

Section 26

Dental Networks, Products, and Benefits

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Dental Networks – Overview

Blue Cross® Blue Shield® of Arizona (AZ Blue) offers members a wide range of options for dental coverage. Below is a brief overview of the networks and which product lines they service.

AZ Blue dental networks

- **BlueDental™ PPO Network**

Participation in this network requires an AZ Blue provider participation agreement with a dental services reimbursement exhibit. Reimbursement is based on the AZ Blue dental PPO fee schedule. BlueDental PPO providers are considered in-network for:

- AZ Blue stand-alone BlueDental PPO plans with member ID prefixes 99D and MUM (includes preventive and enhanced PPO plans)
- Benefit plans using the BCBS National Dental GRID networks: All AZ Blue BlueDental PPO providers are part of the BCBS GRID/GRID+ networks (administered by DeCare). These networks are used for the following types of members (GRID or GRID+ will be indicated on the back of the ID card):
 - ◆ Members with BlueCard® (out-of-area) dental plans
 - ◆ Members with BCBS FEP Dental® stand-alone plans (member ID prefix is F) offered through the Federal Employees Dental and Vision Insurance Program (FEDVIP)

- **BlueDental Prime Network**

BlueDental PPO providers may also participate in the AZ Blue BlueDental Prime exclusive (narrow) network.

- This network is used for stand-alone BlueDental Prime plans.
- A subset of BlueDental Prime network providers are in-network for dental benefits covered under Medicare Advantage plans.

- **BlueDental DHMO Network**

The BlueDental DMHO Network is used for BlueDental DHMO stand-alone plans. Participation requires a separate provider participation agreement.

AZ Blue medical networks

Dental providers must be contracted for the medical network associated with the member's benefit plan to be eligible to provide dental services covered under that plan. This includes oral surgery services and services covered by ACA individual/family and small group medical plans that include dental benefits for members up to age 19. Reimbursement is based on your dental contract, using the applicable AZ Blue fee schedule.

Federal Employee Program® (FEP®) dental networks

- **FEP Dental Network** (administered by AZ Blue)

Providers in the FEP Dental Network are considered “preferred” or in-network for FEP benefit plans (dental benefits are included in FEP Blue Standard and FEP Blue Basic plans only). Participation is optional for dental providers in the BlueDental PPO Network.

- **Blue Cross Blue Shield (BCBS) FEP Dental® Network** (also known as the GRID+ Dental Network, administered by DeCare)

For BCBS FEP Dental stand-alone plans, all AZ Blue BlueDental PPO network providers are considered in-network. The member ID card back displays GRID+.

Dental Networks – Overview

National networks

Some benefit plans offer national coverage, using various dental networks.

- Blue Plans may offer access to the national GRID+ Dental network (all BlueDental PPO providers are considered in-network) or another national network for coverage outside of the Plan's service area. Check the back of the ID card for information.
- AZ BlueDental PPO plans include access to the Connection Dental PPO Network and DenteMax networks for coverage outside of Arizona.
- AZ Blue medical plans that cover pediatric dental benefits include access to the DenteMax national network for coverage outside of the Arizona.

Blue Cross, Blue Shield, the Cross and Shield Symbols, BlueCard, Federal Employee Program, FEP, and Blue Cross Blue Shield FEP Dental 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. DeCare and DenteMax are separate, independent companies that offer dental services to AZ Blue members.

Dental Products and Networks – Quick Guide

TYPE OF PLAN	BENEFIT PLAN INFO	MEMBER ID PREFIX	NETWORK AND CONTRACTING	PLAN ADMINISTRATOR
AZ Blue Stand-Alone Commercial Dental Plans (separate dental ID card)	BlueDental PPO	99D, MUM	BlueDental PPO 1-888-271-7806	BlueDental Team 1-888-271-7806 azblue.com/bluedentalprovider Submit claims to AZ Blue: EDI 53589 Claim and predetermination submissions that require attachments are <i>only</i> accepted electronically via DentalXchange or Vyne Dental . If you can't use these services, mail a paper claim <i>with your documentation</i> to <i>AZ Blue BlueDental Claims</i> at: P.O. Box 211424 Eagan, MN 55121 Fax (claims only): 1-833-517-1939
	BlueDental Prime	99D	BlueDental Prime exclusive network 1-888-271-7806	
	BlueDental DHMO	99D	BlueDental DHMO 1-888-271-7806	
AZ Blue Medical Plans with dental benefits	Medical benefit plans that cover oral surgery Affordable Care Act (ACA) medical plans with embedded dental benefits for members up to age 19; Medical ID card displays this benefit indicator: Pediatric Dental BenefitsYES	Various prefixes for AZ Blue medical plans	AZ Blue medical networks (providers must be contracted for the network used by the member's plan) 1-888-271-7806	AZ Blue 1-844-995-2583 azblue.com/provider Submit claims to AZ Blue: EDI 53589 <i>Paper claim to AZ Blue Claims at:</i> P.O. Box 2924 Phoenix, AZ 85062-2924
		IAZ	ACA Health Choice Network (for the ACA StandardHealth with Health Choice plan) 1-800-322-8670	ACA Health Choice Team 1-800-322-8670 azblue.com/aca-standardhealth-health-choice Submit claims to Health Choice: EDI RP105 <i>Paper claims to ACA StandardHealth with Health Choice at:</i> P.O. Box 52033 Phoenix, AZ 85072-2033
Federal Employee Program® (FEP®) Medical Plans with limited dental benefits	Two FEP medical plans include limited dental benefits: <ul style="list-style-type: none"> • FEP Blue Standard • FEP Blue Basic 	R	FEP Dental Network 1-888-271-7806	AZ Blue FEP Team 1-800-345-7562 azblue.com/provider Submit claims to AZ Blue: EDI 53589 <i>Paper claims to AZ Blue Claims at:</i> P.O. Box 2924 Phoenix, AZ 85062-2924
FEP Stand-Alone Dental Plans	BCBS FEDVIP coverage with separate dental ID card: <ul style="list-style-type: none"> • High Option • Standard Option 	F	BCBS FEP Dental® Network (AKA GRID+ Dental Network ; includes all AZ Blue BlueDental PPO providers) 1-888-271-7806	BCBS FEP Dental 1-855-504-2583 bcbsFEPdental.com Submit claims to FEP: EDI BCAF <i>Paper claims to Dental Claims at:</i> P.O. Box 75 Minneapolis, MN 55440-0075
BlueCard® (Out-of-Area) Plans (for members from other Blue Plans)	Dental benefits covered by medical plans and stand-alone dental products	Varies	Varies (BCBS GRID or other national network) 1-888-271-7806	See back of member ID card for specific information
AZ Blue Medicare Advantage (MA) Plans with dental benefits (separate ID card for dental)	Blue Best Life Plus Blue Best Life Classic	99D	Subset of the BlueDental Prime exclusive network 1-888-271-7806	BlueDental Team 1-888-271-7806 Submit claims to AZ Blue: EDI 53589 <i>Paper claims to AZ Blue MA Dental Claims at:</i> P.O. Box 211424 Eagan, MN 55121 Fax (claims only): 1-833-517-1939

BlueDental Stand-Alone Benefit Plans

BlueDental administrator for AZ Blue dental stand-alone plans

All BlueDental PPO, Prime, and DHMO stand-alone benefit plans are administered by the AZ Blue BlueDental dental plan administrator. Member ID prefixes for these plans are 99D and MUM.

Provider resources, including eligibility and benefits, coverage guidelines, claim status inquiries, and remits, are available on the BlueDental provider portal at azblue.com/bluedentalprovider. The number for BlueDental Provider Assistance is 1-888-271-7806.

For details about servicing these plans, including benefits, member cost-share, predeterminations (pre-treatment estimates), EFT enrollment and payment cycle information, claim submission, and billing guidelines, please see the BlueDental Provider Manual. To access the manual, log in to azblue.com/bluedentalprovider and go to “Resources > BlueDental Provider Manual.”

Claim submission requirements

Claims should be submitted directly to AZ Blue at EDI payer ID 53589. You can avoid most claim processing delays by including these key data elements:

- Accurate and complete information identifying the patient and policyholder (if different from patient), including full names, identification numbers, and dates of birth
- Date and place of service
- Identification of the service(s) provided by appropriate diagnosis code(s), procedure code(s), and applicable modifiers
- Evidence that any required prior authorization was obtained
- Identification of the treating and billing provider, including NPI numbers as indicated in the following table:

LOOP	ELEMENT	ADA Field	DESCRIPTION	AZ BLUE REQUIREMENTS
2010AA	NM103 NM301-403	48	Billing provider info	Required. Enter the name and complete address of the billing dentist or dental entity that furnished the services to the patient. Use the full nine-digit ZIP code.
2010AA	NM109	49	Billing provider NPI	Required. Enter the appropriate NPI number for the billing dentist or dental entity (use the practice's <i>organizational</i> NPI for an entity). All dental claims must have the billing provider/entity NPI.
2010AA	REF*EI	51	Billing provider SSN or Federal tax ID	Required. Enter the federal tax ID number of the billing dentist or dental entity.
2310B	NM109	54	Treating provider NPI	Required. Enter the individual (not organizational) NPI number corresponding with the treating dentist's name. All dental claims must have the treating dentist's NPI.
2310C	N301-N403	56	Treating provider address, city, state, ZIP code	Required when different from billing address. Enter the physical location where the treatment was rendered. Must be a street address, not a P.O. box.
2310B	PRV03	56a	Treating provider specialty code (taxonomy)	Required. Enter the treating professional's taxonomy code (provider specialty code).

BlueDental Stand-Alone Benefit Plans

Our claim processing system includes edits to filter out and reject claims that have one or more of the following tax ID number (TIN) errors:

- Billing TIN not valid for date of service
- NPI/TIN combination not in our database for treating provider (treating provider NPI must be an individual NPI, not an organizational NPI)
- NPI/TIN combination not in our database for billing provider

The TIN and NPIs submitted on claims must match those on file for you in our claim system; otherwise, your claims will be returned. To avoid delays, use the Provider Information Change Form—Dental (located on our [Forms Page](#)) to notify us of updates to your practice information.

If you need to update our systems with your current NPI/TIN information, use the Dental Provider Information Change Form. You can access the form at azblue.com/BlueDentalProvider or at azblue.com/provider/resources/forms > Provider Information Change > Dental Providers-Information Change Form.

Important: Solo practitioners (sole proprietors) must use the Billing Provider Entity Type Qualifier 1 (= person with name and individual NPI). Dental claims billed under a solo practitioner *should not* include the rendering provider loop 2310B.

Claim attachments

We can receive dental records electronically only if your practice uses one of the following options for electronic claim attachments (such as x-rays and notes):

- [DentalXchange](#) [Vyne Dental](#)

Be sure to enter the attachment reference number in the “Remarks” section (field 35) of your claim. This allows us to access the electronic attachments upon receipt of the claim.


If you don’t use DentalXchange or Vyne Dental for electronic attachments and are billing for services that require documentation (e.g., radiographs, images, provider notes), submit the claim using the ADA paper form, along with all required documentation, to:

AZ Blue BlueDental Claims
 P.O. Box 211424
 Eagan, MN 55121


Stand-alone BlueDental ID card samples

Members with AZ Blue stand-alone dental plans have a separate dental ID card (prefix 99D).

BlueDental PPO Plan – Front


		BlueDental PPO	
Member Name: MEMBER NAME	Group No:	00001	
Member ID: 99D987654321	Card Print Date:	01/01/25	
Deductible Ind/Family: Orthodontia:	\$50/\$150 YES		
_____ AZDO1			

BlueDental Plan – Back


		To locate a dental provider please visit us at: www.azblue.com/member
Possession of this card does not guarantee eligibility for benefits.		
All claims should be filed with Blue Cross Blue Shield of Arizona.		
Waiting periods are from the effective date of the policy, not the card print date.		
		BCBSAZ Customer Service: (888) 271-7806 azblue.com/bluedentalprovider
_____ Send Claims To: BlueCross BlueShield of Arizona P.O. Box 211424 Eagan, MN 55121 Fax: 833.517.1939		

BlueDental Stand-Alone Benefit Plans

BlueDental Prime Plan – Front

 <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>	BlueDental Prime
Member Name: MEMBER NAME	Group No: 00001
Member ID: 99D987654321	Card Print Date: 01/01/2025
_____	_____
_____	_____

BlueDental DHMO Plan – Front

 <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>	BlueDental DHMO
Member Name: MEMBER NAME	Group No: 00001
Member ID: 99D987654321	Card Print Date: 01/01/2025
_____	_____
_____	_____

Dental Benefits Covered Under Medical Plans for Members Up to Age 19

Affordable Care Act (ACA) plans include a mandatory pediatric dental benefit that applies to children until the end of the plan/policy year they turn age 19. AZ Blue benefit plans that include these benefits have ID cards with an indicator on the front that says: “Pediatric Member-Dental YES.” Our ACA plans have the following plan names:

- ACA StandardHealth with Health Choice (PCP-HMO plan)
- AdvanceHealth (HMO plans)
- BlueSignature Prosano (PPO plans)
- EverydayHealth (PPO and HMO plans)
- Portfolio (PPO and HMO plans)
- PremierHealth (PPO plans)
- StandardHealth (PPO and HMO plans)

To be considered in-network, providers must be contracted for the network associated with the member’s specific benefit plan. Medical networks associated with these plans include the Neighborhood, MaricopaFocus, PimaFocus, Alliance, and PimaConnect exclusive networks, the broad HMO and PPO networks, and the ACA Health Choice network.

About the pediatric dental benefits

The dental benefits are embedded in the medical plan, and members do not have a separate dental ID card for this benefit.

- The front of the medical ID card indicates the dental benefits for members up to age 19.
- Dental services are covered only for children until the end of the plan/policy year they turn age 19.
- Dental services count toward the medical plan deductibles and out of-pocket maximums. However, as with traditional dental plans, the deductibles will be waived for covered diagnostic and preventive services in most plans.
- Claims for the embedded dental benefit go through the normal AZ Blue claim process, except for those for members with the ACA StandardHealth with Health Choice plan (submit claims for that plan to [Health Choice](#) using payer ID **RP105**).
- The pediatric orthodontic coverage included in certain medical plans is available if:
 1. The orthodontic treatment is medically necessary.
And:
 2. The member is considered eligible for pediatric orthodontic benefits (eligibility extends to the end of the plan/policy year in which the member turns age 19).

Eligibility and benefits inquiries

To check eligibility and benefits (for members up to age 19), use the [Availity Essentials™ provider portal](#) (if you’re not registered yet, visit Availity’s [Register and Get Started page](#)) For the “Service Type,” select “Dental Services/Routine (Preventive) Dental.” For the ACA StandardHealth with Health Choice plan, check eligibility and benefits via the [Health Choice provider portal](#).




If you have questions, call Provider Assistance at 1-844-995-2583, or contact your [Provider Relations Contact](#).

Dental Benefits Covered Under Medical Plans for Members Up to Age 19


ACA medical ID card sample

Members will present their medical ID card. You will see “Pediatric Member Dental: YES” on the front of the card.

ACA Medical Plan – Front

 BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>			
MEMBER NAME FLH987654321		MaricopaFocus Network Group Number INDU65 Plan Year 2025 In-Network Cost Share Deductible Individual \$8000 Deductible Family \$16000 OOP MAX Individual \$9300 OOP MAX Family \$18600 Pediatric Member Dental YES	
Copays Rx BIN# 603017	Check Benefits		
<hr/> HMO		<hr/> AZDOI 	

ACA Medical Plan – Back

 BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>		azblue.com/member	
Possession of this card does not guarantee eligibility for benefits. Certain health services may require prior authorization.		Customer Service: 602-864-4115 855-818-0240	
Emergency services available inside and outside Arizona from non-network providers. Urgent care available outside Arizona from BlueCard Traditional providers.		Urgent Care Outside AZ 1 (800) 810-2583 Provider Service 1 (844) 807-5106 Pharmacy Benefits 1 (866) 325-1794 24/7 Nurseline 1 (866) 422-2729 Chiropractic Benefits 1 (800) 678-9133	
File claims with the local BCBS plan, except file with Medicare when Medicare is primary and file AZ chiropractic claims with the Chiropractic Benefits Administrator. Contact AZ Blue for air ambulance and ancillary claim filing instructions.			
<hr/> BlueCross BlueShield Arizona P.O. Box 2924 Phoenix, AZ 85062-2924			

BlueCard (Out-of-Area) Plans

BlueCard (out-of-area) members with benefit plans from another Blue Plan might be covered for dental services while visiting or living in Arizona. Always check the member's eligibility and benefits.

On the back of the ID card, you might see "GRID" or "GRID+" indicating that the member has access to the BCBS National Dental GRID program. If so, all providers in the AZ Blue BlueDental PPO network are considered in-network for those members and the current AZ Blue dental PPO fee schedule will apply. However, Blue Plans may use other national dental network options for out-of-area care. Be sure to check the back of the member ID card for specific information.

Federal Employee Program (FEP) Plans

Some FEP medical plans include dental benefits

Federal government employees, including postal service employees, may have limited dental benefits included in their medical plans. Coverage is determined by which medical plan the employee has selected. Members do not receive a separate ID card for these benefits.

For additional benefits, federal employees may enroll in dental coverage through a Blue Cross Blue Shield (BCBS) FEP Dental® stand-alone plan — see information on page 26-11.

1. FEP Blue Standard dental benefits

Dental benefits are available under the FEP Blue Standard benefit plan. An FEP member is responsible for the difference between the FEP scheduled amount and the maximum allowable charge (MAC). MAC is an FEP term and can be used interchangeably with “AZ Blue allowed amount.” It is equivalent to the AZ Blue fee schedule, plus or minus any contractual adjustment.

- **Fee schedule**

Amounts set forth in the FEP fee schedule are payable for certain diagnostic and preventive services. The schedule is higher for children up to age 13.

- **MAC reimbursement**

Preferred (in-network) dentists agree to accept a negotiated discounted amount (MAC) as payment in full for covered services. The MAC may be updated periodically and is subject to change.

You can review the listing of covered dental services and FEP fee schedule amounts in the Service Benefit Plan (FEP Blue Standard and FEP Blue Basic) brochure at fepblue.org/plan-brochures.

You can find MAC fees by using the fee schedule tool in the [Availity Essentials™ portal](#) or the [AZ Blue provider portal](#) > Provider Resources > Guidelines > Claim Pricing > Fee Schedule.” Enter the code(s) for the covered service to see the fee.

2. FEP Blue Basic dental benefits

Benefits are available for a limited number of diagnostic and preventive services, and only when provided by a Preferred provider. Copays for covered services apply. For a complete listing of current FEP Blue Basic dental benefits, access the Service Benefit Plan (FEP Blue Standard and FEP Blue Basic) brochure at fepblue.org/plan-brochures.

3. FEP Blue Focus benefit plan – no dental benefits

The FEP Blue Focus benefit plan does *not* include benefits for dental care.

FEP Dental Network

Providers in the FEP Dental Network are considered “preferred” providers. AZ Blue BlueDental PPO providers may opt to participate in the FEP Dental Network.

Oral and maxillofacial surgery

Oral surgical procedures for certain types of excisions, surgical treatments, and correction of accidental injuries may be available under the enrollee’s medical surgical benefit. For help with benefits call 602-864-4102 or 1-800-345-7562. For postal service plans, call 1-888-585-8922.

Claim submission

Preferred dental providers file claims on behalf of the member. Submit claims electronically to AZ Blue at EDI payer ID 53589. Only if you are unable to submit claims electronically, send an ADA (version 2012) paper claim form to AZ Blue at P.O. Box 2924, Phoenix, AZ 85062-2924.

Federal Employee Program (FEP) Plans




Provider service

To validate eligibility or check benefits, call 602-864-4102 or 1-800-345-7562. For postal service plans, call 1-888-585-8922.




FEP medical ID card samples

Members who receive their Blue Cross and Blue Shield Service Benefit Plan benefits through the Federal Employees Health Benefits (FEHB) Program or the new Postal Service Health Benefits (PSHB) Program will have an FEP ID card. Below are ID card samples from both programs. The new postal service cards display a graphic in the upper right corner in the shape of a postage stamp. Non-postal plans display the U.S. map icon.




FEP Blue Standard plan

 BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan 	
Member Name JONATHAN Q DOE		fepblue.org	
Member ID R12345678		Standard Option Enrollment Code 104	
RxIIN RxPCN RxGrp	610239 FEPRX 65006500	Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/standard .	




Postal plan (FEP Blue Standard)

 BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan 	
Member Name PAUL POSTAL		fepblue.org	
Member ID R80307471		FEP Blue Standard™ Enrollment Code 33D	
RxIIN RxPCN RxGrp	610239 FEPRX 65006500	Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/standardpostal .	




FEP Blue Basic plan

 BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan 	
Member Name JONATHAN Q DOE		fepblue.org	
Member ID R12345678		Basic Option Enrollment Code 112	
RxIIN RxPCN RxGrp	610239 FEPRX 65006500	Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/basic .	




Postal plan (FEP Blue Basic)

 BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan 	
Member Name PAULA POSTAL		fepblue.org	
Member ID R80307476		FEP Blue Basic™ Enrollment Code 33A	
NO PRESCRIPTION DRUG BENEFIT		Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/basicpostal .	

FEP Blue Focus plan – No dental benefits

 BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan 	
Member Name JONATHAN Q DOE		fepblue.org	
Member ID R12345678		FEP Blue Focus Enrollment Code 133	
RxIIN RxPCN RxGrp	610239 FEPRX 65006500	Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/fbf .	

Postal plan (FEP Blue Focus) – No dental

 BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan 	
Member Name T BLUE FOCUS SELF COVERAG		fepblue.org	
Member ID R80307477		FEP Blue Focus® Enrollment Code 35A	
NO PRESCRIPTION DRUG BENEFIT		Scan this code to view your plan's deductibles and out-of-pocket maximums. Or visit fepblue.org/focuspostal .	

Federal Employee Program (FEP) Plans

BCBS FEP Dental stand-alone plans

Federal employees can choose to enroll in stand-alone BCBS FEP Dental plans through the [Federal Employees Dental and Vision Insurance Program](#) (FEDVIP). Members receive a separate dental ID card displaying “F” as the member ID prefix. Two plans are available for FEP members:

- Standard Option (\$1,500 annual maximum benefit for in-network services)
- High Option (unlimited annual maximum benefit for in-network services)

BCBS FEP Dental Network

The national Dental GRID+ Network (administered by DeCare) serves members with BCBS FEP Dental stand-alone plans. All AZ Blue BlueDental PPO network providers are included in the GRID+ network. For more information, log in to the [BCBS FEP Dental provider portal](#).

BCBS FEP Dental claim submission

Submit claims electronically to EDI payer ID **BCAFD**. Only if you are unable to submit claims electronically, send paper claims to:

Dental Claims
P.O. Box 75
Minneapolis, MN 55440-0075

Benefits are coordinated with any coverage in the member’s chosen medical plan. The medical plan’s limited coverage is always the primary payer.

Provider service

To validate eligibility or check benefits, call 1-855-504-2583.


For major or extensive dental care, you can submit pre-treatment estimate requests (include a comprehensive treatment plan and all necessary supporting documentation such as chart notes, radiographic images, and photos) to:

BCBS FEP Dental
P.O. Box 75
Minneapolis, MN 55440-0075

Stand-alone FEP Dental ID card sample

BCBS FEP Dental ID cards display the member ID prefix “F” and indicate the GRID network on the back.

FEP Dental stand-alone plan – Front

 BlueCross BlueShield FEP Dental	
JOHN DOE	JANE DOE
ID Number F12345678	SAM DOE
Program FEP DENTAL	
Group Number FEPD1-0002	
Uniformed Services Standard Option	
www.bcbsfedental.com	Dental Program

FEP Dental stand-alone plan – Back

<p>GRID+</p> <p>Present this card at each visit. This card is for identification only and not a guarantee of benefits or eligibility. For claims submission purposes, use the member's identification number.</p> <p>Claims should be submitted to Medical carriers for primary Coverage and not directly to Dental if member has medical coverage.</p> <p style="font-size: 0.8em;">10/08/2020</p>	<p style="font-size: 0.8em;">For GRID+ Dental Network Customer Service within the U.S. call: 855-504-2583 Outside of the U.S. call collect: 651-994-2583</p> <hr style="width: 50%; margin: 0 auto;"/> <p style="font-size: 0.8em;">If the member has dental coverage only, forward claims to: BCBS FEP Dental PO Box 75 Minneapolis, MN 55440-0075</p>
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Medicare Advantage Dental Benefits

Medicare Advantage dental benefits

Some of our Medicare Advantage plans include preventive and restorative dental benefits that are administered by AZ Blue. To qualify as an in-network provider for these benefits, you must be contracted with us for the BlueDental Prime dental network. For more information about this participation arrangement, contact the BlueDental team at 1-888-271-7806.

Coverage and member cost share

All dental office visits require a \$10 co-pay. Other than the office visit copay, preventive services are covered with no additional cost share. Type II and III services vary in coverage and cost share. Here is an overview (for details, visit the BlueDental provider portal at azblue.com/BlueDentalProvider):

BENEFIT PLAN NAME and ID #	PREFIX (DENTAL)	SERVICE AREA	BENEFIT MAXIMUMS
Blue Best Life Plus (HMO) H0302-001 (prefix M2K for medical plan)	99D	Maricopa and Pinal counties	\$3,000 per calendar year
Blue Best Life Classic (HMO) H0302-006 (prefix M2K for medical plan)	99D	Maricopa and Pinal counties	\$2,000 per calendar year


Claim submission

We encourage electronic claim submission (837D) for dental services rendered to Medicare Advantage members. Submit claims to AZ Blue at EDI payer ID 53589.


Medicare Advantage dental benefit ID card sample

Medicare Advantage members have a separate ID card for dental benefits.

BlueDental Prime Medicare – Front

		BlueDental Prime Medicare	
Member	Network	PRIME	
MEMBER NAME			
Member ID			
99D98765432			
	Service Types	Dental	
	Office Visit Copay	\$10	
	Preventive	100%	
	Comprehensive	50%	
	Orthodontia	No	
	Benefit Maximum	\$2000	

BlueDental Prime Medicare – Back

		azblue.com/medicare	
For Dental Providers ONLY			
Send claims to:		Member Services: (480) 937-0409	
BCBSAZ BlueDental Claims		Toll Free: (800) 446-8331	
P.O. Box 211424		TTY: 711	
Eagan, MN 55121		Find a Dental Provider: azblue.com/FindMedicareDoc	
Fax (dental claims only): 1-833-517-1939		For Dental Providers Only	
		Dental Provider Services: (888) 271-7806	
Please present this card at time of every dental service.			
Card Print Date: 10/31/2024			