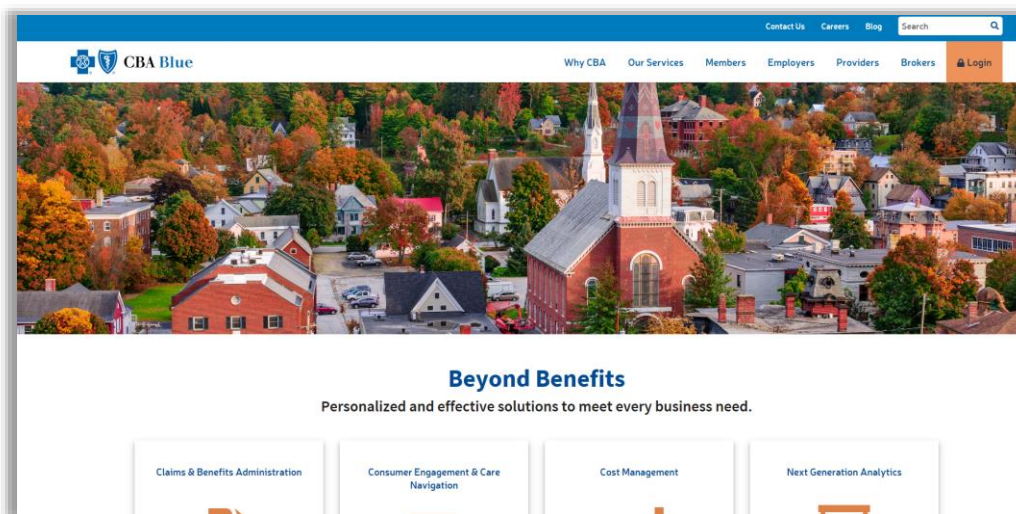


How to Locate an In-Network (BlueCard®) Provider

Step 1:

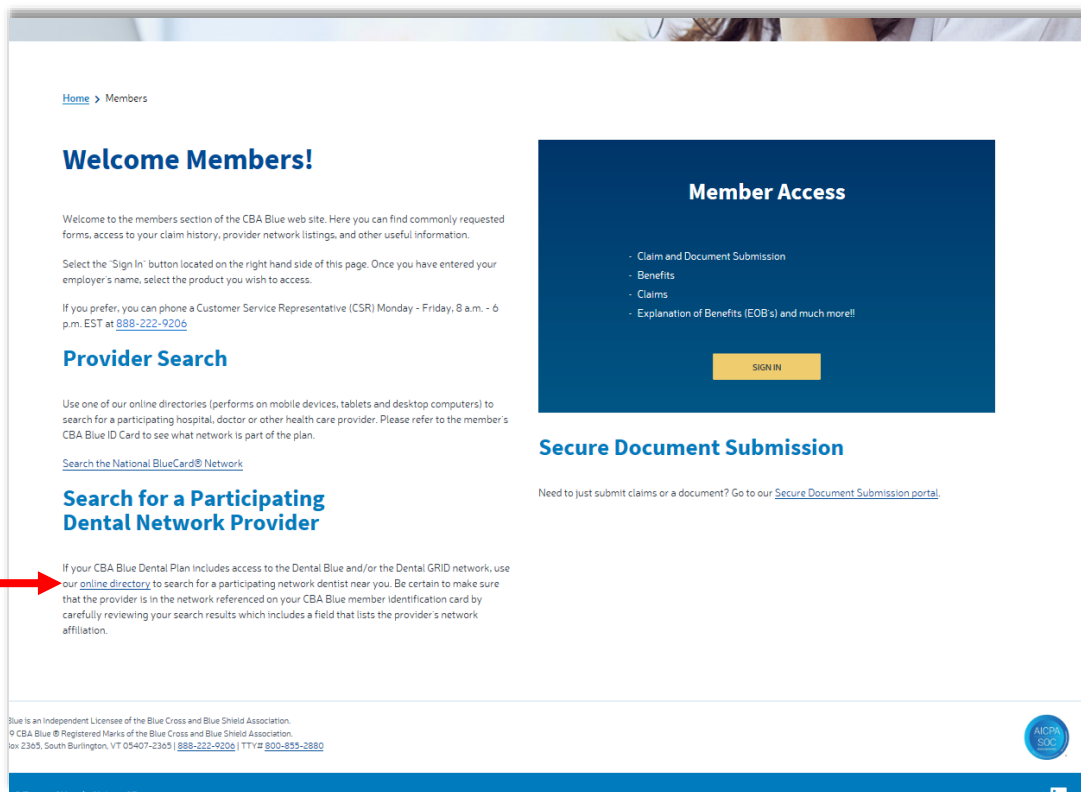
To get started please go to the following website:

www.cbabluevt.com



Step 2:

Click the **Members** tab and scroll down to the **Participating Dental Network Provider** subheading.



Step 3:

Under **Participating Dental Network Provider** click online directory link and proceed to Step Four (on next page).

How to Locate an In-Network (BlueCard®) Provider



Step 4:

Under “location”, enter the area that you would like to search in then click over to the “your plan” box and enter the first 3 letters of your member ID.


To locate the first 3 letters of your Member ID you can refer to the Medical ID card you received from CBA Blue.

| | | | |
|--|-----------------|--|--------------------------------|
|  CBA Blue <small>An independent licensee of the Blue Cross and Blue Shield Association.</small> | | Blue Product | ALPHA Employer Group |
| Member Name Member Name Member ID XYZ 3456789 | | Dependents Dependent One Dependent Two Dependent Three | |
| Group No. | 023457 | Plan | PPO |
| BIN | 987654 | Office Visit | \$15 |
| Benefit Plan | HIOPT | Specialist Copay | \$15 |
| Effective Date | 00/00/00 | Emergency | \$75 |
| | | Deductible | \$50 |
| | |  R | |

If you are looking to confirm whether a specific doctor or facility is in-network, you can enter the name into the search bar under “Select a Category”.

If you are searching for an in-network doctor under a specific specialty (ie. Primary Care Doctor), you can enter the name of the specialty into the search bar to pull up all of the options in that area.

You can then set additional filters to narrow down your search even further.



Dental Blue®

You can search for a Dental Blue® or GRID Program dentist by last name or find a provider near you using any combination of the following criteria:

- Zip Code
- City & State
- Specialty
- Practice Name
- Dentist's Last Name

You MUST enter either the city and state or zip code you are searching in.

Zip Code :

Within Distance : Exact

OR

City :

State : Any

Specialty : Any

Practice Name :

Dentist Last Name :

If you do not find your provider listed, [click here](#) to complete a Provider Nomination Form. We'll gladly contact them about participation.

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