

*We cover what matters.*



# Dental Plan Benefits

## Local Government Dental Insurance Plan Group 30000

**Effective January 1, 2017**

Visit the Local Government Health Insurance Board's  
website at [LGHIP.org](http://LGHIP.org) or call 1-866-836-9137

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 or call customer service at 1.800.321.4391.

***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
<b>Deductible</b>	\$25 per member each calendar year; maximum of three deductibles per family.	\$25 per member each calendar year; maximum of three deductibles per family. Member responsible for any difference between billed charge and fee schedule reimbursement.
<b>Diagnostic &amp; Preventive Services</b>	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.
<b>Basic &amp; Major Services (Fillings, Oral Surgery, Periodontics, Endodontics, Prosthodontics)</b>	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.
<b>Orthodontic Services</b>	Covered at 50% of the Preferred Dental Fee Schedule subject to a \$25 annual deductible. No dollar limit for medically necessary services for members under age 19*. All other services limited to a separate lifetime maximum of \$1,000 per person for Dependent Children under age 19 <u>only</u> .*	Covered at 50% of the Preferred Dental Fee Schedule subject to a \$25 annual deductible. No dollar limit for medically necessary services for members under age 19*. All other services limited to a separate lifetime maximum of \$1,000 per person for Dependent Children under age 19 <u>only</u> .* Member responsible for difference in billed charges and allowed fee schedule.
<b>Annual Benefit Maximum</b>	No maximum for members under age 19*. \$1,500 per member age 19 and over for all covered services.	
<b>Annual Out-of-Pocket Maximum</b>	For members under age 19*, deductibles and coinsurance for in-network (preferred) dental services will apply to the annual health in-network out-of-pocket maximum.	

\*Applicable pediatric dental benefits apply to members through the end of the month in which the member turns 19.

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

#### Statement of Nondiscrimination

Blue Cross and Blue Shield of Alabama complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

#### Foreign Language Assistance

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711)

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-216-3144 (TTY: 711)。

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Group 30000 LW