

If you're looking to keep you and your family's teeth and gums healthy, and don't think you will need major dental work such as crowns and bridges, this plan is for you. It covers preventive and basic dental services and offers a wide choice of dentists nationwide.

- No waiting period
- No charge for in-network diagnostic and preventive services
- No enrollment fee
- 10-day free look, cancel at no charge
- In- and out-of-network coverage
- National network

## What's Covered

### DIAGNOSTIC & PREVENTIVE

Oral exams	Two per year in any combination of periodic, limited, or comprehensive exams
Cleanings	Two per year (type III periodontal maintenance procedures do not count toward this maximum of two cleanings)
Prevention +1 program	An additional cleaning for members who have diabetes or are pregnant
Bitewing X-rays	Two sets per year
Periapical X-rays	Four films per year
Full Mouth X-rays	One per five-year period
Topical Fluoride	One per year through age 15
Sealants	Permanent molars and bicuspids only, once per lifetime through age 15
Space Maintainers	Through age 15

### BASIC RESTORATIVE SERVICES

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

## What You Pay

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$50 per member/\$150 per family (deductible waived for diagnostic and preventive services)	
Annual Maximum Benefit	\$1,000 per member (all services except diagnostic and preventive services count toward the maximum)	
Waiting Periods	None	
Out-of-Pocket Maximum	None	
Diagnostic and Preventive Services	No charge	You pay 20%
Basic Restorative Services	After the deductible, you pay 50% of the cost	After the deductible, you pay 60% of the cost
Major Restorative Services and Crowns	Not covered	Not covered

This plan provides a balance of affordability and coverage for preventive, basic, and major dental services. Enjoy a wide selection of dentists nationwide plus increasing benefits with second- and third-year renewals.

- No waiting period
- No charge for in-network diagnostic and preventive services
- No enrollment fee
- 10-day free look, cancel at no charge
- In- and out-of-network coverage
- National network

## What's Covered

### DIAGNOSTIC & PREVENTIVE

Oral exams	Two per year in any combination of periodic, limited, or comprehensive exams
Cleanings	Two per year (type III periodontal maintenance procedures do not count toward this maximum of two cleanings)
Prevention +1 program	An additional cleaning for members who have diabetes or are pregnant
Bitewing X-rays	Two sets per year
Periapical X-rays	Four films per year
Full Mouth X-rays	One per five-year period
Topical Fluoride	One per year through age 15
Sealants	Permanent molars and bicuspid only, once per lifetime through age 15
Space Maintainers	Through age 15

### BASIC RESTORATIVE SERVICES

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

### MAJOR RESTORATIVE SERVICES AND CROWNS

Prosthodontics—Bridges and Dentures	Seven-year replacement limit
Oral Surgery—Extractions	Limited coverage
General Anesthesia	Limited coverage per BCBSAZ dental coverage guidelines
Endodontics—Root Canal	One treatment per tooth in any two-year period
Endodontics—Pulpal Therapy	One treatment per tooth in any two-year period
Crowns/Inlays/Onlays	Seven-year replacement limit
Periodontics—Surgical	One procedure per three-year period
Periodontics—Non-Surgical	One per two-year period. Periodontal maintenance procedures are not included in this limit, but are counted toward the prophylaxis limit.

## What You Pay

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$50 per member/\$150 per family (deductible waived for diagnostic and preventive services)	
Annual Maximum Benefit	\$1,000 per member year one /\$1,250 per member year two/\$1,500 per member year three (all services except diagnostic and preventive services count toward the maximum)	
Waiting Periods	None	
Out-of-Pocket Maximum	None	
Diagnostic and Preventive Services	No charge	You pay 10% of the cost
Basic Restorative Services	After the deductible, you pay: 50% of the cost in year one 40% of the cost in year two 20% of the cost in year three	After the deductible, you pay: 70% of the cost in year one 50% of the cost in year two 30% of the cost in year three
Major Restorative Services and Crowns	After the deductible, you pay: 75% of the cost in year one 65% of the cost in year two 50% of the cost in year three	After the deductible, you pay: 90% of the cost in year one 80% of the cost in year two 60% of the cost in year three

This plan delivers the most comprehensive coverage for preventive, basic, and major dental services to support your oral and overall health, including implant coverage.

- No charge for in-network diagnostic and preventive services
- No enrollment fee
- 10-day free look, cancel at no charge
- In- and out-of-network coverage
- National network
- Implants covered

## What's Covered

### DIAGNOSTIC & PREVENTIVE

Oral exams	Two per year in any combination of periodic, limited, or comprehensive exams
Cleanings	Two per year (type III periodontal maintenance procedures do not count toward this maximum of two cleanings)
Prevention +1 program	An additional cleaning for members who have diabetes or are pregnant
Bitewing X-rays	Two sets per year
Periapical X-rays	Four films per year
Full Mouth X-rays	One per five-year period
Topical Fluoride	One per year through age 15
Sealants	Permanent molars and bicuspid only, once per lifetime through age 15
Space Maintainers	Through age 15

### BASIC RESTORATIVE SERVICES

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

### MAJOR RESTORATIVE SERVICES AND CROWNS 12-MONTH WAITING PERIOD APPLIES

Implants	Subject to plan maximum
Prosthodontics—Bridges and Dentures	Seven-year replacement limit
Oral Surgery—Extractions	Limited coverage
General Anesthesia	Limited coverage per BCBSAZ dental coverage guidelines
Endodontics—Root Canal	One treatment per tooth in any two-year period
Endodontics—Pulpal Therapy	One treatment per tooth in any two-year period
Crowns/Inlays/Onlays	Seven-year replacement limit
Periodontics—Surgical	One procedure per three-year period.
Periodontics—Non-Surgical	One per two-year period. Periodontal maintenance procedures are not included in this limit, but are counted toward the prophylaxis limit.

## What You Pay

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$50 per member/\$150 per family (deductible waived for diagnostic and preventive services)	
Annual Maximum Benefit	\$1,500 per member (all services except diagnostic and preventive services count toward the maximum)	
Waiting Periods	Basic restorative services: none Major restorative services and crowns: 12 months	
Out-of-Pocket Maximum	None	
Diagnostic and Preventive Services	No charge	You pay 20%
Basic Restorative Services	After the deductible, you pay, 20% of the cost	After the deductible, you pay, 40% of the cost
Major Restorative Services and Crowns	After the deductible, you pay 50% of the cost	After the deductible, you pay 60% of the cost
Additional Features	Implants covered	

If an ongoing dental condition requires care, this plan provides affordable coverage for basic and major dental services from a statewide network of dental providers. Enjoy a wide selection of dentists nationwide plus increasing benefits with second- and third-year renewals.

- No waiting period
- No enrollment fee
- 10-day free look, cancel at no charge
- In- and out-of-network coverage
- Statewide network coverage

## What's Covered

### DIAGNOSTIC & PREVENTIVE

Oral exams	Not covered
Cleanings	Not covered
Prevention +1 program	Not covered
Bitewing X-rays	Not covered
Periapical X-rays	Not covered
Full Mouth X-rays	Not covered
Topical Fluoride	Not covered
Sealants	Not covered
Space Maintainers	Not covered

### BASIC RESTORATIVE SERVICES

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

### MAJOR RESTORATIVE SERVICES AND CROWNS

Prosthodontics—Bridges and Dentures	Seven-year replacement limit
Oral Surgery—Extractions	Limited coverage
General Anesthesia	Limited coverage per BCBSAZ dental coverage guidelines
Endodontics—Root Canal	One treatment per tooth in any two-year period
Endodontics—Pulpal Therapy	One treatment per tooth in any two-year period
Crowns/Inlays/Onlays	Seven-year replacement limit
Periodontics—Surgical	One procedure per three-year period.
Periodontics—Non-Surgical	One per two-year period. Periodontal maintenance procedures are not included in this limit, but are counted toward the prophylaxis limit.

## What You Pay

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$50 per member/\$150 per family (deductible waived for diagnostic and preventive services)	
Annual Maximum Benefit	\$1,000 per member year one/\$1,250 per member year two/\$1,500 per member year three (all services count toward the maximum)	
Waiting Periods	None	
Out-of-Pocket Maximum	None	
Diagnostic and Preventive Services	Not covered	Not covered
Basic Restorative Services	After the deductible, you pay: 50% of the cost in year one 40% of the cost in year two 20% of the cost in year three	After the deductible, you pay: 70% of the cost in year one 50% of the cost in year two 30% of the cost in year three
Major Restorative Services and Crowns	After the deductible, you pay: 75% of the cost in year one 65% of the cost in year two 50% of the cost in year three	After the deductible, you pay: 90% of the cost in year one 80% of the cost in year two 60% of the cost in year three

If you need dental care right away, this plan provides broad, affordable care with set copays for services from select DHMO dental providers in Arizona. DHMO plan members must confirm that the dental provider is in the BlueDental DHMO network when scheduling an appointment to ensure you receive the set copay charges for covered services. DHMO providers are available mainly in Maricopa and Pima counties.

- No waiting period
- No charge for some diagnostic and preventive services
- 10-day free look, cancel at no charge
- No calendar-year maximum
- No deductible
- No claim forms

## What's Covered

### DIAGNOSTIC & PREVENTIVE

Oral exams	Two per year in any combination of periodic, limited, or comprehensive exams
Cleanings	Two per year (type III periodontal maintenance procedures count toward this maximum of two cleanings)
Prevention +1 program	An additional cleaning for members who have diabetes or are pregnant
Bitewing X-rays	Two sets per year
Periapical X-rays	Covered
Full Mouth X-rays	One per three-year period
Topical Fluoride	One per year
Sealants	One sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1 <sup>st</sup> and 2 <sup>nd</sup> molars)
Space Maintainers	Through age 15

### BASIC RESTORATIVE SERVICES

Amalgam Fillings	Covered
Composite Fillings—Anterior (front) Teeth	Covered
Composite Fillings—Posterior/Bicuspid (all except front) Teeth	Covered

### MAJOR RESTORATIVE SERVICES AND CROWNS

Prosthodontics—Bridges and Dentures	Seven-year replacement limit
Oral Surgery—Extractions	Covered
General Anesthesia	Covered
Endodontics—Root Canal	One treatment per tooth in any two-year period
Endodontics—Pulpal Therapy	Covered
Crowns/Inlays/Onlays	Seven-year replacement limit
Periodontics—Surgical	One procedure per three-year period.
Periodontics—Non-Surgical	Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy
Orthodontics	Covered



## What You Pay

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	None	
Annual Maximum Benefit	Unlimited	
Waiting Periods	None	
Out-of-Pocket Maximum	None	
Diagnostic and Preventive Services	You pay a set copay for each covered service that ranges from no charge to a 60% discount from the provider's fee	Not covered
Basic Restorative Services	You pay a set copay for each covered service that is usually a 60% – 70% discount on the provider's fee	Not covered
Major Restorative Services and Crowns	You pay a set copay for each covered service that is usually a 55% – 70% discount on the provider's fee	Not covered

If you need dental care right away, this plan provides broad, affordable care with set copays for services from select DHMO dental providers in Arizona. DHMO plan members must confirm that the dental provider is in the BlueDental DHMO network when scheduling an appointment to ensure you receive the set copay charges for covered services. DHMO providers are available mainly in Maricopa and Pima counties.

- No waiting period
- No charge for some diagnostic and preventive services
- 10-day free look, cancel at no charge
- No calendar-year maximum
- No deductible
- No claim forms

## What's Covered

### DIAGNOSTIC & PREVENTIVE

Oral exams	Two per year in any combination of periodic, limited, or comprehensive exams
Cleanings	Two per year (type III periodontal maintenance procedures count toward this maximum of two cleanings)
Prevention +1 program	An additional cleaning for members who have diabetes or are pregnant
Bitewing X-rays	Two sets per year
Periapical X-rays	Covered
Full Mouth X-rays	One per three-year period
Topical Fluoride	One per year
Sealants	One sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1 <sup>st</sup> and 2 <sup>nd</sup> molars)
Space Maintainers	Covered

### BASIC RESTORATIVE SERVICES

Amalgam Fillings	Covered
Composite Fillings—Anterior (front) Teeth	Covered
Composite Fillings—Posterior/Bicuspid (all except front) Teeth	Covered

### MAJOR RESTORATIVE SERVICES AND CROWNS

Prosthodontics—Bridges and Dentures	Seven-year replacement limit
Oral Surgery—Extractions	Covered
General Anesthesia	Covered
Endodontics—Root Canal	One treatment per tooth in any two-year period
Endodontics—Pulpal Therapy	Covered
Crowns/Inlays/Onlays	Seven-year replacement limit
Periodontics—Surgical	One procedure per three-year period
Periodontics—Non-Surgical	Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy
Orthodontics	Covered

## What You Pay

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	None	
Annual Maximum Benefit	Unlimited	
Waiting Periods	None	
Out-of-Pocket Maximum	None	
Diagnostic and Preventive Services	You pay a set copay for each covered service that ranges from no charge to a 70% discount from the provider's fee	Not covered
Basic Restorative Services	You pay a set copay for each covered service that is usually a 70% – 80% discount on the provider's fee	Not covered
Major Restorative Services and Crowns	You pay a set copay for each covered service that is usually a 60% – 70% discount on the provider's fee	Not covered

If you need immediate care, want to know costs up-front, and prefer a lower premium over a large dentist network, this affordable dental plan offers set copays for preventive, basic, and major services from selected dental providers.

- No waiting period
- No charge for most in-network diagnostic and preventive services
- 10-day free look, cancel at no charge
- No claim forms for in-network services

## What's Covered

### DIAGNOSTIC & PREVENTIVE

Oral exams	Two per year, including a maximum of one comprehensive evaluation per 36 months
Cleanings	Two per year
Prevention +1 program	An additional cleaning for members who have diabetes or are pregnant
Bitewing X-rays	Two sets per year
Periapical X-rays	Covered
Full Mouth X-rays	One per five-year period
Topical Fluoride	One per year through age 16
Sealants	Permanent molars and bicuspid only, once per lifetime through age 16
Space Maintainers	Covered

### BASIC RESTORATIVE SERVICES

Amalgam Fillings	Per tooth, per surface, every 24 months
Composite Fillings—Anterior (front) Teeth	Per tooth, per surface, every 24 months
Composite Fillings—Posterior/ Bicuspid (all except front) Teeth	Covered

### MAJOR RESTORATIVE SERVICES AND CROWNS

Prosthodontics—Bridges and Dentures	Seven-year replacement limit
Oral Surgery—Extractions	Covered
General Anesthesia	Covered
Endodontics—Root Canal	Covered
Endodontics—Pulpal Therapy	Covered
Crowns/Inlays/Onlays	Covered—replacement of existing inlay, onlay, or crown, after seven years of the restoration initially placed or last replaced
Periodontics—Surgical	Covered
Periodontics—Non-Surgical	Limited services

## What You Pay

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$25 per member/\$75 per family in network; \$50 per member/\$150 per family out-of-network (deductible waived for diagnostic and preventive services)	
Annual Maximum Benefit	\$1,500 per member in network/\$750 per member out-of-network	
Waiting Periods	None	
Out-of-Pocket Maximum	None	
Diagnostic and Preventive Services	You pay a set copay for each covered service that ranges from no charge to a 75% discount on the provider's fee	You pay a set copay for each covered service that ranges from no charge to a 20% discount on the provider's fee
Basic Restorative Services	You pay a set copay for each covered service that is usually a 75% – 85% discount on the provider's fee	You pay a set copay for each covered service that ranges from no charge to a 20% discount on the provider's fee
Major Restorative Services and Crowns	You pay a set copay for each covered service that is usually a 50% – 75% discount on the provider's fee	You pay a set copay for each covered service that ranges from no charge to a 20% discount on the provider's fee
Additional Features	Members may be eligible to roll over a portion of their unused annual maximum.	

This plan offers comprehensive coverage, predictable costs, and lower monthly premiums. It allows you to get immediate care and pay set copays that provide a 50% to 75% discount for preventive, basic, and major dental services from a smaller network of dentists.

- No waiting period
- No charge for most in-network diagnostic and preventive services
- 10-day free look, cancel at no charge
- No claim forms for in-network services

## What's Covered

### DIAGNOSTIC & PREVENTIVE

Oral exams	Two per year, including a maximum of one comprehensive evaluation per 36 months
Cleanings	Two per year
Prevention +1 program	An additional cleaning for members who have diabetes or are pregnant
Bitewing X-rays	Two sets per year
Periapical X-rays	Covered
Full Mouth X-rays	One per five-year period
Topical Fluoride	One per year through age 16
Sealants	Permanent molars and bicuspid only, once per lifetime through age 16
Space Maintainers	Covered

### BASIC RESTORATIVE SERVICES

Amalgam Fillings	Per tooth, per surface, every 24 months
Composite Fillings—Anterior (front) Teeth	Per tooth, per surface, every 24 months
Composite Fillings—Posterior/ Bicuspid (all except front) Teeth	Per tooth, per surface, every 24 months

### MAJOR RESTORATIVE SERVICES AND CROWNS

Prosthodontics—Bridges and Dentures	Seven-year replacement limit
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Endodontics—Root Canal	Covered
Endodontics—Pulpal Therapy	Covered
Crowns/Inlays/Onlays	Covered—replacement of existing inlay, onlay, or crown, after seven years of the restoration initially placed or last replaced
Periodontics—Surgical	Covered
Periodontics—Non-Surgical	Limited services

## What You Pay

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$25 per member/\$75 per family in network; \$50 per member/\$150 per family out-of-network (deductible waived for diagnostic and preventive services)	
Annual Maximum Benefit	\$1,500 per member in network/\$750 per member out-of-network	
Waiting Periods	None	
Out-of-Pocket Maximum	None	
Diagnostic and Preventive Services	You pay a set copay for each covered service that ranges from no charge to a 75% discount on the provider's fee	You pay a set copay for each covered service that ranges from no charge to a 50% discount on the provider's fee
Basic Restorative Services	You pay a set copay for each covered service that is usually a 75% – 85% discount on the provider's fee	You pay a set copay for each covered service that ranges from no charge to a 20% discount on the provider's fee
Major Restorative Services and Crowns	You pay a set copay for each covered service that is usually a 50% – 75% discount on the provider's fee	You pay a set copay for each covered service that ranges from no charge to a 20% discount on the provider's fee
Additional Features	Members may be eligible to roll over a portion of their unused annual maximum.	



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# Non-Discrimination Statements

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 enable 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 1-877-475-4799 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](mailto: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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



