



**BlueCross BlueShield  
of Alabama**

*We cover what matters.*



**2021 Individual  
& Family Plans**



**DENTAL**

# consider

## The advantages of **BLUE**

Are you looking for dental coverage only? Do you already have a health plan and would like to add dental coverage? Whatever your needs may be, Blue Cross and Blue Shield of Alabama offers affordable, quality individual and family dental plans.

### **EXPERTISE**

For more than 80 years, Blue Cross and Blue Shield of Alabama has been providing access to quality coverage and dependable, local service.

**Our commitment to providing products of value extends to millions of Alabamians.**

### **ACCESS TO CARE**

You have access to a comprehensive network of more than 1,700 dental providers in Alabama.

### **SERVICE**

As a member of the Blue Cross family, you can count on us to be there when you need us. Our superior Customer Service Department has the technology and knowledge that enables us to **consistently exceed our members' expectations.**

### **PEACE OF MIND**

When you carry a Blue Cross member ID card, you carry peace of mind in your pocket. You can depend on Blue Cross. It's a brand that is **respected throughout Alabama.** We look forward to bringing you the peace of mind you want in a dental plan and the service excellence you deserve.



# Individual and Family **DENTAL PLANS**

## **SOMETHING** TO SMILE ABOUT



### Dental **Blue**<sup>®</sup>

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Our standard dental plan covers basic benefits such as regular dental exams, x-rays and cleanings.

### Dental **Blue**<sup>®</sup> **Select**

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Our premium dental plan includes all the same benefits as Dental Blue, as well as coverage for orthodontic services, crowns and dentures.

### Dental **Blue**<sup>®</sup> **Plus**

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Our dental plan that features expanded pediatric dental benefits for children up to the end of the month in which the member turns 19. This plan is available only at [HealthCare.gov](https://www.healthcare.gov).



# Individual and Family **DENTAL PLANS**

| <b>Monthly Premiums</b>        | <b>Dental Blue®</b> | <b>Dental Blue® Select</b> | <b>Dental Blue® Plus</b><br><i>Only available on HealthCare.gov</i>               |
|--------------------------------|---------------------|----------------------------|---|
| <b>Self</b> (age 19+)          | <b>\$21</b>         | <b>\$32</b>                | <b>Adult</b> (age 19+) = <b>\$23</b><br><b>Child</b> (Up to age 19) = <b>\$33</b> |
| <b>Self plus one</b> (age 19+) | <b>\$42</b>         | <b>\$66</b>                |   |
| <b>Family</b> (age 19+)        | <b>\$75</b>         | <b>\$129</b>               |   |

## **Cost-Sharing Provisions**

|   |                           |                           |   |
|---|---------------------------|---------------------------|---|
| <b>Calendar Year Deductible</b><br>Does not apply to Orthodontic Services | <b>\$50</b> per member    | <b>\$50</b> per member    | <b>\$40</b> per member  |
| <b>Calendar Year Maximum Benefits</b><br>The most we will pay each year   | <b>\$1,000</b> per member | <b>\$1,500</b> per member | <b>\$1,000</b> per member (age 19+)   |
| <b>Pediatric Out-of-Pocket Maximum</b><br>The most you will pay each year | Not Applicable            | Not Applicable            | <b>\$350</b> (one child up to age 19)<br><b>\$700</b> (two or more children up to age 19) |

## **In-Network Benefits**

| <b>After you meet your deductible:</b>   | <b>You Pay</b>     | <b>We Pay</b> | <b>You Pay</b>  | <b>We Pay</b>   | <b>You Pay</b>   | <b>We Pay</b>  |
|--|--------------------|---------------|---|---|--|--|
| <b>Diagnostic and Preventive Services</b><br><b>No waiting period</b><br>Dental exams, x-rays, routine cleanings   | <b>\$0</b>         | <b>100%</b>   | <b>\$0</b>  | <b>100%</b>   | <b>\$0</b>   | <b>100%</b>  |
| <b>Basic Services</b><br><b>180-Day Waiting Period*</b><br>Fillings, simple tooth extractions, repairs to crowns and dentures  | <b>25%</b>         | <b>75%</b>    | <b>20%</b>  | <b>80%</b>  | <b>20%</b>   | <b>80%</b>   |
| <b>Major Services</b><br><b>365-Day Waiting Period**</b><br>Oral surgery, general anesthesia, removal of diseased tissues and bones                                      | <b>50%</b>         | <b>50%</b>    | <b>50%</b>  | <b>50%</b>  | <b>50%</b>   | <b>50%</b>   |
| <b>Additional Major Services</b><br><b>365-Day Waiting Period**</b><br>Crowns, inlays, onlays and dentures   | <b>Not covered</b> |               | <b>50%</b>  | <b>50%</b>  | <b>50%</b>   | <b>50%</b>   |
| <b>Orthodontic Services</b><br><b>365-Day Waiting Period**</b><br>This benefit is available only for children through the end of the month in which the member turns 19. | <b>Not covered</b> |               | <b>60%</b><br>after you meet a <b>\$150</b> orthodontic deductible<br><br>Limited to a lifetime maximum of <b>\$1,500</b> | <b>40%</b><br>after you meet a <b>\$150</b> orthodontic deductible<br><br>Limited to a lifetime maximum of <b>\$1,500</b> | <b>50%</b><br>after you meet a <b>\$150</b> orthodontic deductible when deemed medically necessary | <b>50%</b><br>after you meet a <b>\$150</b> orthodontic deductible when deemed medically necessary |

\* The 180-day waiting period does not apply to members up to the end of the month in which the member turns 19, enrolled in Dental Blue Plus

\*\* The 365-day waiting period does not apply to members up to the end of the month in which the member turns 19, enrolled in Dental Blue Plus

# Commonly asked **QUESTIONS**

## **How do I enroll in a dental plan?**

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It's easy to enroll in a Blue Cross dental plan. To enroll, visit us online at **AlabamaBlue.com/Dental** and choose "Enroll Now" or call **1-855-204-4729** to speak with an Insurance Advisor or request a paper application.

## **Who is eligible for dental coverage?**

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To be eligible for Dental Blue or Dental Blue Select, you must be:

- A resident of Alabama
- At least 19 years-of-age or older

To be eligible for Dental Blue Plus, you must be a resident of Alabama. There are no age restrictions.

## **Do I need to have a Blue Cross health plan to purchase a dental plan?**

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No, our plans are dental-only plans for individuals and families. No matter what type of health coverage you have, you can enjoy Blue Cross dental coverage.

## **How do I pay?**

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You may pay your monthly premium by eCheck, check, credit, or debit card (Discover®, MasterCard®, or Visa®) or over the phone. You may also choose to receive your statements electronically or in paper form.

When you register for **myBlueCross**, you can make payments online and set up recurring payments. All you have to do is:

1. Register for **myBlueCross** online at **AlabamaBlue.com/Register**
2. Click on the "Review and Pay My Bill" link under "Account Summary" to set up your account

## **What are the waiting periods for dental services?**

|                           | <b>Basic Services</b>                                       | <b>Major Services</b>                                       | <b>Orthodontic Services</b>                          |
|---------------------------|---|---|--|
| <b>Dental Blue</b>        | 180-day waiting period                                      | 365-day waiting period                                      | Not Covered  |
| <b>Dental Blue Select</b> | 180-day waiting period                                      | 365-day waiting period                                      | 365-day waiting period                               |
| <b>Dental Blue Plus</b>   | 180-day waiting period (applies to Adults age 19 and older) | 365-day waiting period (applies to Adults age 19 and older) | No waiting period for Pediatric Orthodontic Services |

## **Where can I find a dentist in-network close to me?**

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Visit **AlabamaBlue.com/FindADoctor** and click on "Dentist" to search for a dentist near you. You will find contact information, specialties, and ratings of providers in the Blue Cross dental network.

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# keep your smile healthy



by enrolling in a **DENTAL PLAN** today

## THREE EASY WAYS to enroll



### ONLINE

Go to [AlabamaBlue.com/Dental](https://AlabamaBlue.com/Dental) and choose "Enroll Now"



### ON THE PHONE

Call **1-855-204-4729** to speak with an Insurance Advisor or Sales Representative



### BY MAIL

Call **1-855-204-4729** and ask for a paper application to be mailed to you

## Notice of Nondiscrimination

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. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free 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 services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these 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>.

## 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)

**Korean:** 주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711)번으로 전화해 주십시오.

**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)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-216-3144 (TTY: 711).

**Arabic:** انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-216-3144 (الهاتف النصي: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-216-3144 (TTY: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-216-3144 (ATS: 711).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

**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).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-216-3144 (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।

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ຈະມີມາໃຫ້ທ່ານ. ໂທ 1-855-216-3144 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (телетайп: 711).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-216-3144 (TTY: 711).

**Turkish:** DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-216-3144 (TTY: 711).

**Japanese:** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-216-3144 (TTY: 711) まで、お電話にてご連絡ください。



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