



**Dental Blue<sup>®</sup>**

**Dental Plans**



*For plan years beginning January 1, 2025 or later*



**BlueCross BlueShield  
of Alabama**

Our Dental Blue plans include enhanced benefits designed to fit the needs of your employees and their families.

At Blue Cross and Blue Shield of Alabama, we strive to offer benefits that encourage the best quality of life for our members.

That starts with competitive coverage options for all aspects of your employees' well-being, including oral health.

For more information, you may visit

[AlabamaBlue.com/DentalBlue](http://AlabamaBlue.com/DentalBlue).

## What's included with Blue Cross Dental?



- ▶ With the Dental Blue plans, you have more plan options along with the ability to select optional benefits to enhance your plan.
- ▶ Annual Maximum Rollover lets your employees and their dependents roll over a portion of their unused calendar year maximum for use in future years when they complete their two diagnostic and preventive services each year.
- ▶ No deductibles on diagnostic and preventive cleanings.

## Optional Benefits



- ▶ Customize your plan to remove out-of-network coverage.
- ▶ Add coverage for dental implants.
- ▶ Add additional coverage for enhanced orthodontic services.

*Blue Cross and Blue Shield of Alabama is your one-stop shop for health, dental and vision coverage.*



**In Alabama,** you and your employees will use providers in our Preferred Dental Network, a statewide program with more than 1,800 dentists. Also included on all plans is our Access Plus Dental Network, which contracts with dental providers throughout the United States. There are approximately 100,000 participating dentists nationwide in the Access Plus Dental Network. These programs are designed to promote quality and cost-effective dental care.

# Dental Blue<sup>®</sup> Plans



Plan Benefit In-Network Benefits	Dental Blue <sup>®</sup> 2500A	Dental Blue <sup>®</sup> 2000A	Dental Blue <sup>®</sup> 1500A	Dental Blue <sup>®</sup> 1500B	Dental Blue <sup>®</sup> 1000A	Dental Blue <sup>®</sup> 1000B
<b>Calendar Year Deductible</b> Note: Does not apply to diagnostic and preventive or orthodontic services	\$25 member/ \$75 family	\$25 member/ \$75 family	\$25 member/ \$75 family	\$25 member/ \$75 family	\$50 member/ \$150 family	\$50 member/ \$150 family
<b>Calendar Year Maximum</b> Note: Does not apply to orthodontic services	\$2,500	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000
<b>Diagnostic and Preventive Services</b>	100%	100%	100%	100%	100%	100%
<b>Basic Services – Restorative</b> <ul style="list-style-type: none"> <li>Simple tooth extractions</li> <li>Repairs to crowns, inlays, onlays, veneers, fixed partial dentures and removable dentures</li> <li>Direct pulp capping, removal of pulp, and root canal treatment</li> <li>Emergency treatment for pain</li> <li>Fillings made of silver amalgam and tooth color materials</li> </ul>	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible
<b>Basic Services – Supplemental</b> <ul style="list-style-type: none"> <li>Oral surgery</li> <li>General anesthesia given for oral or dental surgery</li> <li>Treatment of the root tip of the tooth including its removal</li> </ul>	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible	100%, subject to deductible	80%, subject to deductible	80%, subject to deductible

## MAJOR SERVICES

### Waiting Period

No benefits for late enrollees until the member has been covered for a continuous 365 days.

### Periodontic Services

- Periodontic exams
- Removal of diseased gum tissue and reconstructing gums
- Removal of diseased bone
- Reconstruction of gums and mucous membranes
- Removing plaque and calculus

100%, subject to deductible	100%, subject to deductible	80%, subject to deductible	80%, subject to deductible	50%, subject to deductible	80%, subject to deductible
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Plan Benefit In-Network Benefits	Dental Blue <sup>®</sup> 2500A	Dental Blue <sup>®</sup> 2000A	Dental Blue <sup>®</sup> 1500A	Dental Blue <sup>®</sup> 1500B	Dental Blue <sup>®</sup> 1000A	Dental Blue <sup>®</sup> 1000B
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## MAJOR SERVICES *(continued)*

<b>Prosthetic Services</b> <ul style="list-style-type: none"> <li>Inlays, onlays, veneers or crowns</li> <li>Fixed or removable bridges</li> <li>Full or partial dentures</li> </ul>	80%, subject to deductible	75%, subject to deductible	50%, subject to deductible	50%, subject to deductible	50%, subject to deductible	Not covered
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## ORTHODONTIC SERVICES

**Waiting Period** No benefits for all enrollees until the member has been covered for a continuous 365 days.

<b>Calendar Year Orthodontic Deductible</b>	No deductible	No deductible	No deductible	Not applicable	No deductible	Not applicable
<b>Lifetime Orthodontic Maximum</b>	\$1,500	\$1,500	\$1,500	Not applicable	\$1,500	Not applicable
<b>Orthodontic Services</b> Orthodontic benefits for dependent children up to age 26.	50%	50%	50%	Not applicable	50%	Not applicable

<b>Annual Maximum Rollover (AMR)</b>	Plan will allow up to \$500 of unused in-or out-of-network annual maximum dollars to carry over when a member completes two diagnostic and preventive services within a calendar year. Maximum rollover account has a \$1,000 threshold.
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## OPTIONAL BENEFITS

<b>Removal of Out-of-Network Coverage</b>	No coverage when services rendered by an out-of-network provider.
<b>Dental Implants</b>	Covered as a Prosthetic Service at 50%, subject to deductible. <i>Not available on Dental Blue<sup>®</sup> 1000A and Dental Blue<sup>®</sup> 1000B.</i>
<b>Enhanced Orthodontic Services</b>	Covered at 50%. Additional \$1,000 to be added to the Orthodontic Services lifetime maximum benefit totaling \$2,500. <i>Not available on Dental Blue<sup>®</sup> 1500B and Dental Blue<sup>®</sup> 1000B.</i>



# *A partnership for today – and tomorrow*

Our goal is to make your job easier, from helping you select your benefit design to administering your dental plan and leveraging the data that powers it all.

GroupAccess is your secure online self-service resource for account management. By registering at **AlabamaBlue.com/Employers**, you can:

- ▶ Submit enrollment applications
- ▶ Manage enrollment
- ▶ Access invoices
- ▶ Make payments
- ▶ View and download reports
- ▶ Access your benefit booklet
- ▶ Email, print or order an ID card for your employees
- ▶ Order forms & materials
- ▶ Edit your group contacts and address information
- ▶ Review the latest group newsletter
- ▶ Find your Blue Cross team contact information



*If you have questions about GroupAccess, please call your Sales Representative at **1-855-525-7288.***

# Dental Eligibility

## AND ENROLLMENT INFORMATION

### What requirements must be met for you to apply for an Employer-Sponsored Dental Plan?

To be eligible for coverage, you must:

- ▶ Be licensed to operate and have employees located in the state of Alabama.
- ▶ Have at least one FTE employee other than owners, partners or family members.
- ▶ A valid tax ID is required.

### Who is eligible for coverage under your Employer-Sponsored Dental Plan?

Your employees must meet the following criteria to be eligible for your plan:

- ▶ They must be an employee and are treated as such by you, their employer. Examples of persons who are not employees include independent contractors, board members and consultants.
- ▶ You have determined that they work, on average, 30 or more hours per week.
- ▶ You have offered them coverage under the plan.

### Who is eligible for coverage as a dependent under your Employer-Sponsored Dental Plan?

The employee's eligible dependents are:

- ▶ The employee's spouse.
- ▶ A married or unmarried child up to age 26.

The child may be the employee's natural child; stepchild; legally adopted child; child placed for adoption; or, eligible foster child. An eligible foster child is a child that is placed with you by an authorized placement agency or by court order. You may cover your grandchild only if you are eligible to claim your grandchild as a dependent on your federal income tax return.

### When does coverage begin for employees enrolling in your Employer-Sponsored Dental Plan?

Employees must apply for coverage within 30 days of meeting the plan's eligibility requirements.

If an employee does not enroll in the dental plan when they are first eligible, they may only enroll during your group's annual open enrollment. The annual open enrollment is generally 30 days before the beginning of your plan year. If an employee enrolls during the annual open enrollment period, the effective date will be the first day of the open enrollment month.

In addition, various special open enrollment periods may apply for certain employees. Please review the contract or plan benefit booklet for more detailed information.

### Are there waiting periods for initial enrollment?

The waiting period is the amount of time you will require new employees to work before they can enroll in dental coverage. Based on the options we provide, you will determine the length of the applicable waiting period and when coverage will begin for eligible employees.

### Are there benefit waiting periods after initial enrollment?

This plan provides for a 365-day Benefit Waiting Period for Major Dental Services for late enrollees and a 365-day Benefit Waiting Period for all members for Orthodontia (if covered by the plan).



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Customer Service:  
1-800-292-8868 (TTY 711)

[AlabamaBlue.com/DentalBlue](http://AlabamaBlue.com/DentalBlue)