



Alabama State Chiropractic Association

Summary of Dental Benefits – SBS0036000

Benefit Plan Year: November 1, 2021 – October 31, 2022

Monthly Rates: **EE Only: \$27.57** **EE +Spouse: \$54.02** **EE +Child(ren): \$63.13** **Family: \$97.63**

	Participating Dentist PPO MAC Schedule	Non-Participating Dentist PPO MAC Schedule
Class A – Preventative & Diagnostic	100% of maximum allowable charge	100% of maximum allowable charge
Class B – Basic Services	80% of maximum allowable charge	80% of maximum allowable charge
Class C – Major Services	50% of maximum allowable charge	50% of maximum allowable charge
Individual Deductible per Plan Year Class A, B, and C	\$50 Applies to Class B & C	\$50 Applies to Class B & C
Family Deductible Maximum per Plan Year Class A, B, and C	\$150 Maximum of 3 per family	\$150 Maximum of 3 per family
Plan Year Maximum Benefit - Class A, B, and C	\$1,250	\$1,250

Class A Dental Services	Class B Dental Services	Class C Dental Services
Prophylaxis	Palliative Care	Surgical Extractions
Oral Exams	Endodontics	Crowns
Fluoride TX - Child	Fillings	Periodontics
X-Rays – BW & FMX	Space Maintainers	Bridges
Sealants	Simple Extractions	Inlays
	Prosthodontic Repairs	Dentures
	Diagnostoc Casts	Anesthesia
	Complex Oral Surgery (Not covered by medical)	Onlays
		Partials

Participating DentaNet Dentists - This Plan contains a Participating Dentist arrangement. Covered Dental Services are based on the Maximum Allowable Charge Schedule. If a Covered Person uses the services of a participating DentaNet Dentist, that dentist is entitled to collect from you the difference between the amount of benefits payable by Company and the Maximum Allowable Charge. If a Covered Person uses the services of a Non-Participating Dentist, that dentist is entitled to collect from you the difference between the amount of benefits payable by Company and the dentist’s usual and customary charge.

Benefit Adjustments - Benefits will be coordinated with any other dental coverage. Under the Alternative Dental Treatment provision, benefits will be payable for the most economical procedure meeting broadly accepted standards of dental care. It is recommended that all treatment plans exceeding \$300 be submitted to Southland for an estimate of benefits payable.

Limitations and Exclusions - No benefits are payable for: natural teeth missing on date of insurance, care that is not necessary, care not listed under the Schedule of Dental Services in your Group Policy, care not professionally endorsed, care that is experimental or cosmetic in nature, care for which there is no legal obligation to pay, care not incurred while insured, work-related care, TMJ disorders, orthodontics, implants, vertical dimension, bite registration, emergency dept. or clinic oral exam, loss due to war, riot, felony or assault.

Open Enrollment – There shall be an Open Enrollment Period each year during which the Employer is given no less than thirty (30) days to offer eligible Subscribers an opportunity to elect coverage or make changes to their existing coverage. There will be no “Late Entrant” penalties assessed during this time. Open Enrollment is typically the thirty (30) days prior to the policy anniversary date, i.e. policy anniversary date is January 1, open enrollment is held during the month of December. The Open Enrollment Period can be changed to correspond with any Medical or Cafeteria Plan enrollments.

If you have questions regarding your coverage, claims or need assistance locating a provider, please contact:
Southland Benefit Solutions, LLC
1-800-476-3010 M – F, 8 – 5
www.southlandbenefit.com

This summary is a brief description of the plan benefits and is designed to highlight features of the program only. A more complete description of benefits and exclusions is found in the Certificate of Coverage.

Member Guide

Using Your Southland Dental Plan



Please Read This Important Information Before Using Your Benefits

Welcome to The Southland Benefit Solutions Family! This guide explains some of your new dental plan's more important features. Please read this in order to gain a better understanding of how to best utilize your dental benefits.

Your Southland Plan

Your dental plan includes two dental exams and cleanings per plan year. These services go a long way toward ensuring your oral and overall health, over the course of your lifespan.

Finding A Provider

Our provider directory is available at www.SouthlandBenefit.com. Click the "Locate a Provider" tab in the top menu bar, select the desired network, and you will be presented with a range of search options.

Deductibles

Your deductible is the amount of covered expense which must be paid, by you, each plan year for each covered family member who incurs a covered procedure before any benefits are payable.

In-Network Benefits

When visiting an in-network provider, covered dental services are based on the maximum allowable charge (MAC) schedule, a set of negotiated rates within our network. Using an in-network provider eliminates balance-billing, maximizes your benefits, and reduces out-of-pocket expenses.

Out-of-Network Claims

When visiting an out-of-network provider, covered dental services are based on either a MAC schedule or usual customary and reasonable (UCR) charges according to the plan. Using an out-of-network provider may result in balance billing and greater out-of-pocket expenses.

ID Cards and Your Contract Number

After enrollment, each employee is issued an ID card and contract number. Your contract number is used to access benefits, eligibility, authorizations, and claims for you and your dependents. Additional or replacement cards can be requested through customer service or the Southland Benefit member portal located on our website.

www.SouthlandBenefit.com

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