



# Plan Benefits

## Dental

# East Alabama Health

**Healthlinks  
Voluntary Employee Benefit  
Association Trust**

Effective January 1, 2026  
Premium Dental Plan

Visit our website:  
**AlabamaBlue.com**



**BlueCrossBlueShield  
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 about 1,700 dentists, approximately 88% 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.
- To find a network dentist, go to **AlabamaBlue.com** and click on "Find a Doctor". Then, select "Dentist" for healthcare provider type and enter a search location.

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

**Dental**  
**Voluntary Employee Benefit Association Trust**  
**East Alabama Medical Center - Healthlinks**

<b>BENEFITS</b>	<b>COVERAGE</b>
<b>Deductible</b>	\$50 deductible per member per calendar year; maximum of 3 deductibles per family each calendar year.
<b>Maximum</b>	\$2,000 per member each calendar year.
<b>Diagnostic and Preventive</b>	Payable at 100% of the Preferred Dental Fee Schedule, <b>with no deductible.</b> <ul style="list-style-type: none"> <li>Dental exams up to four visits per benefit period (does not apply toward the \$2,000 maximum).</li> <li>Dental X-ray exams: <ul style="list-style-type: none"> <li>Full mouth x-rays, one set during any 36 consecutive months;</li> <li>Bitewing x-rays, up to twice per benefit period; and</li> <li>Other dental x-rays, used to diagnose a specific condition.</li> </ul> </li> <li>Routine cleanings, four visits per benefit period (does not apply toward the \$2,000 maximum).</li> <li>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.</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</b>	Payable at 100% of the Preferred Dental Fee Schedule, <b>subject to the deductible.</b> <ul style="list-style-type: none"> <li>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).</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 Services</b>	Payable at 80% of the Preferred Dental Fee Schedule, <b>subject to the deductible.</b> <ul style="list-style-type: none"> <li>Oral surgery to treat fractures and dislocations of the jaw, to diagnose and treat mouth cysts and abscesses, and 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 Services</b>	Payable at 50% of the Preferred Dental Fee Schedule, <b>subject to the deductible.</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 Services</b>	Payable at 80% of the Preferred Dental Fee Schedule, <b>subject to the deductible.</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>
<b>Orthodontic</b>	<b>Dependent Orthodontics:</b> Payable at 100% of the Preferred Dental Fee Schedule, subject to the deductible for dependent children up to age 26. Limited to a lifetime maximum of \$2,000. <b>Adult Orthodontics:</b> Payable at 100% of the Preferred Dental Fee Schedule, subject to the deductible. Limited to a lifetime maximum of \$1,000.

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

**Note:** Temporomandibular joint (TMJ) phase II services limited to \$2,000 lifetime maximum per member.

## 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@bcbosal.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 بتنسيقات 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:** ເຄົາລົງໃຈ: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີເຊັນມາມີໃຫ້ທ່ານ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-216-3144 (TTY: 711) ຫຼື ໂທຫາຝ່າຍບໍລິການລູກຄ້າ.

**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.