

We cover what matters.

Dental Plan Benefits

**State of Alabama
Employees' Insurance Board
Dental
Group 72013**

Effective January 1, 2016

Visit the State Employees' Insurance Board's (SEIB)
website at www.alseib.org or call 1-866-836-9737

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.
- 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.***

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 under age 19 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 under age 19 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.