



An Independent Licensee of the Blue Cross Blue Shield Association



BlueDentalSM DHMO

BENEFIT BOOK

BlueDental DHMO Plus
Individual & Family Plan

azblue.com

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BlueDental DHMO Plus – Individual DHMO Summary of Benefits and Member Copayments

IMPORTANT NOTICE: Please read this book, which is part of your contract with Blue Cross Blue Shield of Arizona (BCBSAZ) and all accompanying documents when you receive them. If this BlueDental benefit plan is unsatisfactory for any reason, you may cancel your policy by sending BCBSAZ written notice of cancellation within ten (10) days following receipt of this book. You may also contact BCBSAZ to discuss your options for obtaining coverage through another BCBSAZ plan. If you choose to cancel and you prepaid any premium, BCBSAZ will refund that premium and cancel the contract for your benefit plan as though it was never in effect.

| ADA Code | Description | Member Copayment |
|------------------------------|--|------------------|
| DIAGNOSTIC/PREVENTIVE | | |
| D9439 | Office visit | 10 |
| D0120 | Periodic oral eval - established patient | 0 |
| D0140 | Limited oral eval - problem focused | 0 |
| D0145 | Oral eval for a patient under 3 years of age | 0 |
| D0150 | Comprehensive oral eval - new or established patient | 0 |
| D0160 | Detailed and extensive oral eval - problem focused | 0 |
| D0170 | Re-evaluation - limited, problem focused | 0 |
| D0180 | Comp. periodontal eval - new or established patient | 25 |
| D0210 | Intraoral - complete series (including bitewings) | 20 |
| D0220 | Intraoral - periapical first radiographic image | 0 |
| D0230 | Intraoral - periapical each add. radiographic image | 0 |
| D0240 | Intraoral - occlusal radiographic image | 0 |
| D0250 | Extra-oral - 2D projection radiographic image | 0 |
| D0270 | Bitewing - single radiographic image | 0 |
| D0272 | Bitewings - two radiographic images | 0 |
| D0273 | Bitewings - three radiographic images | 0 |
| D0274 | Bitewings - four radiographic images | 0 |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | 0 |
| D0330 | Panoramic radiographic image | 20 |
| D0340 | 2D cephalometric radiographic image | 0 |
| D0350 | 2D oral/facial photographic images (intraoral/extraoral) | 0 |

| ADA Code | Description | Member Copayment |
|---|--|-------------------------|
| D0431 | Adjunctive pre-diagnostic | 44 |
| D0460 | Pulp vitality tests | 0 |
| D0470 | Diagnostic casts | 0 |
| D1110 | Prophylaxis (cleaning) - adult | 10 |
| D1110* | Extra cleaning for diabetics and expectant mothers | 40 |
| D1120 | Prophylaxis (cleaning) - child | 10 |
| D1206 | Topical fluoride varnish for mod/high risk caries patients | 0 |
| D1208 | Topical application of fluoride | 0 |
| D1310 | Nutritional counseling for control of dental disease | 0 |
| D1320 | Tobacco counseling for control and prev. oral disease | 0 |
| D1330 | Oral hygiene instructions | 0 |
| D1351 | Sealant - per tooth | 20 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth | 20 |
| D1354 | Interim Caries Arresting Medicament Application | 15 |
| SPACE MAINTAINERS | | |
| D1510 | Space maintainer - fixed - unilateral | 182 |
| D1516 | Space Maintainer - Fixed - Bilateral, Maxillary | 184 |
| D1517 | Space Maintainer - Fixed - Bilateral, Mandibular | 184 |
| D1520 | Space maintainer - removable - unilateral | 195 |
| D1526 | Space Maintainer - Removable - Bilateral, Maxillary | 206 |
| D1527 | Space Maintainer - Removable - Bilateral, Mandibular | 206 |
| D1550 | Re-cementation of space maintainer | 26 |
| D1555 | Removal of fixed space maintainer, by non-originating dentist | 39 |
| D1575 | Distal shoe space maintainer - fixed - unilateral | 182 |
| RESTORATIVE DENTISTRY (FILLINGS) | | |
| AMALGAM RESTORATIONS (SILVER) | | |
| D2140 | Amalgam - one surface, prim. or perm. | 20 |
| D2150 | Amalgam - two surfaces, prim. or perm. | 30 |
| D2160 | Amalgam - three surfaces, prim. or perm. | 40 |
| D2161 | Amalgam - >=4 surfaces, prim. or perm. | 50 |
| COMPOSITE RESTORATIONS (TOOTH COLORED) | | |
| D2330 | Resin-based composite - one surface, anterior | 40 |
| D2331 | Resin-based composite - two surfaces, anterior | 50 |
| D2332 | Resin-based composite - three surfaces, anterior | 60 |
| D2335 | Resin-based composite - >=4 surfaces, anterior | 75 |

| ADA Code | Description | Member Copayment |
|----------------------------|---|------------------|
| CROWN & BRIDGE* | | |
| D2390 | Resin-based composite crown, anterior | 100 |
| D2391 | Resin-based composite - one surface, posterior | 55 |
| D2392 | Resin-based composite - two surfaces, posterior | 75 |
| D2393 | Resin-based composite - three surfaces, posterior | 85 |
| D2394 | Resin-based composite - >=4 surfaces, posterior | 105 |
| D2510 | Inlay- metallic - one surface | 394 |
| D2520 | Inlay- metallic - two surfaces | 400 |
| D2530 | Inlay - metallic - three or more surfaces | 407 |
| D2542 | Onlay - metallic-two surfaces | 720 |
| D2543 | Onlay - metallic - three surfaces | 740 |
| D2544 | Onlay - metallic - four or more surfaces | 715 |
| D2610 | Inlay - porcelain/ceramic - one surface | 395 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | 418 |
| D2630 | Inlay - porcelain/ceramic - >=3 surfaces | 444 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | 432 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | 465 |
| D2644 | Onlay - porcelain/ceramic - >=4 surfaces | 495 |
| D2650 | Inlay - resin-based composite - one surface | 260 |
| D2651 | Inlay - resin-based composite - two surfaces | 303 |
| D2652 | Inlay - resin-based composite - >=3 surfaces | 325 |
| D2662 | Onlay - resin-based composite - two surfaces | 297 |
| D2663 | Onlay - resin-based composite - three surfaces | 335 |
| D2664 | Onlay - resin-based composite - >=4 surfaces | 356 |
| D2710 | Crown - resin based composite (indirect) | 275 |
| D2712 | Crown - 3/4 resin-based composite (indirect) | 212 |
| D2720 | Crown - resin with high noble metal | 495 |
| D2721 | Crown - resin with predominantly base metal | 514 |
| D2722 | Crown - resin with noble metal | 495 |
| D2740 | Crown - porcelain/ceramic | 540 |
| D2750 | Crown - porcelain fused to high noble metal | 520 |
| D2751 | Crown - porcelain fused to predominantly base metal | 500 |
| D2752 | Crown - porcelain fused to noble metal | 520 |
| D2780 | Crown - 3/4 cast high noble metal | 520 |
| D2781 | Crown - 3/4 cast predominantly base metal | 540 |

| ADA Code | Description | Member Copayment |
|--------------------------------|---|-------------------------|
| D2782 | Crown - 3/4 cast noble metal | 520 |
| D2783 | Crown - 3/4 porcelain/ceramic | 540 |
| D2790 | Crown - full cast high noble metal | 520 |
| D2791 | Crown - full cast predominately base metal | 540 |
| D2792 | Crown - full cast noble metal | 520 |
| D2794 | Crown - titanium | 540 |
| D2799 | Provisional crown | 87 |
| D2910 | Recement inlay | 39 |
| D2920 | Recement crown | 40 |
| D2930 | Prefab. stainless steel crown - prim. tooth | 105 |
| D2931 | Prefab. stainless steel crown - perm. tooth | 99 |
| D2932 | Prefabricated resin crown | 143 |
| D2933 | Prefab. stainless steel crown w/ resin window | 153 |
| D2934 | Prefab. esthetic coated primary tooth | 172 |
| D2940 | Protective restoration | 34 |
| D2950 | Core buildup, including any pins | 100 |
| D2951 | Pin retention - per tooth, in addition to restoration | 34 |
| D2952 | Cast post and core in addition to crown | 173 |
| D2954 | Prefab. post and core in addition to crown | 145 |
| D2955 | Post removal (not in conj. with endo. therapy) | 101 |
| D2960 | Labial veneer (resin laminate) - chairside | 341 |
| D2961 | Labial veneer (resin laminate) - lab | 600 |
| D2962 | Labial veneer porcelain laminate) - lab | 675 |
| D2980 | Crown repair, by report | 165 |
| ENDODONTICS¹ | | |
| D3110 | Pulp cap - direct (excl. final restoration) | 22 |
| D3120 | Pulp cap - indirect (excl. final restoration) | 22 |
| D3220 | Therapeutic pulpotomy (excl. final restor.) | 75 |
| D3221 | Pulpal debridement, prim. and perm. teeth | 78 |
| D3310 | Endodontic therapy, anterior tooth | 330 |
| D3320 | Endodontic therapy, premolar tooth | 400 |
| D3330 | Endodontic therapy, molar | 520 |
| D3331 | Treatment of root canal obstr. non-surgical | 153 |
| D3332 | Incomp. endo. therapy-inop. or fractured tooth | 136 |
| D3333 | Internal root repair of perforation defects | 152 |

| ADA Code | Description | Member Copayment |
|---------------------------------|--|-------------------------|
| D3346 | Retreat of prev. root canal therapy, anterior | 430 |
| D3347 | Retreat of prev. root canal therapy, premolar | 500 |
| D3348 | Retreat of prev. root canal therapy, molar | 620 |
| D3351 | Apexification/recalcification - initial visit | 105 |
| D3352 | Apexification/recalcification - interim med. repl. | 105 |
| D3353 | Apexification/recalcification - final visit | 105 |
| D3410 | Apicoectomy - anterior | 326 |
| D3421 | Apicoectomy - premolar (first root) | 360 |
| D3425 | Apicoectomy - molar (first root) | 395 |
| D3426 | Apicoectomy - (each add. root) | 179 |
| D3430 | Retrograde filling - per root | 99 |
| D3450 | Root amputation - per root | 110 |
| D3920 | Hemisection, not inc. root canal therapy | 102 |
| PERIODONTICS¹ | | |
| D4210 | Gingivectomy or gingivoplasty - >3 cont. teeth, per quad. | 253 |
| D4211 | Gingivectomy or gingivoplasty - <=3 teeth, per quad. | 141 |
| D4240 | Gingival flap proc., inc. root planing - >3 cont. teeth, per quad | 323 |
| D4241 | Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad | 176 |
| D4249 | Clinical crown lengthening - hard tissue | 353 |
| D4260 | Osseous surgery - >3 cont. teeth, per quad | 484 |
| D4261 | Osseous surgery - <=3 cont. teeth, per quad | 292 |
| D4263 | Bone replacement graft – First site in quadrant | 351 |
| D4264 | Bone replacement graft – Each additional site in quadrant | 272 |
| D4266 | Guided tissue regen. - resorb. barrier, per site | 460 |
| D4274 | Mesial/distal or proximal wedge procedure, single tooth | 308 |
| D4320 | Provisional splinting - intracoronal | 88 |
| D4321 | Provisional splinting - extracoronal | 94 |
| D4341 | Perio scaling and root planing - >3 cont teeth, per quad. | 115 |
| D4342 | Perio scaling and root planing - <= 3 teeth, per quad | 75 |
| D4346 | Scaling in presence of generalized moderate/severe gingival inflammation | 53 |
| D4355 | Full mouth debridement | 95 |
| D4381 | Localized delivery of chemotherapeutic agents | 60 |
| D4910 | Periodontal maintenance | 70 |
| PROSTHETICS (DENTURES) | | |
| D5110 | Complete denture - maxillary | 660 |

| ADA Code | Description | Member Copayment |
|-----------------|--|-------------------------|
| D5120 | Complete denture - mandibular | 660 |
| D5130 | Immediate denture - maxillary | 690 |
| D5140 | Immediate denture - mandibular | 690 |
| D5211 | Maxillary partial denture - resin base | 583 |
| D5212 | Mandibular partial denture - resin base | 583 |
| D5213 | Maxillary partial denture - cast metal | 688 |
| D5214 | Mandibular partial denture - cast metal | 688 |
| D5221 | Immediate maxillary partial denture - resin base | 563 |
| D5222 | Immediate mandibular partial denture - resin base | 563 |
| D5223 | Immediate maxillary partial denture - cast metal | 613 |
| D5224 | Immediate mandibular partial denture - cast metal | 613 |
| D5225 | Maxillary partial denture - flexible base | 613 |
| D5226 | Mandibular partial denture - flexible base | 613 |
| D5282 | Removable Unilateral Partial Denture -One Piece Cast Metal, Maxillary (Incl Clasps & Teeth) | 382 |
| D5283 | Removable Unilateral Partial Denture -One Piece Cast Metal, Mandibular (Incl Clasps & Teeth) | 382 |
| D5410 | Adjust complete denture - maxillary | 40 |
| D5411 | Adjust complete denture - mandibular | 40 |
| D5421 | Adjust partial denture - maxillary | 40 |
| D5422 | Adjust partial denture - mandibular | 40 |
| D5511 | Repair broken complete denture base, mandibular | 72 |
| D5512 | Repair broken complete denture base, maxillary | 72 |
| D5520 | Replace missing or broken teeth - complete denture | 72 |
| D5611 | Repair resin partial denture base, mandibular | 72 |
| D5612 | Repair resin partial denture base, maxillary | 72 |
| D5621 | Repair cast partial framework, mandibular | 72 |
| D5622 | Repair cast partial framework, maxillary | 72 |
| D5630 | Repair or replace broken clasp | 72 |
| D5640 | Replace broken teeth - per tooth | 72 |
| D5650 | Add tooth to existing partial denture | 72 |
| D5660 | Add clasp to existing partial denture | 72 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | 428 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | 428 |
| D5710 | Rebase complete maxillary denture | 210 |

| ADA Code | Description | Member Copayment |
|------------------------------|--|-------------------------|
| D5711 | Rebase complete mandibular denture | 210 |
| D5720 | Rebase maxillary partial denture | 210 |
| D5721 | Rebase mandibular partial denture | 210 |
| D5730 | Reline complete maxillary denture (chairside) | 143 |
| D5731 | Reline complete mandibular denture (chairside) | 143 |
| D5740 | Reline maxillary partial denture (chairside) | 143 |
| D5741 | Reline mandibular partial denture (chairside) | 143 |
| D5750 | Reline complete maxillary denture (lab) | 225 |
| D5751 | Reline complete mandibular denture (lab) | 225 |
| D5760 | Reline maxillary partial denture (lab) | 225 |
| D5761 | Reline mandibular partial denture (lab) | 225 |
| D5810 | Interim complete denture - maxillary | 333 |
| D5811 | Interim complete denture - mandibular | 333 |
| D5820 | Interim partial denture - maxillary | 385 |
| D5821 | Interim partial denture - mandibular | 385 |
| D5850 | Tissue conditioning - maxillary | 33 |
| D5851 | Tissue conditioning - mandibular | 33 |
| BRIDGE & PONTICS* | | |
| D6210 | Pontic - cast high noble metal | 501 |
| D6211 | Pontic - cast predominately base metal | 514 |
| D6212 | Pontic - cast noble metal | 501 |
| D6240 | Pontic - porcelain fused to high noble metal | 545 |
| D6241 | Pontic - porcelain fused to predominately base metal | 536 |
| D6242 | Pontic - porcelain fused to noble metal | 545 |
| D6245 | Pontic - porcelain/ceramic | 539 |
| D6250 | Pontic - resin with high noble metal | 545 |
| D6251 | Pontic - resin with predominately base metal | 539 |
| D6252 | Pontic - resin with noble metal | 545 |
| D6545 | Ret. - cast metal for resin bonded fixed prosthesis | 319 |
| D6548 | Ret. - porc./ceramic for resin bonded fixed prosthesis | 176 |
| D6549 | Resin retainer - for resin bonded fixed prosthesis | 659 |
| D6600 | Inlay - porc./ceramic, two surfaces | 410 |
| D6601 | Inlay - porc./ceramic, >=3 surfaces | 427 |
| D6602 | Inlay - cast high noble metal, two surfaces | 551 |
| D6603 | Inlay - cast high noble metal, >=3 surfaces | 569 |

| ADA Code | Description | Member Copayment |
|---------------------------------|--|-------------------------|
| D6604 | Inlay - cast predominantly base metal, two surfaces | 481 |
| D6605 | Inlay - cast predominantly base metal, >=3 surfaces | 493 |
| D6606 | Inlay - cast noble metal, two surfaces | 511 |
| D6607 | Inlay - cast noble metal, >=3 surfaces | 523 |
| D6608 | Onlay -porc./ceramic, two surfaces | 439 |
| D6609 | Onlay - porc./ceramic, three or more surfaces | 459 |
| D6610 | Onlay - cast high noble metal, two surfaces | 545 |
| D6611 | Onlay - cast high noble metal, >=3 surfaces | 568 |
| D6612 | Onlay - cast predominantly base metal, two surfaces | 481 |
| D6613 | Onlay - cast predominantly base metal, >=3 surfaces | 493 |
| D6614 | Onlay - cast noble metal, two surfaces | 511 |
| D6615 | Onlay - cast noble metal, >=3 surfaces | 535 |
| D6720 | Crown - resin with high noble metal | 308 |
| D6721 | Crown - resin with predominantly base metal | 421 |
| D6722 | Crown - resin with noble metal | 308 |
| D6740 | Crown - porcelain/ceramic | 539 |
| D6750 | Crown - porcelain fused to high noble metal | 545 |
| D6751 | Crown - porcelain fused to predominately base metal | 539 |
| D6752 | Crown - porcelain fused to noble metal | 545 |
| D6780 | Crown - 3/4 cast high noble metal | 545 |
| D6781 | Crown - 3/4 cast predominantly base metal | 539 |
| D6782 | Crown - 3/4 cast noble metal | 545 |
| D6783 | Crown - 3/4 porc./ceramic | 539 |
| D6790 | Crown - full cast high noble metal | 545 |
| D6791 | Crown - full cast predominately base metal | 539 |
| D6792 | Crown - full cast noble metal | 545 |
| D6920 | Connector bar | 83 |
| D6930 | Recement fixed partial denture | 67 |
| D6940 | Stress breaker | 165 |
| D6950 | Precision attachment | 240 |
| D6980 | Fixed partial denture repair, by report | 99 |
| ORAL SURGERY¹ | | |
| D7111 | Extraction, coronal remnants - primary tooth | 45 |
| D7140 | Extraction, erupted tooth or exposed root | 60 |
| D7210 | Surg. removal of Extraction, erupted tooth req elev, etc | 90 |

| ADA Code | Description | Member Copayment |
|---------------------|---|-------------------------|
| D7220 | Removal of impacted tooth - soft tissue | 105 |
| D7230 | Removal of impacted tooth - partially bony | 140 |
| D7240 | Removal of impacted tooth - completely bony | 185 |
| D7241 | Removal of imp. tooth - completely bony, with unusual surg. complications | 224 |
| D7250 | Surgical Removal of residual tooth roots | 128 |
| D7251 | Coronectomy – Intentional partial tooth removal | 224 |
| D7270 | Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth | 165 |
| D7280 | Surgical access Exposure of an unerupted tooth | 157 |
| D7286 | Biopsy of oral tissue - soft (all others) | 138 |
| D7310 | Alveoloplasty in conj. w/ extractions, >=4 per quad. | 110 |
| D7311 | Alveoloplasty in conj. w/ extractions, 1-3 per quad. | 105 |
| D7320 | Alveoloplasty not in conj. w/ extractions, >=4 per quad. | 168 |
| D7321 | Alveoloplasty not in conj. w/ extractions, 1-3 per quad. | 138 |
| D7471 | Removal of lateral exostosis | 391 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | 88 |
| D7960 | Frenulectomy (frenectomy/frenotomy) - separate proc. | 127 |
| D7979 | Non-surgical sialolithotomy | 20 |
| ORTHODONTICS | | |
| D8050 | Interceptive ortho. treatment of the primary dentition | 3010 |
| D8060 | Interceptive ortho. treatment - transitional dentition | 3010 |
| D8070 | Comp. ortho. treatment - transitional dentition | 3515 |
| D8080 | Comp. ortho. treatment - adolescent dentition | 3852 |
| D8090 | Comp. ortho. treatment - adult dentition | 4049 |
| D8660 | Pre-orthodontic treatment visit | 77 |
| D8670 | Periodic ortho. treatment visit (as part of contract) | 135 |
| D8680 | Orthodontic retainer (rem. of appl./placement of retainer(s)) | 314 |
| D8999 | Unspecified orthodontic procedure, by report | 218 |
| D9110 | Palliative (emergency) treatment of dental pain | 20 |
| D9210 | Local anesthesia not in conj. w/ operative/surg. procedures | 19 |
| D9211 | Regional block anesthesia | 24 |
| D9212 | Trigeminal division block anesthesia | 48 |
| D9215 | Local anesthesia in conj. w/ operative/surg. procedures | 19 |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | 90 |
| D9223 | Deep sedation/general anesthesia - each 15 minute increment | 90 |
| D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | 39 |

| ADA Code | Description | Member Copayment |
|-----------------|---|-------------------------|
| D9239 | Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes | 90 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each additional 15 minute increment | 90 |
| D9310 | Consultation (diagnostic service by nontreating dentist) | 35 |
| D9450 | Case pres, detailed/ext treatment planning | 0 |
| D9940 | Occlusal guard, by report | 245 |
| D9944 | Occlusal Guard – Hard Appliance, Full Arch | 58 |
| D9945 | Occlusal Guard – Soft Appliance, Full Arch | 58 |
| D9946 | Occlusal Guard – Hard Appliance, Partial Arch | 58 |
| D9951 | Occlusal adjustment - limited | 50 |
| D9952 | Occlusal adjustment - complete | 230 |
| D9995 | Teledentistry – synchronous; real-time encounter | 20 |
| D9996 | Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review | 20 |

¹ As performed by a Participating General Dentist. See Plan Exclusions #13 for additional details

* All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

In-Network Providers

“In-network” dental providers have a BlueDental DHMO network contract with Blue Cross Blue Shield of Arizona (BCBSAZ) or with BCBSAZ’s independent dental network vendors. In-network providers accept negotiated fees as payment in full for covered dental services, and file a member’s claims with BCBSAZ. Members usually have lower out-of-pocket costs with in-network providers. If you visit an “In-Network dental provider”, you will be responsible for the amount listed in the member copayment column.

Choosing a DHMO In-Network Provider

You must choose a BlueDental DHMO network provider from the BCBSAZ member portal and confirm with that provider that you are a DHMO patient when scheduling an appointment. You may also call BCBSAZ Member Services at 888-271-7806 for assistance in getting assigned to a DHMO network provider or to address any issues.

Out-of-Network Providers

“Out-of-network” providers have no contract with BCBSAZ or with BCBSAZ’s independent dental network vendors. Out-of-network providers set their own rates, can collect up to full billed charges from members, and have no obligation to file members’ claims. There is no coverage on this BlueDental DHMO plan if you visit an out-of-network provider.

BCBSAZ STANDARD EXCLUSIONS AND LIMITATIONS

Plan Limitations

Unless determined to be medically necessary, covered services are limited to:

1. Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
2. One (1) problem focused exam is covered per calendar year.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year.
5. Two (2) bitewing x-rays are covered per calendar year.
6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
7. One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
8. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
9. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
10. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
11. Relining and rebasing of dentures is covered once every 24 months.
12. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
13. Root planing or scaling is covered once every 24 months per quadrant.
14. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
15. Full mouth debridement is covered once per lifetime.
16. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.
19. Coronectomy - intentional partial tooth removal, once per lifetime.
20. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two (2) per calendar year (when available).

Plan Exclusions

1. Services which are covered under Medicare, worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry including bleaching except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.

8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with BCBSAZ to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that the member will be responsible for 25% of the lesser of a Participating Specialists UCR fee or the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees as the amount varies by provider.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
15. The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
16. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.
17. Placement of dental implants, implant-supported crowns, abutments, and prostheses.

Dental Policy – Individual

This policy is guaranteed renewable subject to timely payment of premiums. Premiums are subject to change on a uniform basis for all subscribers covered under this policy form.

Blue Cross and Blue Shield of Arizona, Inc., an independent licensee of the Blue Cross and Blue Shield Association, (herein referred to as "Plan" or BCBSAZ) certifies that the Subscriber is covered under and subject to all the provisions, definitions, limitations and conditions of this Individual Dental Policy for the benefits approved herein, and is eligible for benefits stated in the attachments hereto (Coverage Schedule) as of the date indicated in the letter accompanying the Membership Identification Card.

"Dental Benefits Administrator" (DBA) means Dominion Dental Services USA, Inc., the independent company that administers dental benefits for BCBSAZ. The DBA processes dental claims, determines dental necessity and handles utilization management, grievances and appeals related to dental services.

Member Services Contact (change mail address, add or remove dependents, termination of coverage)

Blue Cross and Blue Shield of Arizona

Attn: Membership Services

Mail Stop: A102

Blue Cross Blue Shield of Arizona

PO Box 13466
Phoenix, AZ 85002-3466

888-271-7806

IMPORTANT NOTICE: Please read this book, which is part of your contract with Blue Cross Blue Shield of Arizona (BCBSAZ) and all accompanying documents when you receive them. If this benefit plan is unsatisfactory for any reason, you may cancel your policy by sending BCBSAZ written notice of cancellation within ten (10) days following receipt of this book. You may also contact BCBSAZ to discuss your options for obtaining coverage through another BCBSAZ plan. If you choose to cancel and you prepaid any premium, BCBSAZ will refund that premium and cancel the contract for your benefit plan as though it was never in effect.

Part I. DEFINITIONS

- A. **Dependent** shall mean lawful spouse of Subscriber and/or unmarried natural, step or adopted children, or children under the Subscriber's legal guardianship, from and after birth up to his/her 26th birthday. A child is automatically eligible for coverage for the first 31 days beginning on the date of birth, adoption, placement for adoption, or placement in foster care ("qualifying date"), if the parent or guardian covered under this plan remains eligible for coverage during that period and the child is otherwise an eligible dependent under this plan. Coverage will continue for the child after the 31-day period and you will be responsible for any additional premium, unless you provide notice in writing to remove the child from the Plan. The additional premium is prorated. Even if no additional premium is required (for example, you already have family coverage), you must provide notice in writing if you wish to remove the child from the plan. When a child has been placed with a Subscriber for the purpose of adoption, that child is eligible for Dependent coverage from the date of such adoptive or parental placement. However, application for coverage must be submitted within 31 days from date of eligibility, along with proof that the adoption is pending. If a newborn infant is placed for adoption with Subscriber within 31 days of birth, such child shall be considered a newborn child of the Subscriber to the same extent as if that child had been a newborn natural child of the Subscriber. Upon the attainment of limiting age, coverage as a Dependent shall be extended if the child is and continues to be both (1) incapable of self-sustaining employment by reason of intellectual or physical disability and (2) chiefly dependent upon the Subscriber for support and maintenance, provided proof of such disability and dependency is furnished to Plan by Subscriber within 31 days of the child's attainment of limiting age and subsequently as may be required by the Plan, but not more than annually after the two-year period following the child's attainment of limiting age.
- B. **Member** shall mean any individual Subscriber or eligible family Dependent entitled to receive services by reason of the Contract.
- C. **Participating Dentist** shall mean those independent licensed dentists who have contracted with the Plan to provide dental services for Members of the Plan. Participating Dentists are not employees of, nor supervised by the Plan.
- D. **Plan Specialist Participating Dentist** shall mean those independent licensed specialists who have contracted with the Plan to provide dental services for Members of the Plan that are of such a degree of complexity as not to be normally performed by a Participating Dentist. Plan Specialists are not employees of, nor supervised by the Plan.
- E. **Subscriber** shall mean an individual in good standing who has paid the Subscription Dues for services of the Plan prior to the period of eligibility, including payments for Dependents as hereinafter defined.

- F. **Subscription Dues** shall mean amounts payable on a regular prepayment basis by or for the Subscriber to the Plan.
- G. **Usual and Customary Fees** shall mean those fees that the Participating Dentist usually charges its patients for dental services when a person is not affiliated with any dental program.

Part II. EFFECTIVE DATE OF BENEFITS

- A. All persons, who have enrolled in the Plan and paid the appropriate Subscription Dues on or before the 17th day of the month, shall be eligible for benefits commencing on the 1st day of the following month or on any date mutually agreed upon by Plan and Subscriber.
- B. All persons who have enrolled in the Plan and paid the appropriate Subscription Dues between the 17th day of the month and the last day of the month shall be eligible for benefits commencing on the 1st day of the second month or on any date mutually agreed upon by Plan and Subscriber.
- C. All Subscribers and enrolled Dependents become eligible for services on the effective date indicated in the letter accompanying their Membership Identification Card. Coverage is effective for dependent children on the date of birth, adoption or placement for adoption.

Part III. TERMINATION OR CANCELLATION

Benefits shall cease upon the earliest of the following events:

- A. On the last day of the grace period. If payment is not made in full on or prior to the date due, as specified in Part IV, a grace period of 31 days from the last date of coverage shall be granted to the Subscriber for the payment of Subscription Dues falling due after the first payment. If payment is not received within the 31 days, coverage may be cancelled after the 31st day and the Subscriber may be held liable for the payment of the Premium for the period of time coverage remained in effect during the grace period. The Contract shall remain in full force and effect during the grace period.
- B. Upon the date of Dependents attaining the age of 26. (Subject to Part I-F).
- C. Upon Member performing an act, practice or omission that constitutes fraud, or intentional misrepresentation of material fact, coverage will be rescinded 30 days after written notice is provided to the Subscriber by the Plan. The rescission will only extend back to the date on which fraud or intentional misrepresentation of material fact occurred.
- D. Upon the 46th day prior written notice is mailed to the Subscriber stating the reason for cancellation.

If this BlueDental Plan is unsatisfactory for any reason, you may cancel your policy by sending BCBSAZ written notice of cancellation within ten (10) days following receipt of this book. You may also contact BCBSAZ to discuss your options for obtaining coverage through another BCBSAZ Plan. If you choose to cancel and you prepaid any premium, BCBSAZ will refund that premium and cancel the contract for your Benefit Plan as though it was never in effect.

Reasons for Termination of Coverage

Unless coverage is earlier terminated by request of the Contract Holder and/or any Dependent(s) or due to the death of the Contract Holder and/or or any Dependents, BCBSAZ will notify the Contract Holder and Dependent(s) of any termination dates of coverage for the Contract Holder and/or any Dependent(s) a minimum of thirty (30) days prior to the last day of coverage.

The Contract Holder and/or any Dependents' coverage under this Benefit Plan may terminate for the following reasons, including but not limited to:

- A. The Contract Holder and/or any Dependent(s) die
- B. The Contract Holder and/or Dependent(s) request termination of coverage
- C. Non-payment of premiums by the Contract Holder, after expiration of any grace period available under applicable law

D. Coverage for the Contract Holder and/or Dependents is rescinded

Termination Date of Coverage

Termination dates are generally the following, subject to changes in applicable federal and state law:

- A. The last day of coverage allowed by applicable law for a grace period for non-payment of premium.
- B. If the Contract Holder gets divorced, the termination date for the Contract Holder's spouse is the date of the final divorce decree.
- C. When an adult Dependent turns age 30 and does not qualify as a disabled Dependent, the termination date is the adult Dependent's 30th birthday.
- D. When an adult Dependent's disability ends, the termination date is the date disability or incapacity ends.
- E. When a Dependent child covered by a qualified medical support order is no longer eligible under the court order or administrative order, the termination date is the last day of the time period specified in the court order or administrative order.
- F. When a Contract Holder dies, BCBSAZ terminates the Contract Holder's policy on the date of death and transfers any Dependents to a new policy on the date of death.
- G. Any other termination date allowed under applicable law.

BCBSAZ does not automatically terminate a Contract Holder or Dependent when that person turns age 65 or becomes eligible for Medicare for some other reason. For persons who are eligible for Medicare and at least age 65, BCBSAZ has other coverage options that may offer lower premium rates. Please call us for additional information. If you continue your coverage under this Plan, BCBSAZ will not duplicate benefits for covered Services paid by Medicare as primary payer.

Voluntary Termination of Coverage

Except as provided in this section for Dependents subject to court order or administrative order, the Contract Holder may voluntarily cancel coverage at any time for the Contract Holder and all Dependents by notifying BCBSAZ. BCBSAZ will terminate the Plan on the 1st day of the month following BCBSAZ's receipt of the request.

Part IV. SUBSCRIPTION DUES AND MEMBER COPAYMENTS

Subscription Dues are payable on a monthly basis each month that this Contract is in effect. Subscription Dues must be received in the administrative office of the Plan no later than the first day on which the coverage period begins. If Electronic Funds Transfers is not utilized, payments should be mailed to: Blue Cross Blue Shield of Arizona, Inc., and P.O. Box 52563 Phoenix, AZ 85072-2563. Monthly Subscription Dues must be debited from either a bank or credit card account. Member Copayments (as listed in the attached Description of Benefits and Member Copayments) are payable to the Participating Dentist at the time services are rendered.

Part V. BENEFITS AND COVERAGES

All dental procedures listed under the attached Description of Benefits and Member Copayments will be provided if they are necessary for the patient's dental health. The fee charged will be the fee listed under Member Copayments for each procedure completed. If conflict arises regarding the quality, cost, or extent of work performed pursuant to the Plan, the case in question will be resolved pursuant to the Complaint or Quality Assurance Procedures established by the Plan.

PARTICIPATING REFERRAL: Referrals to a Plan Specialist must be made by the Member's Participating Dentist, except in the case of orthodontics.

NON-PARTICIPATING REFERRAL: If a Participating Dentist refers the Member to a nonparticipating specialist for dental services, which are covered under this agreement, the Plan shall be responsible for payment of the specialist's charges to the extent the charges exceed the Copayments specified in the Description of Benefits and Member Copayments.

If Plan's network does not have a geographically accessible Provider with appropriate expertise to treat a Member's dental condition, after notifying the Plan, the Member can obtain services from an out-of-network Provider. The Plan will work with the Member to identify a Provider. The Plan will pay all medically necessary covered expenses directly related to the treatment of the Member's dental condition. The Member will be responsible for the Plan's copayments and cost-sharing based on in-network benefits. The Plan may apply preauthorization and/or alternative benefit protocols that would be applied to an in-network provider. In the event that the Plan and the out-of-network Provider cannot agree upon the appropriate rate, the Provider shall be entitled to those charges and rates allowed by the Insurance Commissioner or the Commissioner's designee following an arbitration of the dispute. The Plan will pay the benefits directly to the out-of-network Provider.

If during the term of this Contract none of the plan dentists can render necessary care and treatment to the Member due to circumstances not reasonably within the control of the Plan, such as complete or partial destruction of facilities, war, riot, civil insurrection, labor disputes, or the disability of a significant number of the plan dentists, then the Member may seek treatment from an independent licensed dentist of his own choosing. The Plan will pay the Member for the expenses incurred for the dental services with the following limitations: The Plan will pay the Member for services which are listed in the Description of Benefits and Member Copayments as 'No Charge', to the extent that such fees are reasonable and customary for dentists in the same geographic area. The Plan will also pay the Member for those services for which there is a Copayment, to the extent that the reasonable and customary fees for such services exceed the Copayment for such services as set forth in the Description of Benefits and Member Copayments. The enrollee may be required to give written proof of loss.

PRE-AUTHORIZATION OF BENEFITS: If the charge for treatment is expected to exceed \$300, the Plan strongly advises the treating dentist to submit a treatment plan prior to initiating services. The Plan may request x-rays or other dental records, prior to issuing the pre-authorization. The proposed services will be reviewed and a pre-authorization will be issued to the Member or dentist, specifying coverage. The pre-authorization is not a guarantee of coverage and is considered valid for 180 days.

ALTERNATE BENEFIT: If: 1) Plan determines that a less expensive alternate procedure, service, or course of treatment can be performed in place of the proposed treatment to correct a dental condition; and 2) the alternate treatment will produce a professionally satisfactory result; then the maximum the Plan will allow will be the charge for the less expensive treatment.

Part VI. DENTAL RECORDS

The dental records of all Members concerning services performed hereunder shall remain the property of the Participating Dentist or Plan Specialist. Information related to the number, cost, and delivery of services provided under the Plan to Members may be made available to the Plan by dentists for purposes of review, investigation, or evaluation of care.

Part VII. CHANGE IN SERVICE

Plan reserves the right to change the Subscription Dues or Member Copayments after completion of the term of the Contract. No change will be made without giving the Subscriber thirty (30) days prior written notice.

Part VIII. EMERGENCY SERVICES

When a member is more than 50 miles from their Participating Dentist, they may have emergency services rendered by any licensed dentist. Emergency services is defined as "palliative care of injury, toothache, or accident requiring the immediate attention of a dentist which occurs under circumstances where it is impractical for Members to present themselves to their designated Participating Dentist for care." Plan reimburses for emergency out-of-area services up to \$100 per incident. Services are limited to those procedures not excluded under Plan Limitations and Exclusions. Plan must be notified of such treatment within five (5) days of the Member's return to their area. Proof of loss must be submitted to Plan within thirty (30) days of treatment. Proof of loss should be mailed to: Blue Cross Blue Shield of Arizona, Inc., 251 18th Street South, Suite 900, Arlington, VA 22202, ATTN: Accounting Dept. When a Member has a dental emergency within the service area, but is unable to make arrangements to receive care through their Participating Dentist, treatment must be pre-authorized by contacting BCBSAZ Customer Services at 888-271-7806.

Part IX. INCONTESTABILITY CLAUSE

In the absence of fraud, all statements made by a Subscriber shall be considered representations and not warranties and no statement shall be the basis for voiding coverage or denying a claim after the Contract has been in force for two years from its effective date, unless the statement was material to the risk and was contained in a written application.

Part X. HOW TO RECEIVE BENEFITS

In order to make an appointment, Members must contact their selected dental office. The first appointment scheduled will usually be for the purpose of taking a complete set of full mouth x-rays, an examination, developing a treatment plan, and providing an estimate of the cost of needed work. Members must pay the fees listed for each covered procedure performed on the Description of Benefits and Member Copayments. These fees are paid directly to the Participating Dentist who renders treatment. In the event the Participating General Dentist determines specialty care is necessary, the Participating General Dentist will provide a referral to a Plan Specialist (if available). The Participating Dentist may also refer the Member to a non-participating specialist as set forth in Part V. A Member may transfer to another dental office by contacting Plan Member Services and requesting a transfer. The transfer will be approved provided there are no outstanding balances with the current Participating Dentist.

Part XI. APPEALS AND GRIEVANCES

Members may participate in BCBSAZ's appeal and grievance processes, which are described in detail in the BCBSAZ Appeal and Grievance Guidelines, a separate document provided to you. You may ask BCBSAZ for another copy of the Guidelines at any time by visiting us at www.azblue.com or by calling the customer service telephone number listed in the front of this booklet.

Part XII. ENTIRE CONTRACT

The Enrollment Application and this Individual Dental Policy (including any attachments thereto) constitute the entire Contract between the parties. No portion of the charter, bylaws, or other corporate documents of BCBSAZ will constitute part of the Contract. No change in this Contract shall be valid until approved by an executive officer of the Plan and unless such approval is endorsed hereon or attached hereto. No agent has authority to change this Contract or to waive any of its provisions.

Part XIII. GUARANTEED RENEWABILITY

This individual policy may be renewed at the discretion of the Subscriber subject to Part III and IV. A Dependent who is no longer eligible for Dependent coverage may enroll under their own separate policy.

ATTACHMENTS

Description of Benefits and Member Copayments, Membership Identification Card, Notice of Privacy Practices. These attachments contain other terms, including important exclusions and limitations. Subscribers may request additional copies by contacting Customer Services at 888-271-7806.

Your Right to Information; Availability of Notice of Privacy Practices

You have the right to inspect and copy your information and records maintained by BCBSAZ, with some limited exceptions required by law. If you choose to review your medical records in person, BCBSAZ will require a reasonable amount of time to research and retrieve the records before scheduling a time with you to review the records.

The BCBSAZ “Notice of Privacy Practices” describes how BCBSAZ may use and disclose your information to administer your health plan. It also describes some of your individual rights and BCBSAZ’s responsibilities under federal privacy regulations. BCBSAZ mails a copy of this Notice of Privacy Practices to your address shortly after you enroll for coverage with BCBSAZ.

You can also view the “Notice of Privacy Practices” by visiting the BCBSAZ website, www.azblue.com, and clicking on the “Legal” link at the bottom of the home page.

If you would like BCBSAZ to mail you another copy of the “Notice of Privacy Practices,” please call the Customer Service number on your ID card, or call (602) 864-4400 or (800) 232-2345 to make your request.

NONDISCRIMINATION STATEMENT

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877)475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

