

We cover what matters.

Dental Plan Benefits

**Alabama Road Builders
Health and Welfare Trust**
Dental Blue[®] 1500A

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

DENTAL NETWORKS

Covered in-network dental providers are accessible both in and outside Alabama. Blue Cross and Blue Shield of Alabama's **Preferred Dental Network** is a statewide dental network. Currently more than 2,800 dentists in Alabama have joined this network.

The **Access Plus Dental Network** is one of the largest dental networks and it offers access to dental providers outside Alabama. There are nearly 450,000 participating dentists nationwide. These networks are designed to promote quality and cost effective dental care.

To find a dentist in our network, visit **AlabamaBlue.com/FindADoctor**. Then select "Dentist" under the "Search Term" and enter your zip code or city/state. To view only Alabama Preferred Dental providers or Access Plus Dental providers, choose "Alabama Preferred Dentists" or "Access Plus Dental" under "Network or Plan".

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 will be based on the lesser of the allowed amount or the dentist's actual charge.
- Covered dental services, level of coverage, deductible and benefit maximum amounts will be the same for in-network and out-of-network dentists (unless otherwise specified). 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 if the dentist's office will not.

Filing Dental Claims:

To file your own dental claim, you should complete the top portion of the claim form found by visiting AlabamaBlue.com and selecting Dental Claim Form under Resources. An itemized statement from your dentist will need to be included.

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
1-800-292-8868**

**Dental Blue® 1500A
Dental Benefits**

GENERAL PROVISIONS

Calendar Year Deductible	\$25 deductible per member per calendar year; \$75 family maximum.
Annual Maximum Benefits each Calendar Year	\$1,500 per member per calendar year. (does not apply to orthodontic services)
Annual Maximum Benefits Rollover each Calendar Year	Plan will allow up to \$500 of unused annual maximum dollars to carry over when a member completes their diagnostic and preventive service(s) within a calendar year.
Rollover Account Maximum Limit	The rollover amount is \$1,000.
Lifetime Orthodontic Maximum Benefits	\$1,500 per member.

DIAGNOSTIC AND PREVENTIVE SERVICES

Covered at 100%, with no deductible.

Includes:

- Dental exams up to twice per calendar year
- Full mouth x-rays, one set during any 36 consecutive months
- Bitewing x-rays, up to twice per calendar year
- Other dental x-rays, used to diagnose a specific condition
- Routine cleanings, twice per calendar year
- 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 through age 18 twice per calendar year
- Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18

BASIC RESTORATIVE SERVICES

Covered at 100%, subject to deductible.

Includes:

- Fillings made of silver amalgam and synthetic tooth color materials (tooth color materials include composite fillings on the front upper and lower teeth numbers 5-12 and 21-28; payment allowance for composite fillings used on posterior teeth is reduced to the allowance given on amalgam fillings)
- Simple tooth extractions
- Direct pulp capping, removal of pulp and root canal treatment
- Repairs to crowns, inlays, onlays, veneers, fixed partial dentures and removable dentures
- Emergency treatment for pain

BASIC SUPPLEMENTAL SERVICES

Covered at 100%, subject to deductible.

Includes:

- Oral surgery for tooth extractions and impacted teeth and to treat mouth cysts and abscesses of the intra-oral and extra-oral soft tissue
- 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
- Treatment of the root tip of the tooth including its removal

MAJOR PROSTHETIC SERVICES

Covered at 50%, subject to deductible.

Includes:

- Full or partial dentures
- Fixed or removable bridges
- Inlays, onlays, veneers or crowns to restore diseased or accidentally broken teeth, if less expensive fillings will not restore the teeth

Note: No benefits for late enrollee until the member has been covered for a continuous 365-days

MAJOR PERIODONTIC SERVICES

Covered at 80%, subject to deductible.

Includes:

- Periodontic exams twice each 12 months
- 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

Note: No benefits for late enrollee until the member has been covered for a continuous 365-days

ORTHODONTIC SERVICES

Covered at 50%, with no deductible.

Includes:

- Coverage for dependent children up to age 26
- Limited to a lifetime maximum of \$1,500 per member

Note: No benefits for any enrollee until the member has been covered for a continuous 365-days

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 المناسبة 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 બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કોલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को 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: ເອົາໃຈໃສ່: ຖ້າເຈົ້າເວົ້າລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີເຊັນມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແລ້ວມາຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. 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 walang 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.