

BlueDentalSM



Employer Groups:
**2022 PLAN
DESIGNS**
For New Business



An Independent Licensee of the Blue Cross Blue Shield Association

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DENTAL PLANS FOR HEALTHIER SMILES

Dental plans with expanded benefits and affordable costs

Dental health is directly linked to overall health and well-being. Our BlueDentalSM plans enable you to enhance your benefits package—while controlling costs. Here's a look at the advantages BlueDental offers your business.

CUSTOMIZABLE

Multiple plan designs and network options let you choose the coverage, services, and provider access that's best for your employees *and* your company's bottom line.

COMPREHENSIVE

Plans offering coverage for implants, cosmetic services, and orthodontia often drive higher employee satisfaction. BlueDental plans offer you and your employees more comprehensive benefits at affordable costs.*

REWARDING

The Preventive Rewards program encourages employees to get more regular care, helping to reduce or avoid costly restorative services in the future. Extra preventive services are available for expecting mothers and members with diabetes.*



*Limitations, exclusions, and frequency limits apply. Not all plans cover all services.

BlueDental PLAN OPTIONS

PPO Plans

The BlueDental Value PPO series offers affordable coverage for preventive, basic, and major services.

The BlueDental PPO Optimum series is a more comprehensive plan that rewards members for getting two checkups and cleanings in a plan year. Optimum series covers composite (white) fillings on all teeth and implant services for groups with 10 or more members enrolled. Maximum rollover and a 24-month rate guarantee provide long-term benefits and value.

Both BlueDental series offer an additional cleaning for members with diabetes and women who are expecting.

PRIME PPO

Prime PPO plans offer the benefits of a PPO plan at lower premiums and access to our statewide BlueDental Prime PPO network.

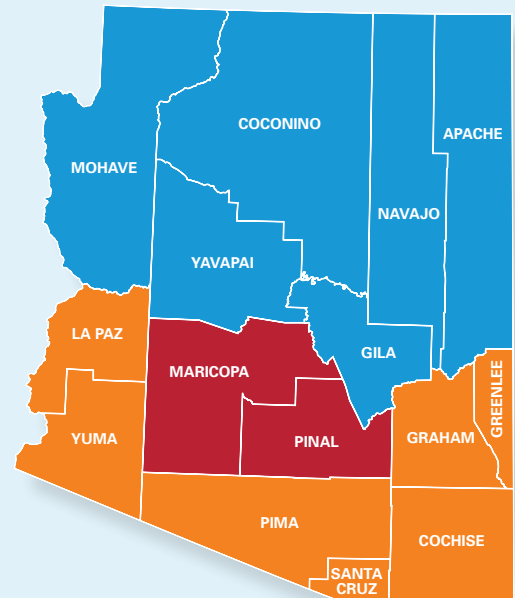
Instead of coinsurance, Prime plans have a fixed member copayment schedule, so members know their out-of-pocket costs for services (similar to a DHMO). These plans offer a deeper discount than our standard PPO plans, and reward members for staying in network.

Out-of-network (OON) coverage is extremely limited—members pay approximately 50-80% for preventive services, and approximately 80% for basic and major services.

DHMO

A DHMO plan is an excellent option for members who need immediate care at an affordable price. These plans provide broad, affordable care from a set group of dentists. A DHMO plan is often the least costly of dental plans; services are provided at a lower cost or at no cost. There are no waiting periods, calendar-year maximums, deductibles, or claim forms, and members know the cost of services up front.

Regional Rate Map



- Northern Arizona
- Central Arizona
- Southern Arizona

Rates based on the county in which an employer's headquarters is located.

BlueDental PLAN COMPARISON

BlueDental plans are offered on a voluntary and employer-paid basis.

	BlueDental PPO	BlueDental Prime PPO	BlueDental DHMO
HIGHLIGHTS			
Flexible Benefit Options	Choose from a selection of deductible, coinsurance, annual maximum, and out-of-network reimbursement options.	Choose from high and low plan options with different in- and out-of-network coverage levels.	Choose from high and low plan options with preventive services covered up to 100%.
Rollover Benefit ^{1*}	Yes	Yes	No annual maximum
Bundled Savings ^{2*}	Available	Available	Available
FEATURES			
Dentist Selection Required	No	No	Yes
Implant Coverage ^{3*}	Yes	Yes	Yes
Cosmetic Coverage	No	No	Yes ⁴
Member Responsibility	Coinsurance	Copay	Copay
ENHANCED BENEFITS			
Additional Cleaning: Expecting Mothers and Members With Diabetes	Yes	Yes ⁵	Yes ⁵
Orthodontia Benefits (10+ enrolled only)	Available	No	Copay and discounts
Preventive Rewards ^{6*}	Yes ⁶	Yes	No

Network Options

BLUE PPO NETWORK

This broad network offers statewide and national coverage with more than 340,000 access points.

BLUE PRIME PPO NETWORK

This is a statewide network, with a select subset of PPO providers. Leased networks are excluded. Fee allowances in this network are lower than those in the Blue PPO network. Dentists participating in both the Blue PPO and the Blue Prime PPO networks will be reimbursed at the Blue Prime PPO network rate for covered services.

BLUE DHMO NETWORK

Blue DHMO providers are mainly located in Maricopa and Pima counties in Arizona. This network forms the basis for all Blue Cross[®] Blue Shield[®] of Arizona (BCBSAZ) DHMO products.

¹ Rollover benefit may be payable as a portion of unused annual maximum if member submits at least one claim for a covered cleaning during a benefit year, and receives benefits that do not exceed the rollover threshold.

² Bundled savings are available to groups of 51+ when group combines fully insured medical plan with another specialty plan.

³ Implant coverage is included on non-experience-rated plans for groups with 10+ enrolled.

⁴ DHMO plans offer discounts on certain cosmetic services like teeth whitening.

⁵ An additional cleaning at a \$40 copay is available to expecting mothers and members with diabetes.

⁶ Optimum PPO plans include Preventive Rewards: Value PPO plans do not.

*Limitations, frequency, and exclusions may apply for various plans. Not all plans cover all services.

VALUE PPO PLANS

Plan Highlights

- Statewide and national network
- Basic, affordable coverage for preventive, basic, and major care
- Additional cleanings for expecting mothers and members with diabetes
- Preventive services do not count toward plan maximum
- Deductible waived for preventive services
- No waiting periods

Additional coverage for groups with 10 or more employees enrolled:

- Can choose to cover endodontics, periodontics, and oral surgery under Type II – Basic Services instead of Type III – Major Services
- Ortho riders available

Covered Services

Type I — Preventive Services

Oral Exams: Two per year¹ in any combination of periodic, limited, or comprehensive exams

X-rays²: Full mouth (one per five-year period), bitewing (two per year), periapical (four films per year)

Routine Cleanings: Limited to two per year. Type III periodontal maintenance does not count toward max of two cleanings

Topical Application of Fluoride: Children through age 15—one per year

Sealants: Children through age 15—one per lifetime

Space Maintainers: Children through age 15

Type II — Basic Services

Amalgam Fillings (restorative), Composite Fillings (anterior): One treatment per tooth in any two-year period (limit based on amalgam and composite fillings combined)

Emergency Palliative Treatment: Treatment for the relief of dental pain

Simple Extractions: Permanently removing a tooth from the socket of the jawbone

Oral Appliances for Treatment of Bruxism

Type III — Major Services

Restorative: Crowns/inlays/onlays—seven-year replacement limit

Oral Surgery: Surgical extractions and surgical procedures

Endodontics: Root canal treatment/pulpal

Therapy: One treatment per tooth in a two-year period

Periodontics (treatment of gum disease):

- Non-surgical—one per two-year period
- Surgical—one per three-year period

Prosthodontics: Bridges and dentures—seven-year replacement limit

General Anesthesia

To generate a rate quote, log in to the MyBlue broker portal at azblue.com and:

1. Select Instant Quote
2. Add a new client
3. Enter account information
4. Choose Dental as the product

¹ All “per year” benefits mean per calendar year.

² Any combination of X-rays billed on the same date of treatment cannot exceed the allowed amount for a full mouth X-ray benefit.

VALUE PPO Plan Options Overview:

2–9 Employees Enrolled

10+ Employees Enrolled Endo/Perio/Oral Surgery—Type III

10+ Employees Enrolled Endo/Perio/Oral Surgery—Type II

Employer Paid / Voluntary

PLAN OPTIONS	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO
Annual Maximum Benefit	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000
Deductible (Single/Family) Waived for Preventive	\$50/\$150 Yes	\$50/\$150 Yes	\$25/\$75 Yes	\$50/\$150 Yes	\$50/\$150 Yes	\$25/\$75 Yes
In-network (Preventive/Basic/Major)	100/80/50	100/80/50	100/90/60	100/80/50	100/80/50	100/90/60
Out-of-network (Preventive/Basic/Major)	80/60/40	80/60/40	80/70/40	80/60/40	80/60/40	80/70/40
Out-of-network Reimbursement	MAC	MAC	MAC	90th UCR	90th UCR	90th UCR

PLAN NUMBERS: EMPLOYER PAID / VOLUNTARY

2-9 Employees Enrolled	1 / 7	2 / 8	3 / 9	4 / 10	5 / 11	6 / 12
10+ Employees Enrolled— Type III	49 / 61	50 / 62	51 / 63	52 / 64	53 / 65	54 / 66
10+ Employees Enrolled— Type II	55 / 67	56 / 68	57 / 69	58 / 70	59 / 71	60 / 72

Did you know?

Out-of-network providers can be paid one of two ways. When the maximum allowable charge (MAC) method is applied, the provider will receive the lesser of their charge or the applicable MAC schedule. When the usual, customary and reasonable (UCR) rates method is applied, the provider's billed charge will determine the allowed amount.

OPTIMUM PPO PLANS

Plan Highlights

- Statewide and national network
- Preventive Rewards pay members for two cleanings a year
- Additional cleanings for expecting mothers and members with diabetes
- Maximum rollover
- No waiting periods

Additional coverage for groups with 10 or more employees enrolled

- Can choose to cover endodontics, periodontics, and oral surgery under Type II – Basic Services instead of Type III – Major Services
- Coverage for implants
- Ortho riders available

Did you know?

Oral health and overall wellness are related. Poor dental health is linked to illnesses such as heart disease, diabetes, osteoporosis, and rheumatoid arthritis.*

*Source: Soong, Jennifer, "How Your Oral Health Affects Your Overall Wellness," WebMD, April 29, 2011. webmd.com/oral-health/features/oral-health-affects-wellness.

Covered Services

Type I — Preventive Services

Oral Exams: Two per year¹ in any combination of periodic, limited, or comprehensive exams

X-rays²: Full mouth (one per five-year period), bitewing (two per year), periapical (four films per year)

Routine Cleanings: Limited to two per year. Type III periodontal maintenance does not count toward max of two cleanings

Topical Application of Fluoride: Children through age 15—one per year

Sealants: Children through age 15—one per lifetime

Space Maintainers: Children through age 15

Type II — Basic Services

Amalgam Fillings (restorative),

Composite Fillings (anterior):

Treatment per tooth in any two-year period (limit based on amalgam and composite fillings combined)

Emergency Palliative Treatment:

Treatment for the relief of dental pain

Simple Extractions: Permanently removing a tooth from the socket of the jawbone

Oral Appliances for Treatment of Bruxism

Type III — Major Services

Restorative: Crowns/inlays/onlays—seven-year replacement limit

Oral Surgery: Surgical extractions and surgical procedures

Endodontics: Root canal treatment/pulpal

Therapy: One treatment per tooth in a two-year period

Periodontics (treatment of gum disease):

- Non-surgical—one per two-year period
- Surgical—one per three-year period

Prosthodontics: Bridges and dentures—seven-year replacement limit

General Anesthesia

Implant Services: Covered for groups with 10 or more enrolled employees

To generate a rate quote, log in to the MyBlue broker portal at azblue.com and:

1. Select Instant Quote
2. Add a new client
3. Enter account information
4. Choose Dental as the product

¹All "per year" benefits mean per calendar year.

²Any combination of X-rays billed on the same date of treatment cannot exceed the allowed amount for a full mouth X-ray benefit.

OPTIMUM PPO Plan Options Overview:

2–9 Employees Enrolled

10+ Employees Enrolled Endo/Perio/Oral Surgery—Type III

10+ Employees Enrolled Endo/Perio/Oral Surgery—Type II

Employer Paid / Voluntary

PLAN OPTIONS	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO
Annual Maximum Benefit	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
Deductible (Single/Family) Waived for Preventive	\$50/\$150 Yes	\$50/\$150 Yes	\$50/\$150 Yes	\$50/\$150 Yes	\$25/\$75 Yes	\$25/\$75 Yes
In-network (Preventive/Basic/Major)	100/80/50	100/80/50	100/80/50	100/80/50	100/90/60	100/90/60
Out-of-network (Preventive/Basic/Major)	80/60/40	100/80/50	80/60/40	100/80/50	80/70/40	100/90/60
Out-of-network Reimbursement	MAC	MAC	MAC	MAC	MAC	MAC

PLAN NUMBERS: EMPLOYER PAID / VOLUNTARY

2-9 Employees	25 / 37	26 / 38	27 / 39	28 / 40	29 / 41	30 / 42
10+ Employees—Type III	85 / 109	86 / 110	87 / 111	88 / 112	89 / 113	90 / 114
10+ Employees—Type II	97 / 121	98 / 122	99 / 123	100 / 124	101 / 125	102 / 126

PLAN OPTIONS	Option 7	Option 8	Option 9	Option 10	Option 11	Option 12
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO
Annual Maximum Benefit	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
Deductible (Single/Family) Waived for Preventive	\$50/\$150 Yes	\$50/\$150 Yes	\$50/\$150 Yes	\$50/\$150 Yes	\$25/\$75 Yes	\$25/\$75 Yes
In-network (Preventive/Basic/Major)	100/80/50	100/80/50	100/80/50	100/80/50	100/90/60	100/90/60
Out-of-network (Preventive/Basic/Major)	80/60/40	100/80/50	80/60/40	100/80/50	80/70/40	100/90/60
Out-of-network Reimbursement	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR

PLAN NUMBERS: EMPLOYER PAID / VOLUNTARY

2-9 Employees Enrolled	31 / 43	32 / 44	33 / 45	34 / 46	35 / 47	36 / 48
10+ Employees Enrolled— Type III	91 / 115	92 / 116	93 / 117	94 / 118	95 / 119	96 / 120
10+ Employees Enrolled— Type II	103 / 127	104 / 128	105 / 129	106 / 130	107 / 131	108 / 132

ORTHODONTIC RIDER

Orthodontia (ortho) is available on employer paid and voluntary PPO plans at the same price with no waiting periods. Ortho plan premiums will be added to a PPO plan premium. These plans are not offered as a stand-alone product.

Orthodontia benefits are not subject to the PPO dental plan deductible and do not accumulate to the dental plan calendar-year maximum. These benefits are subject to the specific lifetime maximum shown below. Child(ren) Only ortho applies to children through age 18.

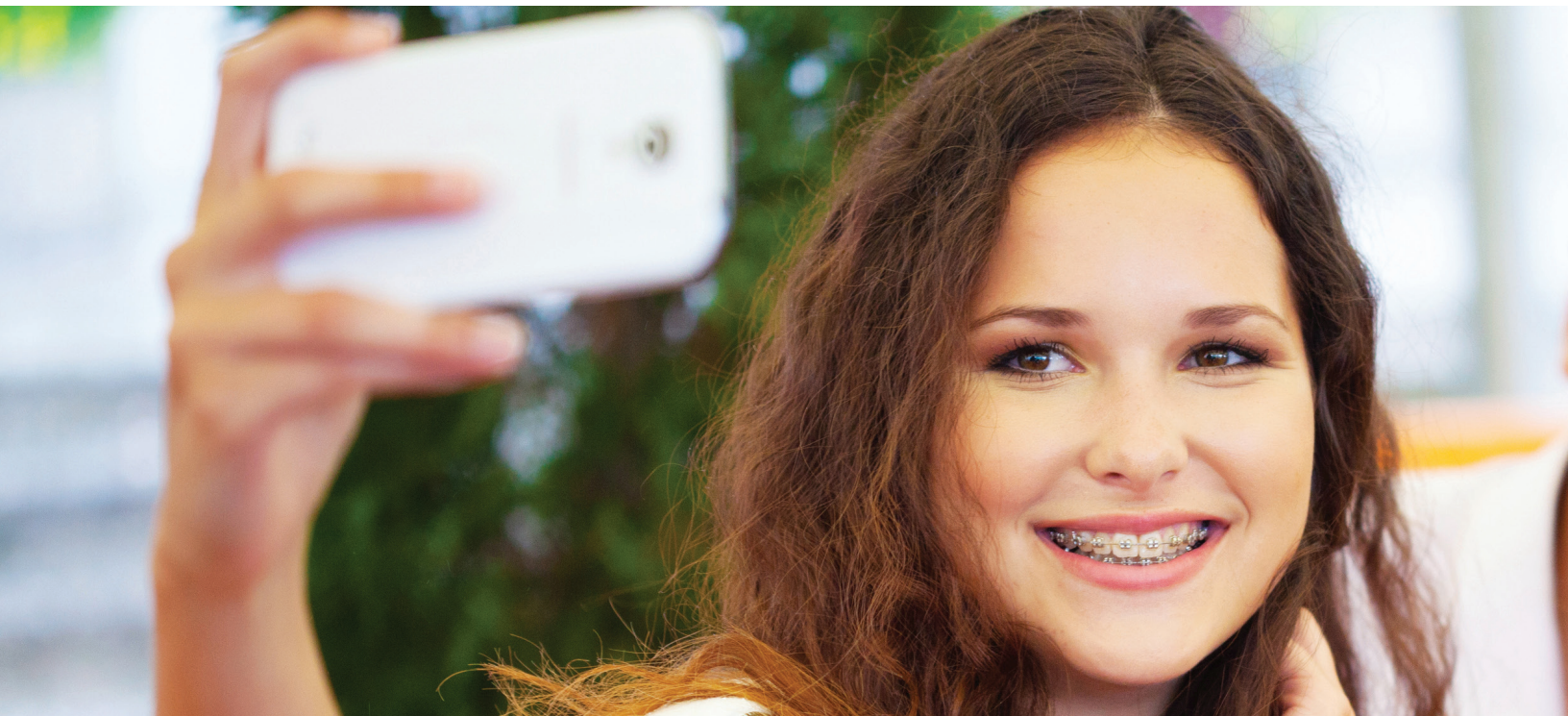
Orthodontic plan rider rate must be added to dental plan rate for total plan cost.

To generate a rate quote, log in to the MyBlue broker portal at azblue.com and:

1. Select Instant Quote
2. Add a new client
3. Enter account information
4. Choose Dental as the product

ORTHO PLAN RIDERS — COVERED UNDER TYPE IV

PLAN OPTIONS	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Plan Type	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Child(ren) Only	Child(ren) Only	Child(ren) Only
Lifetime Maximum	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000
In-network	50%	50%	50%	50%	50%	50%
Out-of-network	50%	50%	50%	50%	50%	50%



PRIME PPO PLANS

Plan Highlights

- Copayments for services received in network
- Plan allowance for out-of-network services
- High and low plan options available
- Low deductibles
- Generous annual maximum
- Statewide network
- Preventive services do not count toward plan maximum
- Preventive Rewards pay members for two cleanings a year

Covered Services

Type I — Preventive Services

Oral Exams: Two per year¹ in any combination of periodic, limited, or comprehensive exams

X-rays²: Full mouth (one per five-year period), bitewing (two per year), periapical (four films per year)

Routine Cleanings: Limited to two per year. Type III periodontal maintenance does not count toward max of two cleanings

Topical Application of Fluoride: Children through age 15—one per year

Sealants: Children through age 15—one per lifetime

Space Maintainers: Children through age 15

Type II — Basic Services

Amalgam Fillings (restorative), Composite Fillings (anterior): Treatment per tooth in any two-year period (limit based on amalgam and composite fillings combined)

Emergency Palliative Treatment: Treatment for the relief of dental pain

Simple Extractions: Permanently removing a tooth from the socket of the jawbone

Oral Appliances for Treatment of Bruxism

Type III — Major Services

Restorative: Crowns/inlays/onlays—seven-year replacement limit

Oral Surgery: Surgical extractions and surgical procedures

Endodontics: Root canal treatment/pulpal

Therapy: One treatment per tooth in a two-year period

Periodontics (treatment of gum disease):

- Non-surgical—one per two-year period
- Surgical—one per three-year period

Prosthodontics: Bridges and dentures—seven-year replacement limit

General Anesthesia

Implant Services

To generate a rate quote, log in to the MyBlue broker portal at azblue.com and:

1. Select Instant Quote
2. Add a new client
3. Enter account information
4. Choose Dental as the product

¹All "per year" benefits mean per calendar year.

²Any combination of X-rays billed on the same date of treatment cannot exceed the allowed amount for a full mouth X-ray benefit.

PRIME PPO Plan Options Overview

Employer Paid / Voluntary

PLAN OPTIONS	Option 1	Option 2	Option 3	Option 4
Plan Type	Prime PPO Standard (20)	Prime PPO Standard (50)	Prime PPO High (20)*	Prime PPO High (50)*
Annual Maximum Benefit (IN/OON)	\$2,000/\$1,000	\$2,000/\$1,000	\$2,000/\$1,000	\$2,000/\$1,000
In-Network Deductible (Single/Family)	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75
Out-of-Network Deductible (Single/Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
In-Network Member Responsibility	Copays	Copays	Copays	Copays
Out-of-Network (Preventive/Basic/Major)	20/20/20	50/20/20	20/20/20	50/20/20
Waiting Periods	None	None	None	None

*High plans have lower member copays for in-network services

PLAN NUMBERS: EMPLOYER PAID / VOLUNTARY

2-9 Employees Enrolled	17 / 21	18 / 22	19 / 23	20 / 24
10+ Employees Enrolled	77 / 81	78 / 82	79 / 83	80 / 84

Plan Comparison

	BlueDental Prime PPO Standard		BlueDental Prime PPO High	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$25	\$50	\$25	\$50
Annual Maximum	\$2,000	\$1,000	\$2,000	\$1,000
BENEFIT	In-Network Member Payment		In-Network Member Payment	
Oral Exam (comprehensive)	\$0		\$0	
X-rays (2 bitewing)	\$0		\$0	
Prophylaxis (cleaning)	\$0		\$0	
Periodontal Maintenance	\$60		\$48	
Amalgam Filling (2-surface)	\$32		\$26	
Composite Filling (posterior 2-surface)	\$38		\$36	
Crown (porcelain-fused high-noble metal)	\$380		\$304	
Endodontic Therapy (molar)	\$350		\$280	
Surgical Extraction	\$45		\$36	

Plan Highlights

- Local coverage
- No deductibles
- No annual maximums
- No waiting periods
- Copayments for in-network services
- Ortho discounts

Covered Services

Type I — Preventive Services

Oral Exams: Two per year¹ in any combination of periodic, limited, or comprehensive exams

X-rays²: Full mouth (one per five-year period), bitewing (two per year), periapical (four films per year)

Routine Cleanings: Limited to two per year. Type III periodontal maintenance does not count toward max of two cleanings

Topical Application of Fluoride: Children through age 15—one per year

Sealants: Children through age 15—one per lifetime

Space Maintainers: Children through age 15

Type II — Basic Services

Amalgam Fillings (restorative), Composite Fillings (anterior): Treatment per tooth in any two-year period (limit based on amalgam and composite fillings combined)

Emergency Palliative Treatment: Treatment for the relief of dental pain

Simple Extractions: Permanently removing a tooth from the socket of the jawbone

Oral Appliances for Treatment of Bruxism

Type III — Major Services

Restorative: Crowns/inlays/overlays—seven-year replacement limit

Oral Surgery: Surgical extractions and surgical procedures

Endodontics: Root canal treatment/pulpal

Therapy: One treatment per tooth in a two-year period

Periodontics (treatment of gum disease):

- Non-surgical—one per two-year period
- Surgical—one per three-year period

Prosthodontics: Bridges and dentures—seven-year replacement limit

General Anesthesia

To generate a rate quote, log in to the MyBlue broker portal at azblue.com and:

1. Select Instant Quote
2. Add a new client
3. Enter account information
4. Choose Dental as the product

¹All "per year" benefits mean per calendar year.

²Any combination of X-rays billed on the same date of treatment cannot exceed the allowed amount for a full mouth X-ray benefit.

DHMO Plan Options Overview

Employer Paid / Voluntary

PLAN OPTIONS	Option 1	Option 2
Plan Type	DHMO Low	DHMO High*
Annual Maximum Benefit	Unlimited	Unlimited
Deductible (Single/Family)	None	None
In-Network Member Responsibility	Copays	Copays
Out-of-Network	None	None
Waiting Periods	None	None

*DHMO High plans have lower member copays

PLAN NUMBERS: EMPLOYER PAID / VOLUNTARY		
2-9 Employees Enrolled	13 / 15	14 / 16
10+ Employees Enrolled	73 / 75	74 / 76

Plan Comparison

	BlueDental DHMO Low		BlueDental DHMO High	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	None	None	None	None
Annual Maximum	None	None	None	None
BENEFIT	In-Network Member Payment		In-Network Member Payment	
Oral Exam (comprehensive)	\$0		\$0	
X-rays (2 bitewing)	\$0		\$0	
Prophylaxis (cleaning)	\$0		\$0	
Periodontal Maintenance	\$70		\$69	
Amalgam Filling (2-surface)	\$30		\$20	
Composite Filling (posterior 2-surface)	\$75		\$65	
Crown (porcelain-fused high-noble metal)	\$520		\$500	
Endodontic Therapy (molar)	\$520		\$432	
Surgical Extraction	\$45		\$37	

UNDERWRITING GUIDELINES



Initial Quote & Sale Group Size Requirements

BCBSAZ rates assume a minimum of two eligible subscribers in order to receive a quote.

- 2–9 shelf plans must enroll at least two subscribers.
- 10+ plans must enroll at least 10 subscribers.
- Shelf plans are available for groups with up to 150 eligible subscribers.
- Groups >200 subscribers and with experience reports should be submitted to Underwriting for rate development.
- Groups must have at least 10 enrolled subscribers in order to obtain orthodontic coverage.
- Groups must have at least 10 enrolled subscribers in order to obtain implant coverage.
- Endo/perio/oral surgery are only in Type III (major) services for groups with fewer than 10 enrolled.

Custom Quotes

Groups with over 50+ eligible subscribers are able to receive custom plan quotes. Contact your Specialty Business Development Executive for additional information.

Industry Restrictions

The following industries are restricted and must come to Underwriting for approval and rating:

Embassies	SIC 9721
Private Households	SIC 8811
1099 Contractors	SIC 1522 & 1542

For additional underwriting guidelines, please contact your Specialty Business Development Executive.

EXCLUSIONS AND LIMITATIONS

EXAMPLES OF SERVICES NOT COVERED

This is only a partial list of services that are limited or not covered by the dental plans featured in this guide. Expenses for services that exceed the benefit limit are not covered. Detailed information about benefits, exclusions, and limitations is in the benefit plan booklet or rider, and is available prior to enrollment upon request.

- Alternative dentistry
- Athletic mouthguards
- Biopsies
- CT scans (e.g., cone beam) and tomographic surveys
- Correction of congenital malformations, except as required by Arizona state law, for newborns, adopted children, and children placed for adoption
- Cosmetic services and any related complications
- Dental services and supplies not provided by a dentist, except as stated in plan
- Duplicate, provisional, and temporary devices, appliances, and services
- Experimental or investigational services
- Fixed pediatric partial dentures
- Genetic tests for susceptibility to oral diseases
- Inpatient or outpatient facility services
- Laboratory and pathology services
- Locally administered antibiotics
- Major restorative and prosthodontic services performed on other than a permanent tooth
- Maxillofacial prosthetics and any related services
- Medications dispensed in a dentist's office, except as stated in plan
- Non-dentally necessary services—services that are not dentally necessary as determined by BCBSAZ. BCBSAZ may not be able to determine dental necessity until after services are rendered
- Occlusal guards for the treatment of temporomandibular joint syndrome or sleep apnea
- Oral hygiene instruction, plaque control programs, and dietary instructions
- Removal of appliances, fixed space maintainers, or posts
- Repair of damaged orthodontic appliances
- Replacement of lost or missing appliances
- Sealants for teeth other than permanent molars
- Services resulting from failure to comply with professionally prescribed treatment
- Telephonic and electronic consultations, except as required by law

Notes: _____

TO LEARN ABOUT

our **BlueDental** plans, contact

602-864-2277

SPECIALTYSOLUTIONS@AZBLUE.COM

FOLLOW US ON



An Independent Licensee of the Blue Cross Blue Shield Association

Dominion is an independent company, and has contracted with BCBSAZ to administer dental benefits to BCBSAZ members.

Blue Cross, Blue Shield, and the Cross and Shield Symbols are registered service marks, and BlueDental is a service mark, of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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TO LEARN ABOUT

our **BlueDental** plans, contact

602-864-2277

SPECIALTYSOLUTIONS@AZBLUE.COM

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Authorized Broker



An Independent Licensee of the Blue Cross Blue Shield Association

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Blue Cross, Blue Shield, and the Cross and Shield Symbols are registered service marks, and BlueDental is a service mark, of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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