Plan Benefits

Dental

ALL Kids Babies

Healthcare Coverage • 1-888-373-5437

Effective October 1, 2025
Fecha de entrada en vigencia:
1 de octubre de 2025

Visit our website:
AlabamaBlue.com

BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

ALL Kids / ALL Babies
Dental Benefits
October 1, 2025

Note: All services must be rendered by a Preferred Dentist.
Services rendered by a non-Preferred Dentist will not be covered.

GENERAL PROVISIONS	
Deductible	No deductible
Note: Precertification is required for medically necessary services exceeding $1,500 (excluding diagnostic and preventive services) per calendar year.	
DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)	
No Fee: No copay, then covered at 100% of the allowance. **Low Fee**: No copay, then covered at 100% of the allowance. **Fee**: No copay, then covered at 100% of the allowance.	
RESTORATIVE (Fillings and Root Canals)	
No Fee: No copay, then covered at 100% of the allowance. **Low Fee**: $5 copay per visit, then covered at 100% of the allowance. **Fee**: $20 copay per visit, then covered at 100% of the allowance.	
SUPPLEMENTAL (Oral Surgery and Anesthesia)	
No Fee: No copay, then covered at 100% of the allowance. **Low Fee**: $5 copay per visit, then covered at 100% of the allowance. **Fee**: $20 copay per visit, then covered at 100% of the allowance. **Note**: Precertification is required for inpatient hospital visits.	
PROSTHETIC (Crowns and Dentures)	
No Fee: No copay, then covered at 100% of the allowance. **Low Fee**: $5 copay per visit, then covered at 100% of the allowance. **Fee**: $20 copay per visit, then covered at 100% of the allowance.	
PERIODONTIC (Gum Disease)	
No Fee: No copay, then covered at 100% of the allowance. **Low Fee**: $5 copay per visit, then covered at 100% of the allowance. **Fee**: $20 copay per visit, then covered at 100% of the allowance.	

Note: Benefits for orthodontia are covered under the medical plan for certain diagnosed conditions. Refer to your benefit booklet for more information.

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

ALL Kids / ALL Babies
Beneficios dentales
1 de octubre de 2025

Nota: Todos los servicios deben ser prestados por un dentista preferido.
Los servicios prestados por un dentista no preferido no se cubrirán.

DISPOSICIONES GENERALES	
Deducible	Sin deducible
Nota: Se require certificación previa para servicios médicos necesarios que superen los $1,500 dólares por año (excluyendo los servicios preventivos y de diagnóstico).	
PROCEDIMIENTOS DE DIAGNÓSTICO Y PREVENCIÓN (Exámenes y Limpiezas)	
Sin Cargo: Sin copago, luego se cubre el 100% de la asignación. **Cargo Bajo**: Sin copago, luego se cubre el 100% de la asignación. **Cargo**: Sin copago, luego se cubre el 100% de la asignación.	
PROCEDIMIENTOS DE RESTAURACIÓN (Empastes y Empastes de las Raíces)	
Sin Cargo: Sin copago, luego se cubre el 100% de la asignación. **Cargo Bajo**: Copago de $5 por consulta, luego se cubre el 100% de la asignación. **Cargo**: Copago de $20 por consulta, luego se cubre el 100% de la asignación.	
PROCEDIMIENTOS COMPLEMENTARIOS (Cirugía y Anestesia Orales)	
Sin Cargo: Sin copago, luego se cubre el 100% de la asignación. **Cargo Bajo**: Copago de $5 por consulta, luego se cubre el 100% de la asignación. **Cargo**: Copago de $20 por consulta, luego se cubre el 100% de la asignación. **Nota**: se necesita una precertificación para las visitas a pacientes hospitalizados.	
PROCEDIMIENTOS PROTÉSICOS (Coronas y Dentaduras Postizas)	
Sin Cargo: Sin copago, luego se cubre el 100% de la asignación. **Cargo Bajo**: Copago de $5 por consulta, luego se cubre el 100% de la asignación. **Cargo**: Copago de $20 por consulta, luego se cubre el 100% de la asignación.	
PROCEDIMIENTOS PERIODONTALES (Enfermedad Periodontal)	
Sin Cargo: Sin copago, luego se cubre el 100% de la asignación. **Cargo Bajo**: Copago de $5 por consulta, luego se cubre el 100% de la asignación. **Cargo**: Copago de $20 por consulta, luego se cubre el 100% de la asignación.	

Nota: El plan médico cubre los beneficios relacionados con la ortodoncia correspondientes a algunas condiciones diagnosticadas. Consulte su folleto de beneficios para obtener más información.

Este documento no constituye un contrato. Los beneficios están sujetos a los términos, las limitaciones y las condiciones del contrato colectivo.

Group 05000

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.ى

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 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 Sprachassistenzdienste 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 નિઃશુલ્ક 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 કૉલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क 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: 한국어을(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: ຖ້າເຈົ້າເວົ້າ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີແມ່ນມີໃຫ້ທ່ານ. 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.