



**InsureKidsNow.gov**



**Insure Kids Now Data Management Website**

CMS-10291

**Summary of Benefits Form**

|  |
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| Home                                       |
| Upload Provider Data                       |
| Edit Provider Data                         |
| Manage Program and Health Plan Names       |
| Program/Health Plan Name Validation        |
| Manage Existing Data                       |
| Certify Provider Data                      |
| Summary of Benefits                        |
| Master Medicaid/CHIP Program List by State |
| Reports                                    |
| Manage Organization                        |
| Add New Organization                       |
| Remove Organization                        |

**Program Type: MEDICAID**

**State: Alabama**

As a convenience for state users, summary of benefits information entered on this form is pre-populated based on the most recent submission. Also, please note that in order to ensure the information on the public website remains current and relevant, the information on these forms will be cleared if no update has been submitted in more than two years.

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1065 (Expires: TBD). The time required to complete this information collection of dental benefits information is estimated to average 25 hours annually per response, including the time to review instructions, search existing data resources, gather the data needed, and review the information collection. If you have comments concerning the accuracy of the time estimate (s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

| Children's<br>Dental Services | Is The Service Covered? |                               |    | Frequency<br>(Specify periodicity) | List Any Service-specific Limitations<br>(eg. age limits, tooth-specific limits, or a cost or dollar threshold above which prior authorization is required) | Criteria for Coverage |
|-------------------------------|-------------------------|-------------------------------|----|------------------------------------|---|-----------------------|
|                               | Yes                     | Only With Prior Authorization | No |                                    |   |                       |

**I. Preventive Services**