

#### Blue Access for Members<sup>™</sup>(BAM) Dental Experience

#### **BAM Dental Experience**

The following enhancements are now available to members via Blue Access for Members<sup>SM</sup> (BAM):

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 Claims - Detailed claim information including dollars saved when using an in-network dentist



 Coverage - A simple snapshot of dental benefits along with access to the full dental benefit booklet for plan details



- **Spending** Status of deductible and remaining annual benefit
- Mobile Claims and spending functionality

## BAM Dental Experience – **CLAIMS**

Enhanced Claim Summary: Detailed claim information including dollars saved when using an in-network dentist



C GREAT SMI	LES FAMILY	DENTAL	
as of Mar 5, 2023		( How do I	appeal a claim?
Member Sample Name			
Claim Number 000000000000000000	Claim Type Dental	Visited on <b>Mar 2, 2023</b>	
Total Billed by Provider			\$150.00
This is the total dollar amount b	pilled by the provider for service	es rendered.	
Network Discounts and Reduc	ctions		- \$60.65
These are discounts given by you with the provider for a service.	our plan or negotiations by yo	ur insurance	
Paid by Plan			- \$89.35
The amount from this claim pai	d by your plan.		
Paid by Another Source		-	Not Applicable
This is the amount not paid by a amount is paid by the a second			
Total Amount You Ma	v Owe		\$0.00
This is the total amount you ma claim, unless you have copaym FSA or HCA. This total may not may have made directly. Please amount you may owe.	ents automatically deducted f reflect copayments or other p	rom an HSA, payments you	
		DENITAL	
🖓 GREAT SMII	LESFAMILT	DENTAL	

Member Sample Name Claim Number 000000000000000000000000000000000000	Claim Type <b>Dental</b>	Visited on Mar 2, 2023	
Total Billed by Provider			\$150.00
This is the total dollar amount b	illed by the provider for servi	ces rendered.	
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The amount from this claim paid	i by your plan.		
Paid by Another Source			- Not Applicable
This is the amount not paid by y amount is paid by the a second			
Total Amount You May	y Owe		\$0.00
This is the total amount you ma claim, unless you have copayme FSA or HCA. This total may not	ents automatically deducted t	from an HSA,	

This is the total amount you may owe the provider or medical facility for control of the second second second second second second second second cash or the second second second second second second second second may have made directly. Please check with your provider to determine the amount you may owe.

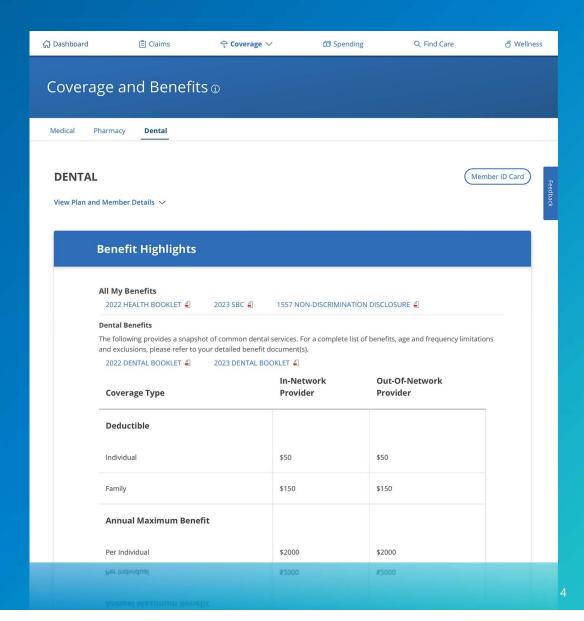
amount you may owe

caum, unless you may copayments automatically deducted from an HSM, FSA or HCA. This total may not reflect copayments or other payments you may have made directly. Please check with your provider to determine the

## BAM Dental Experience – **COVERAGE**

Coverage and Benefit Highlights: A simple snapshot of dental benefits along with access to the full dental benefit booklet for plan details





# BAM Dental Experience – **SPENDING**

**Spending Accumulators:** Status of deductible and remaining annual benefit



ᢙ Dashboard	🖺 Claims	☆ Coverage ∨	Spending	Q Find Care	ඊ Wellness	
Spending	)					
Medical Dental						
Select Plan Year: 2023	~					
Family			Individual			
Deductible (	Ì		Annual Limit	D		
In Network 🗸			In Network 🗸			
\$0.00 spent / \$	150 yearly limit		\$89.35 spent / \$2	,000 yearly limit		
\$150.00 Remaining			\$1,910.65 Remaining			
Individual Deductible		· 🗸	Individual Annual Limit		$\checkmark$	