or sealant treatment will be provided to eligible members under the age of 19 but not more than twice during any benefit period.
- Orthodontic treatment will be provided to eligible dependent children 19 and under, only.
- In the event a member transfers from the care of one dentist to that of another during the course of treatment, or if more than one dentist provides services for one procedure, the LGHIP shall not pay more than the amount it would have paid had one dentist rendered the services.
- In all cases where there is more than one means of treatment and each option is a plan benefit, the LGHIP will provide benefits for the less costly procedure. The dentist may charge the patient for any services provided in excess of the benefits provided by the LGHIP.
- Administration of Nitrous Oxide is limited to a maximum allowable of \$21 per visit for LGHIP dependents under the age of 12.

Dental Exclusions

No benefits shall be provided under the dental plan for:

- Dental services received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, a labor union, trustee or similar person or group.
- Dental services for which the member incurs no charge.
- Dental services for which coverage is available to the member, in whole or in part, under any Worker's Compensation Law or similar legislation whether or not the member claims compensation or receives benefits there under.
- Dental services with respect to congenital malformations or primarily for cosmetic or aesthetic purposes.
- Dental services provided or available to a member in whole or in part under the laws of the United States, or any state, or political subdivision thereof, or for which the member would have no legal obligation to pay in the absence of this or any similar coverage.

- Charges for dental care or treatment by a person other than a dentist unless the treatment is rendered under the direct supervision of a dentist.
- Gold foil restorations.
- Charges for failure to keep a scheduled visit with the dentist.
- Dental services or supplies that are not necessary, according to accepted standards of dental practice, or that do not meet accepted standards of dental practice, or that are not recommended by the attending dentist, or are experimental in nature.
- Charges for sealants for members over age 19 and for oral hygiene and dietary information.
- Charges for sealants to occlusal surfaces of permanent second molars (teeth #2, 15, 18, and 31).
- Charges for plaque control program.
- Charges for implantology including but not limited to endosseous, transosseous and subperiosteal implants.
- Anesthetic services performed by and billed for by a dentist other than the attending dentist or his assistant.
- Dental services rendered or provided to the member prior to such member's effective date of coverage, or subsequent to the effective date of such member's termination.
- Dental care or treatment not specifically identified as a covered dental expense.
- Appliances or restoration necessary to alter vertical dimensions and/or restore or maintain the occlusion. Such procedures include but are not limited to equilibration, periodontal splinting, full mouth rehabilitation and restoration of tooth structure lost from the grinding of teeth or the wearing down of the teeth and restoration for mal-alignment of the teeth. This exclusion does not apply to services covered under orthodontic services.
- Service or expenses of any kind covered by Medicare.
- Services rendered or provided in any setting other than the dentist's office. Such settings include, but are not limited to, ambulatory surgical facility, outpatient department of a hospital or any other type of facility.
- Services, care or treatment that Blue Cross Blue Shield of Alabama determines not to have been medically necessary.
- Services or expenses of a dentist rendered to a member who is related to the dentist by blood or marriage or who regularly resides in the dentist's household.
- Services or expenses for intra-oral delivery of or treatment by chemotherapeutic agents.

GLOSSARY

Allowable Amount: The lesser of the fee for a procedure in the Preferred Dentist Fee Schedule or the amount charged by a dentist who is licensed to practice in Alabama. If services are provided by a dentist who is not licensed to practice in Alabama, the Allowable Amount is the amount of a dentist's charge that Blue Cross will recognize as covered expenses for medically/dentally necessary services provided by this plan.

Covered Dental Benefits: The amount of benefits paid to or for you for dental services by a dentist that you incur while covered under this plan.

Dentist: One of the following when licensed and when acting within the scope of his license at the time and place where the service is rendered: Doctor of Dental Surgery (D.D.S.) or Doctor of Medical Dentistry (D.M.D.).

Dental Necessity: Services or supplies that are necessary to treat your illness, injury, or symptom. To be dentally necessary, services or supplies must be determined by Blue Cross to be:

- appropriate and necessary for the symptoms, diagnosis, or treatment of your dental condition;
- provided for the diagnosis or direct care and treatment of your dental condition;
- in accordance with standards of direct care and treatment of your dental condition;
- in accordance with standards of good dental practice accepted by the organized dental community;
- not primarily for the convenience and/or comfort of you, your family, your physician, or another provider of services;
- is not "investigational;"
- in cases of medical care, performed in the least costly setting or method required by your medical condition. A "setting" may be your home, a provider's office, a Participating Ambulatory Surgical Facility, a hospital's outpatient department, a hospital when you are an inpatient, or another type of facility providing a lesser level of care. Only your medical condition is considered in deciding which setting is medically or dentally necessary. Your financial or family situation, the distance you live from a hospital or other facility, or any other non-medical factor is not considered. As your medical condition changes, the setting you need may also change. Ask your provider if any of your services can be performed on an outpatient basis, or in a less costly setting.

Non-Preferred Dentist: A dentist licensed to practice dentistry in Alabama who is not a BCBS Preferred Dentist.

Physician: One of the following when licensed and acting within the scope of that license at the time and place you are treated or receive services: Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Doctor of Dental Surgery (D.D.S.), Doctor of Medical Dentistry (D.M.D.), Doctor of Chiropractic (D.C.), Doctor of Podiatry (D.P.M.), Doctor of Optometry (O.D.), and Psychologists who are licensed by the state in which they practice (Ph.D., or Psy.D. or Ed.D.), as defined in Section 27-1-18 of the Alabama Code.

Preferred Care: A program whereby providers have agreements with Blue Cross Blue Shield of Alabama to furnish certain medically necessary services and supplies according to an agreed upon fee schedule for medical, surgical and dental procedures, such services and supplies to members entitled to benefits under the Preferred Care program.

Preferred Dental Fee Amount Payable: The amount that will be paid to a Preferred Dentist. It is the fee for a procedure listed in the Preferred Dental Fee Schedule or the amount of the Preferred Dentist's charge, whichever is less.

Preferred Dental Fee Schedule: The schedule of dental procedures and the fee amounts for those procedures under the Preferred Dental Program.

Preferred Dentist: A dentist who has an agreement with Blue Cross Blue Shield of Alabama to provide dental services to members entitled to benefits under the Preferred Dental Program.

Preferred Provider: Any provider of health care services or supplies when licensed and acting within the scope of that license at the time and place you are treated and receive services (such as a Preferred Physician, Preferred Dentist, Preferred Medical Laboratory, Preferred Outpatient Facility, or Preferred Nurse Practitioner Provider) who has an agreement with Blue Cross Blue Shield of Alabama to furnish services or supplies to members entitled to benefits under the Preferred Care program.

**Local Government Health Insurance Program
Benefit Plan Administered By:**

State Employees' Insurance Board

Post Office Box 304900

Montgomery, Alabama 36130-4900

Phone: 334 263-8326

Toll-Free: 1 866 836-9137

Web site: www.alseib.org

**Claims Administrator
& Utilization Management**

Blue Cross and Blue Shield of Alabama

450 Riverchase Parkway East

Birmingham, Alabama 35298

Customer Service: 1 800 321-4391

Rapid Response: 1 800 248-5125

Fraud Hot Line: 1 800 824-4391

Web site: www.bcbsal.com