

*We cover what matters.*

# Dental Plan Benefits

**USA Choice Plan**  
**USA Select Plan**  
**USA Consumer Plan (HDHP)**

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

# 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 1,834 dentists, approximately 9,32% 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.

***The Managed Dental Network - another reason why  
Blue Cross and Blue Shield of Alabama is the leader in managed care.***

**USA Dental Plan**  
**Effective January 1, 2025**

<b>GENERAL PROVISIONS</b>	
<b>Deductible</b>	\$25 per member each calendar year; 3 member family deductible..
<b>Benefit Maximum</b>	No maximum for members up to age 19. \$1,500 per member age 19 and over each calendar year.
<b>Annual Out-of-Pocket Maximum</b>	For members up to age 19, deductibles and coinsurance for in-network dental services will apply to the annual health in-network out-of-pocket maximum.
<b>DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)</b>	
<b>Covered at 100% of the allowed amount, with no deductible.</b>	
<b>Includes:</b>	
<ul style="list-style-type: none"> <li>• Dental exams up to twice per benefit period.</li> <li>• Full mouth x-rays, one set during any 36 consecutive months.</li> <li>• Bitewing x-rays, up to twice per benefit period.</li> <li>• Other dental x-rays, used to diagnose a specific condition.</li> <li>• Routine cleanings, twice per benefit period.</li> <li>• Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Limited to the first permanent molars of children through age 13.</li> <li>• Fluoride treatment for children through age 18 twice per benefit period.</li> <li>• Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.</li> </ul>	
<b>RESTORATIVE (Fillings and Root Canals)</b>	
<b>Covered at 80% of the allowed amount, subject to deductible.</b>	
<b>Includes:</b>	
<ul style="list-style-type: none"> <li>• Fillings made of silver amalgam and synthetic tooth color materials.</li> <li>• Simple tooth extractions.</li> <li>• Direct pulp capping, removal of pulp and root canal treatment.</li> <li>• Repairs to removable dentures.</li> <li>• Emergency treatment for pain.</li> </ul>	
<b>SUPPLEMENTAL (Oral Surgery and Anesthesia)</b>	
<b>Covered at 80% of the allowed amount, subject to deductible.</b>	
<b>Includes:</b>	
<ul style="list-style-type: none"> <li>• Oral surgery for tooth extractions and impacted teeth.</li> <li>• 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 not analgesics, drugs given by local infiltration, or nitrous oxide.</li> <li>• Treatment of the root tip of the tooth including its removal.</li> </ul>	
<b>PROSTHETIC (Crowns and Dentures)</b>	
<b>Covered at 50% of the allowed amount, subject to deductible.</b>	
<b>Includes:</b>	
<ul style="list-style-type: none"> <li>• Full or partial dentures.</li> <li>• Fixed or removable bridges.</li> <li>• Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate.</li> </ul>	
<b>PERIODONTIC (Gum Disease)</b>	
<b>Covered at 50% of the allowed amount, subject to deductible.</b>	
<b>Includes:</b>	
<ul style="list-style-type: none"> <li>• Periodontic exams twice each 12 months.</li> <li>• Removal of diseased gum tissue and reconstructing gums.</li> <li>• Removal of diseased bone.</li> <li>• Reconstruction of gums and mucous membranes by surgery.</li> <li>• Removing plaque and calculus below the gum line for periodontal disease.</li> </ul>	

Payments are based on the "Allowed Amount". This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.