

Dental



Federal DentalBlue Standard and Basic Options

Effective January 1, 2012



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the
Blue Cross and Blue Shield Association.

P L A N B E N E F I T S

Federal DentalBlue Standard Option 2012

BENEFITS	COVERAGE
Deductible	There is no deductible.
Maximum	\$1,250 per member each calendar year.
Diagnostic and Preventive	<p>Payable at 100% of the PPO Fee Schedule with no deductible.</p> <ul style="list-style-type: none"> • Dental exams, twice per calendar year • Dental X-ray exams: <ul style="list-style-type: none"> Full mouth x-rays, one set during any 36 months in a row; Bitewing x-rays, up to twice per benefit period; and 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 \$20.00 per tooth. Limited to the first permanent molars of children through age 13. • Topical Fluoride treatment twice per calendar year for members through age 12 (no adult fluoride treatments) • Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18 • Sedative fillings • Pulp vitality tests • Emergency treatment for pain
Basic Restorative Services	<p>Payable at 80% of the PPO Fee Schedule with no deductible.</p> <ul style="list-style-type: none"> • Fillings made of silver amalgam and synthetic tooth color materials • Pin retention • Simple tooth extractions • Surgical tooth extractions of erupted teeth • General anesthesia when necessary and when rendered in connection with covered dental surgery
Endodontics, Periodontics and Major Restorative Prosthodontics and Related Services	<p>Payable at 50% of the PPO Fee Schedule with no deductible.</p> <ul style="list-style-type: none"> • Treatment of the root tip of the tooth including its removal, once per 36 months • Direct pulp capping, once per 36 months • Pulpotomy, once per tooth per lifetime • Root canal therapy, once per tooth per lifetime • Full or partial dentures, including adjustments and relining 6 months after initial placement, and repair once per tooth per year • Fixed or removable bridges. Recementing of bridge twice per tooth per lifetime, and repair once per tooth per year after cemented in place for 6 months • Inlays, onlays, or crowns, including recementing once per tooth per year • Stainless steel crowns for deciduous teeth or 1st permanent molars for members under age 16 • Periodontic maintenance after active treatment, once per 3 months • Free soft tissue graft including donor site, once per 36 months • Gingival flap procedure, once per 36 months • Osseous surgery, once per 36 months • Scaling and root planning, once per quadrant per 24 months <p>Note: No benefits are available for expenses involving the replacement of teeth that were missing prior to the effective date of the contract. This exclusion will not apply after a member is enrolled in the contract for 24 consecutive months.</p>

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

9/23/2011 BE

For complete details on Federal DentalBlue Standard Option benefits, definitions, limitations and exclusions, please read the Federal DentalBlue Standard Option Certificate of Benefits.

Benefits for covered services received from an out-of-network dentist are provided at the same level as would have been provided with a Preferred network dentist up to the maximum amount of your coverage. If an out-of-network dentist charges more than the Maximum Allowable Charge (MAC), you are responsible for the balance.

2012 Federal DentalBlue Standard Option Rates for the Alabama Plan Area

Single
\$ 24.00
(Monthly)

Family
\$ 45.00
(Monthly)

Federal DentalBlue Basic Option 2012

BENEFITS	COVERAGE
Deductible	There is no deductible.
Maximum	\$1,250 per member each calendar year.
Basic Restorative Services	<p>Payable at 80% of the PPO Fee Schedule with no deductible.</p> <ul style="list-style-type: none"> • Fillings made of silver amalgam and synthetic tooth color materials • Pin retention • Simple tooth extractions • Surgical tooth extractions of erupted teeth • General anesthesia when necessary and when rendered in connection with covered dental surgery • Emergency treatment for pain
Endodontics, Periodontics and Major Restorative Prosthodontics and Related Services	<p>Payable at 50% of the PPO Fee Schedule with no deductible.</p> <ul style="list-style-type: none"> • Treatment of the root tip of the tooth including its removal, once per 36 months • Direct pulp capping, once per 36 months • Pulpotomy, once per tooth per lifetime • Root canal therapy, once per tooth per lifetime • Full or partial dentures, including adjustments and relining 6 months after initial placement, and repair once per tooth per year • Fixed or removable bridges. Recementing of bridge twice per tooth per lifetime, and repair once per tooth per year after cemented in place for 6 months • Inlays, onlays, or crowns, including recementing once per tooth per year • Stainless steel crowns for deciduous teeth or 1st permanent molars for members under age 16 • Periodontic maintenance after active treatment, once per 3 months • Free soft tissue graft including donor site, once per 36 months • Gingival flap procedure, once per 36 months • Osseous surgery, once per 36 months • Scaling and root planning, once per quadrant per 24 months <p>Note: No benefits are available for expenses involving the replacement of teeth that were missing prior to the effective date of the contract. This exclusion will not apply after a member is enrolled in the contract for 24 consecutive months.</p>

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

9/23/2011 BE

For complete details on Federal DentalBlue Basic Option benefits, definitions, limitations and exclusions, please read the Federal DentalBlue Basic Option Certificate of Benefits. Diagnostic and Preventive services are covered under your Basic Option Medical benefits when you use a Preferred network dentist. **If you do not use a Preferred network dentist, you will NOT receive any preventive dental benefits.**

Benefits for covered services received from an out-of-network dentist are provided at the same level as would have been provided with a Preferred network dentist up to the maximum amount of your coverage. If an out-of-network dentist charges more than the Maximum Allowable Charge (MAC), you are responsible for the balance.

2012 Federal DentalBlue Basic Option Rates for the Alabama Plan Area

Single	Family
\$ 19.00	\$ 34.00
(Monthly)	(Monthly)

Federal DentalBlue Standard and Basic Option Information

As long as you remain eligible for enrollment in Federal DentalBlue, your enrollment period is for the entire calendar year. The Federal DentalBlue benefits are based upon year-long premiums. (For federal employees hired during the calendar year, the enrollment period and total premium liability are determined based on the effective date of enrollment.) **If you cancel your Federal DentalBlue coverage, you will not be able to re-enroll during the next three Open Seasons.**

This benefit is neither offered nor guaranteed under contract with the FEHB Program, but is made available to all enrollees and family members who become members of the Blue Cross and Blue Shield Service Benefit Plan's Standard or Basic Option and live in the service area of the Alabama Plan.

Continued on next page.

Partial List of Exclusions and Limitations:

- Benefits are provided for up to \$1,250 per person each year (in addition to your regular Standard Option or Basic Option benefits).
- Root canal therapy is limited to once per tooth per lifetime.
- Benefits are not provided for gingival curettage.
- Pulpotomy is limited to one per tooth per lifetime.
- Sealants are limited to the first permanent molars for children. **(Federal DentalBlue Standard Option only)**
- There is a 24-month waiting period before benefits are available for services related to missing teeth such as full dentures, partial dentures and fixed bridges.
- Diagnosis, correction and treatment of TMJ are not covered.
- Orthodontics are not covered services.
- Services or procedures rendered or commencing before your dental coverage effective date are not covered.

This is not a complete description of the Federal DentalBlue Standard or Basic option plans. Please refer to your Federal DentalBlue Certificate of Benefits for a complete explanation of Federal DentalBlue benefits, definitions, exclusions and limitations.

Here are some examples of how Federal DentalBlue works for you. The dollar amounts used are only examples and may not reflect what your dentist actually charges.

Federal DentalBlue Standard Option Services

Diagnostic and Preventive Services with Preferred Network Providers:

Services	Charge	Sample Maximum Allowable Charge (MAC)*	Standard Option Benefit	Basic Option Benefit	Federal DentalBlue Standard Option Benefit	Federal DentalBlue Basic Option Benefit	You owe
Exam	\$30.00	\$18.00	\$ 8.00	\$18.00	\$10.00	\$ 0	Nothing!
Cleaning	\$50.00	\$43.00	\$16.00	\$43.00	\$27.00	\$ 0	Nothing!
2 bitewings	\$24.00	\$17.00	\$ 9.00	\$17.00	\$ 8.00	\$ 0	Nothing!
	\$104.00	\$78.00	\$33.00	\$78.00	\$45.00	\$ 0	0

If you choose an out-of-network provider, your out-of-pocket cost would be limited to the billed amount remaining after our benefit has been applied.

Federal DentalBlue Standard and Basic Option Services

Basic Restorative Services with Preferred Network Providers:

Services	Charge	Sample Maximum Allowable Charge (MAC)*	Standard Option Benefit	Basic Option Benefit	Federal DentalBlue Standard Option Benefit	Federal DentalBlue Basic Option Benefit	You owe
Filling – 1 surface	\$ 55.00	\$ 46.00	\$16.00	\$ 0	\$20.80	\$36.80	\$ 9.20
Filling-resin-2 surfaces	\$140.00	\$100.00	\$23.00	\$ 0	\$57.00	\$80.00	\$20.00
Pin retention	\$ 60.00	\$ 31.00	\$ 8.00	\$ 0	\$16.80	\$24.80	\$ 6.20
	\$255.00	\$177.00	\$47.00	\$ 0	\$94.60	\$141.60	\$35.40

If you choose an out-of-network provider, your out-of-pocket cost would be limited to the billed amount remaining after our benefit has been applied.

Federal DentalBlue Standard and Basic Option Services

Endodontics, Periodontics and Major Restorative Prosthodontics and Related Services

Services	Charge	Sample Maximum Allowable Charge (MAC)*	Standard Option Benefit	Basic Option Benefit	Federal DentalBlue Standard Option Benefit	Federal DentalBlue Basic Option Benefit	You owe
Root canal therapy	\$ 500.00	\$ 425.00	\$ 0	\$ 0	\$212.50	\$212.50	\$212.50
Crown	\$ 690.00	\$ 611.00	\$ 0	\$ 0	\$305.50	\$305.50	\$305.50
Periodontic maintenance	\$ 120.00	\$ 73.00	\$ 0	\$ 0	\$ 36.50	\$ 36.50	\$ 36.50
	\$1310.00	\$1109.00	\$ 0	\$ 0	\$554.50	\$554.50	\$554.50

*The Maximum Allowable Charge is the amount Preferred dentists agree to accept as payment in full for covered services.

For more information call 1 800-492-8872.