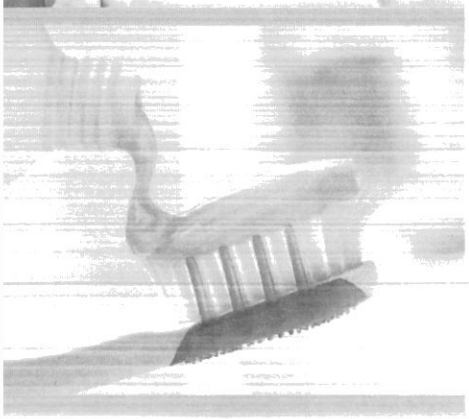
We cover what matters.



Dental
Plan Benefits

Cullman County Commission
Dental

Effective October 1, 2015

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 more than 1,750 dentists, approximately 89% 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.

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

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GENERAL PROVISIONS	
Deductible	$25 deductible per member per calendar year; maximum of $75 per family each calendar year.
Benefit Maximum	No maximum for members up to age 19. $1,000 per member age 19 and over 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. 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 100%, 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 100%, 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 50%, 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.

PERIODONTIC (Gum Disease)

Covered at 80%, subject to the deductible.
Includes:

- Periodontic exams twice each 12 months.
- Removal of diseased gum tissue and reconstructing gums.
- Removal of diseased bone.
- Reconstruction of gums and mucous membranes by surgery.
- Removing plaque and calculus below the gum line for periodontal disease.

ORTHODONTIC (Braces)

Covered at 50%, subject to the deductible.
Includes:

- Coverage for all members regardless of age.
- No dollar limit for medically necessary services for members up to age 19. All other services limited to a lifetime maximum of $1,000.

Payments are based on the Dental Network Fee Schedule or the "Allowed Amount", depending on which provider you choose to use. This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.