



Dental



Local Government Dental

Group 30000

Effective January 1, 2010

Visit our web site at www.alseib.org
or call 1 866 836-9137



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association.

P L A N B E N E F I T S

PREFERRED DENTAL NETWORK

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 more than 1,478 dentists, approximately 85% of the dentists in Alabama, have joined this program.

The Dental Network offers the following advantages:

- Network Dentists will file all claims and accept the Blue Cross payment as payment in full (after any deductible and coinsurance you owe).
- Network Dentists have agreed to be reimbursed according to a fee schedule for each service. This schedule is discounted an average of 10% less than usual, customary and reasonable (UCR) amounts. Your coinsurance will also be based on this lower fee schedule amount, which will result in generally lower out-of-pocket expenses for you.
- Services received outside Alabama will continue to be paid according to the UCR amount.
- The categories of dental services covered, level of coverage for each category, and the deductible and maximum amounts will be the same for network and non-network dentists.
- Payment for services provided by dentists outside the network in Alabama will also be made according to the Network Dentist fee schedule amount.
- If you do not use a Network Dentist, Blue Cross will pay you the Network Dentist fee schedule amount for covered services received. 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.

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

BLUE CROSS AND BLUE SHIELD OF ALABAMA

PREFERRED DENTAL BENEFITS

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 & 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 responsible for difference in billed charges and allowed fee schedule.
Annual Maximum	There is a \$1,500 annual maximum for all covered services.	

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

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