

We cover what matters.

Dental Plan Benefits

**The University of Alabama in Huntsville
Dental Plan**

Effective January 1, 2025

Visit our website at
AlabamaBlue.com



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

BLUE DENTAL CHOICE

Eligibility Requirements

- You must work 30 hours or more to be eligible as a full time employee. Employees who work 29 hours or less are considered part time and will not be eligible.

Open Enrollment

- Annual open enrollments will be allowed and the following will apply:
 - If you did not enroll when first eligible, you will be accepted.
 - You may change type contract (example: single to family)
 - You can add dependents who were not added when first eligible.
 - You may cancel your entire contract.

Benefit Exclusionary Period

- All major services (Prosthetics-Rider B, Periodontics-Rider C and Orthodontia-Rider D if applicable) will not be available until the 12-month benefit exclusionary period has been served.
- Benefit exclusionary periods **will** apply to the following:
 - Late enrollees (employees and dependents who did not enroll within 30 days of eligibility).
 - Employees and dependents who voluntarily drop coverage and re-enroll at a later open enrollment.
- Benefit exclusionary periods **will not** apply to the following:
 - Initial enrollees.
 - New hires enrolled within 30 days of eligibility.
 - Employees and dependents added as special enrollees within 30 days of a change in family status.
- This 12-month benefit exclusion period may be waived or reduced if:
 - You were covered by another dental plan before becoming covered by this plan, and;
 - There is no greater than a 63-day break in dental coverage

ACCESS PLUS DENTAL

Blue Cross and Blue Shield of Alabama's Access Plus Dental network provides access to dental providers throughout the United States. This network is designed to promote quality and cost-effective dental care. Access Plus Dental offers over 450,542 access points nationwide so that you can be confident in finding a dentist near your home in the Access Plus Dental network.

Dental Network Provisions:

- Network dentists will file claims for you.
- Network dentists accept the Blue Cross fee schedule as payment in full (after deductible and coinsurance, if applicable).
- Blue Cross payments offer an average savings of 20-40% off billed charges.
- Covered dental services, level of coverage, deductible and benefit maximum amounts will be the same for in-network and out-of-network dentists. However, if you do not use an in-network dentist, Blue Cross will pay you the "allowed amount" for covered services. You may be responsible for the difference between the Blue Cross payment and the dentist's charge (plus deductible and coinsurance, if applicable). You may also have to file the claim yourself if your dentist's office will not.
- To find a dentist in the Access Plus Dental network, visit **AlabamaBlue.com** and click on "Find a Doctor". Then select "Dentist" as the healthcare provider type, enter your zip code or city/state and choose "Access Plus Dental".

Filing Dental Claims:

File all claims for dental services to **Blue Cross and Blue Shield of Alabama**. If your dentist files your claim, ask him or her to send the claim to Blue Cross and Blue Shield of Alabama's address. You should fill out the top portion of the form and ask the dentist to complete the bottom.

To file your own dental claim, you should complete the top portion of the claim form and attach an itemized statement from your dentist.

Send dental claims to this address:

**Blue Cross and Blue Shield of Alabama
P.O. Box 830389
Birmingham, Alabama 35283-0389**

If you have questions about your dental coverage or claim, please call the following number:

**Blue Cross and Blue Shield of Alabama Customer Service
1 800 239-5772**

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GENERAL PROVISIONS

Deductible	\$50 deductible per member per calendar year; \$150 family maximum.
Annual Dental Maximum	Combined in and out-of-network maximum of \$1,000 per member each calendar year. Additional \$500 benefit available if services are received in-network.
Lifetime Orthodontic Maximum	\$1,000 lifetime maximum per person.

DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)

Covered at 100% of the allowed amount, no deductible.	
Includes:	
<ul style="list-style-type: none"> • Dental exams up to twice per benefit period. • Full mouth x-rays, one set during any 36 consecutive months. • Bitewing x-rays, one set 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. Benefits are limited to a maximum payment of \$20 per tooth. Limited to the first permanent molars of children through age 13. • Fluoride treatment for children under age 19 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 80% of the allowed amount, subject to the deductible.	
Includes:	
<ul style="list-style-type: none"> • Fillings made of silver amalgam and synthetic tooth color materials on the front upper and lower tooth numbers 5-12 and 21-28. • Simple tooth extractions. • Direct pulp capping, removal of pulp and root canal treatment. • Repairs to removable dentures. • Emergency treatment for pain. • 12 month waiting period for new entrants into the plan (except fillings and simple extractions). 	

SUPPLEMENTAL (Oral Surgery and Anesthesia)

Covered at 80% of the allowed amount, subject to the deductible.	
Includes:	
<ul style="list-style-type: none"> • 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 no analgesics, drugs given by local infiltration or nitrous oxide. • Treatment of the root tip of the tooth including its removal. • 12 month waiting period for new entrants into the plan. 	

PERIODONTIC (Gum Disease)

Covered at 80% of the allowed amount, subject to the deductible.	
Includes:	
<ul style="list-style-type: none"> • Periodontic exams twice per benefit period. Benefit period is calendar year. • 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 per quadrant every two years. • Periodontal surgery once per quadrant, every three years. • 12 month waiting period for new entrants into the plan. 	

PROSTHETIC (Crowns and Dentures)

Covered at 50% of the allowed amount, subject to the deductible.	
Includes:	
<ul style="list-style-type: none"> • Full or partial dentures. Limited to once every five years. • Fixed or removable bridges. Limited to once every five years. • Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate. Limited to once every five years. • Dental Implants. • 12 month waiting period for new entrants into the plan. 	

ORTHODONTIC (Braces)

Covered at 50% of the allowed amount, no deductible.

- Coverage for employee, spouse and dependents up to age 26 while dental insurance is in effect.
- Limited to a lifetime maximum of \$1,000.
- 12 month waiting period for new entrants into the plan.
- All dental procedures performed by an orthodontist in connection with orthodontic treatment are payable as orthodontia (photographs are not covered).
- Initial banding fee payable at 50% of the allowed amount, up to the lifetime maximum.
- Consecutive monthly visits are payable at 50% of the allowed amount, up to the lifetime maximum. Consecutive monthly visit claims require a minimum of 21 days between visits, or the service is not covered. Member/Provider must file claims for monthly visits.
- Orthodontic benefits end at cancellation of coverage.

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.

Notice of Nondiscrimination

Discrimination is Against the Law

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-216-3144 (TTY: 711) or call Customer Service.

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المتكاملة لتوفير المعلومات بتيسقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-216-3144 (الهاتف النصي: 711) أو الاتصال بخدمة العملاء.

Chinese: 请注意: 如果您说普通话, 我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以易读格式向您提供信息。请拨打 1-855-216-3144 (TTY 用户请拨打 711) 或致电客户服务部。

French: À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1 855 216 3144 (TTY : 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie +1 855 216 3144 (Durchwahl: 711) oder den Kundendienst an.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-216-3144 પર કોલ કરો (TTY: 711).

Hindi: ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

Japanese:

ご案内: 日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供しております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

Korean: 주의: 한국어(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144 (TTY: 711)로 전화하거나 고객 서비스에 문의하세요.

Lao: ເຂົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີດມ່ນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ໝາຍສິມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໃດໃດຍັບປະສອດ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຜ່ານບໍລິການລູກຄ້າ.

Portuguese: ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

Russian: ВНИМАНИЕ. Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (TTY: 711) или обратитесь в службу поддержки клиентов.

Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: ATTENTION: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang w'alang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

Turkish: DİKKAT Konuşmanız durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.