

**Regions Financial**  
Dental Benefits

Effective January 1, 2013

To locate a provider  
visit [www.bcbsal.com](http://www.bcbsal.com)

# NATIONAL DENTAL

Blue Cross and Blue Shield of Alabama's National Dental program offers access to dental providers in many areas throughout the United States. This program is designed to promote quality and cost effective dental care. Currently approximately 93,000 dentists nationwide participate in the National Dental program through Blue Cross' partnership with DenteMax.

## ***Dental Network Provisions:***

- Network dentists should file claims for you.
- Network dentists accept the Blue Cross fee schedule as payment in full (after any deductible and coinsurance you owe).
- Blue Cross payments offer an average savings of approximately 25% off billed charges.
- Covered dental services, level of coverage, deductible and benefit maximum amounts will be the same for in-network and out-of-network dentists. 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 any deductible and coinsurance). You may also have to file the claim if your dentist's office will not.
- To find a network dentist, go to **www.bcbsal.com** and click on "Find a Doctor". Then, under "Search Nationwide" click on "Find a Dentist" and enter the requested information.

## ***Filing Dental Claims:***

File all claims for dental services to **Blue Cross and Blue Shield of Alabama**. If your dentist files your claim, ask him or her to send the claim to Blue Cross and Blue Shield of Alabama's address. You should fill out the top portion of the form and ask the dentist to complete the bottom portion of the form.

To file your own dental claim, you should complete the top portion of the claim form and attach an itemized statement from your dentist.

Send Dental Claims to this address:

**Blue Cross and Blue Shield of Alabama  
P.O. Box 830389  
Birmingham, Alabama 35283-0389**

## Dental Regions Financial

BENEFITS	COVERAGE
<b>Deductible</b>	\$100 deductible per member per calendar year; maximum of 3 deductibles per family each calendar year.
<b>Maximum</b>	\$1,250 per member each calendar year.
<b>Diagnostic and Preventive</b>	<p>Payable at 100% of the allowance, with no deductible.</p> <ul style="list-style-type: none"> <li>• Dental exams up to twice per calendar year.</li> <li>• Dental X-ray exams:               <ul style="list-style-type: none"> <li>• Full mouth x-rays, one set during any 36 months in a row;</li> <li>• Bitewing x-rays, up to twice per calendar year; and</li> <li>• Other dental x-rays, used to diagnose a specific condition.</li> </ul> </li> <li>• Routine cleanings, twice per calendar year.</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 and limited to the first permanent molars of children through age 13</li> <li>• Fluoride treatment for children through age 18 twice per calendar year.</li> <li>• Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18.</li> </ul>
<b>Restorative</b>	<p>Payable at 80% of the allowance, subject to the deductible.</p> <ul style="list-style-type: none"> <li>• Fillings made of silver amalgam and synthetic tooth color materials.</li> <li>• Simple tooth extractions.</li> <li>• Repairs to removable dentures.</li> <li>• Emergency treatment for pain.</li> </ul>
<b>Supplemental Services</b>	<p>Payable at 50% of the allowance, subject to the deductible.</p> <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.</li> <li>• Treatment of the root tip of the tooth including its removal.</li> <li>• Direct pulp capping, removal of pulp and root canal treatment.</li> </ul>
<b>Prosthetic Services</b>	<p>Payable at 50% of the allowance, subject to the deductible.</p> <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>	<p>Payable at 80% of the allowance, subject to the deductible.</p> <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 Services</b>	Payable at 50% of the allowance, subject to the deductible. Limited to a lifetime maximum of \$1,500.

**Note: Supplemental services, prosthetic services and orthodontic services have a 12 month waiting period.**

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

Group #70428 JD  
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