



Dental Plan - Frequently Asked Questions

Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept BCBS's negotiated fees as payment in full for services provided to plan participants.

How do I find a participating dentist?

You can access a list of participating dentists with directions and mapping capabilities online at www.cbabluevt.com/members or call 1-888-222-9206. Please Note: Be sure to verify provider participation when you make your appointment.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the Grid + network, your out-of-pocket expenses may be greater, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service. If you receive services from a participating dentist, you are only responsible for the difference between the in-network fee for the service provided and your plan's payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

How are claims processed?

Dentists may submit your claims for you, which means you have little or no paperwork. You can track your claims online when a claim has been processed. If you need a claim form, you can find one online at www.cbabluevt.com or request one by calling our customer service department at 1-888-222-9206.

Do I have dental coverage outside of the U.S.?

Coverage will be considered under your out-of-network benefits. Please remember to hold on to all receipts to submit a dental claim. You can find a claim form online at www.cbabluevt.com.

Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. With pre-treatment estimates, you never have to wonder what your out-of-pocket expense will be. CBA Blue recommends that you request a pre-treatment estimate for services in excess of \$250 (This often applies to services such as crowns, bridges, inlays, and periodontics). To receive a benefit estimate, simply have your dentist submit a request for a pre-treatment estimate. You and your dentist will receive a benefit estimate by mail for most procedures. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Do I need an ID card?

No, you do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you participate in the BCBS Grid + network. Your dentist can easily verify information about your coverage through our toll-free Customer Service number at 1-888-222-9206.

Do my dependents have to visit the same dentist that I select?

No, you and your dependents each have the freedom to choose any dentist.

Am I eligible for all benefits the first day of coverage?

Your plan may include benefit waiting periods. Please refer to the certificate of insurance or your Benefit Administrator for details about the services that are subject to the waiting periods and the length of time they apply.