Arizona Technology Council
2020 BlueDental™ Plans
Employees today expect more than basic benefits. Attracting top talent requires comprehensive—and affordable—benefit packages that focus on total health and well-being.

Because dental health is directly linked to overall health, offering dental coverage provides employers with a strong competitive hiring advantage. For this reason, the Arizona Technology Council (AZTC) worked with Blue Cross® Blue Shield® of Arizona (BCBSAZ) to incorporate affordable dental coverage into its exclusive Association Health Plan (AHP).

**WHAT IS AN AHP?**

When multiple small businesses join together as one association, they can take advantage of Group rates to build robust benefits packages. AHPs effectively level the playing field for small businesses, enabling them to attract top employees.

**EASY, AFFORDABLE DENTAL PLANS**

BlueDental plans come in a variety of price points to fit your budget. Here’s a look at the ways BlueDental can help make your dental health a priority.

- Covers 100% of preventive and diagnostic services with no cost to you.\(^1\)
- Lets you rollover some unused annual maximum benefits into the next plan year. Requires one cleaning per year.
- Includes a variety of covered services, from regular exams and cleanings to crowns and implants.\(^1\)
- Gives you access to more than 2,400 dentists in Arizona and more than 300,000 nationally.\(^2\)
- Manage your health and dental plans on our convenient member portal, MyBlue.

BCBSAZ’s BlueDental plans let you enhance your benefits offering while controlling costs. Choose from a selection of PPO and DHMO plans, all offering coverage for preventive, basic, and major dental services.

\(^1\)Limitations, exclusions, and frequency limits apply. Not all plans cover all services.
\(^2\)BCBSAZ internal data, 2018.
PPO PLANS
The BlueDental Value Pro Series offers affordable coverage for preventive, basic, and major services. The BlueDental PPO Optimum Series is a comprehensive plan that rewards members for getting two checkups and cleanings in a plan year.

The Optimum series covers composite (white or tooth-colored) fillings on all teeth and implant services. Maximum rollover and a 24-month rate guarantee provide long-term benefits and value. Both BlueDental series offer one additional cleaning for members with diabetes and women who are expecting.

DHMO PLANS
A DHMO plan is an excellent option for members who need immediate care and can’t wait to meet the typical waiting period. These plans provide broad, affordable care from a network of dentists. A DHMO plan is often the least costly type of dental plan, as services are provided at a lower cost or at no cost. There are no waiting periods, calendar-year maximums, deductibles, or claim forms, and members can find out the cost of services up front.
Covered Services

Type I — Preventive Services

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

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

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

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

**Sealants:** Children through age 15—one per lifetime

**Space Maintainers:** Children through age 15

Type II — Basic Services

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

**Emergency Palliative Treatment:** Treatment for the relief of dental pain

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

**Oral Appliances for Treatment of Bruxism**

Type III — Major Services

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

**Oral Surgery:** Surgical extractions and surgical procedures

**Endodontics:** Root canal treatment/pulpal

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

**Periodontics (treatment of gum disease):**
- Non-surgical—one per two-year period
- Surgical—one per three-year period

**Prosthodontics:** Bridges and dentures—seven-year replacement limit

**General Anesthesia**

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

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

Type I — Preventive Services

**Oral Exams:** Two per year\(^1\) in any combination of periodic, limited or comprehensive exams

**X-rays\(^2\):** Full mouth (one per five-year period), bitewing (two per year), periapical (four films per year)

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

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

**Sealants:** Children through age 15—one per lifetime

**Space Maintainers:** Children through age 15

Type II — Basic Services

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

**Emergency Palliative Treatment:** Treatment for the relief of dental pain

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

**Oral Appliances for Treatment of Bruxism**

Type III — Major Services

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

**Oral Surgery:** Surgical extractions and surgical procedures

**Endodontics:** Root canal treatment/pulpal

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

**Periodontics (treatment of gum disease):**
- Non-surgical—one per two-year period
- Surgical—one per three-year period

**Prosthodontics:** Bridges and dentures—seven-year replacement limit

**General Anesthesia**

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

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\(^1\) All “per year” benefits mean per calendar year.

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

Covered Services

Type I — Preventive Services

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

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

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

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

Sealants: Children through age 15—one per lifetime

Space Maintainers: Children through age 15

Type II — Basic Services

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

Emergency Palliative Treatment: Treatment for the relief of dental pain

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

Oral Appliances for Treatment of Bruxism

Type III — Major Services

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

Oral Surgery: Surgical extractions and surgical procedures

Endodontics: Root canal treatment/pulpal

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

Periodontics (treatment of gum disease):

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

Prosthodontics: Bridges and dentures—seven-year replacement limit

General Anesthesia

1All “per year” benefits mean per calendar year.
2Any combination of X-rays billed on the same date of treatment cannot exceed the allowed amount for a full-mouth X-ray benefit.
### HIGHLIGHTS

<table>
<thead>
<tr>
<th></th>
<th>BlueDental PPO</th>
<th>BlueDental DHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible Benefit Options</td>
<td>Choose from a selection of deductible, coinsurance, annual maximum, and out-of-network reimbursement options</td>
<td>Choose from high and low plan options with preventive services covered up to 100%</td>
</tr>
<tr>
<td>Rollover Benefit¹</td>
<td>Yes</td>
<td>No annual maximum</td>
</tr>
<tr>
<td>Bundled Savings²</td>
<td>Available</td>
<td>Available</td>
</tr>
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</table>

### FEATURES

<table>
<thead>
<tr>
<th></th>
<th>BlueDental PPO</th>
<th>BlueDental DHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist Selection Required</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Implant Coverage³</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cosmetic Coverage</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Member Responsibility</td>
<td>Coinsurance</td>
<td>Copay</td>
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</table>

### ENHANCED BENEFITS

<table>
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<tr>
<th></th>
<th>BlueDental PPO</th>
<th>BlueDental DHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Cleaning: Expecting Mothers and Members With Diabetes⁴</td>
<td>Yes</td>
<td>Yes⁴</td>
</tr>
<tr>
<td>Orthodontia Benefits (10+ enrolled only)</td>
<td>Available</td>
<td>Copay and discounts</td>
</tr>
<tr>
<td>Preventive Rewards</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

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

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

4 An additional cleaning at a $40 copay is available to expecting mothers and members with diabetes. Limitations, frequency, and exclusions may apply for various plans. Not all plans cover all services.

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OVER **90%** of Americans over age 20 have had cavities at some point in their lives

In-network services available through the BlueDental network. A listing of providers in the BlueDental network can be found at azblue.com.

All per-year benefits mean per calendar year.

Only the allowed amount, as based on least expensive available treatment (LEAT), if applicable (and not billed charges), counts to satisfy the deductible. There may be several methods for treating a specific dental condition.

All claims for restorative services such as fillings and crowns are subject to analysis for the least expensive available treatment (LEAT). Benefits for restorative procedures will be limited to the LEAT only. For these procedures, BCBSAZ will pay benefits only up to the LEAT fee. Members may elect to receive a service that is more costly than the LEAT, but the member will be responsible for cost-share based on the LEAT, and will also pay the difference between the fee for the LEAT and the more costly treatment (LEAT balance bill). Any payment made for this LEAT balance bill will not count toward the deductible or out-of-pocket maximum.

Detailed information about benefits, exclusions, and limitations is in the Dental Benefit Book or rider and is available prior to enrollment upon request.

### Network Options

**BLUE PPO NETWORK**
This broad network is the BCBSAZ legacy network. It offers statewide and national coverage with more than 340,000 access points.

**BLUE DHMO NETWORK**
Available only in Arizona, this network forms the basis for all BCBSAZ DHMO products.

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**Network Options**

### BlueDental** Value Series

<table>
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<tr>
<th></th>
<th>BlueDental PPO Plans</th>
<th>BlueDental DHMO Plans</th>
<th>BlueDental PPO Plans</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>PPO 50-1000 A V</td>
<td>PPO 50-1500 A V</td>
<td>DHMO High</td>
</tr>
<tr>
<td>Funding Arrangement</td>
<td>Employer paid</td>
<td>Employer paid</td>
<td>Employer paid</td>
</tr>
<tr>
<td>Plan Type</td>
<td>PPO</td>
<td>PPO</td>
<td>DHMO</td>
</tr>
<tr>
<td>Annual Maximum Benefit (In-Network/Out-of-Network)</td>
<td>$1,000</td>
<td>$1,500</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Deductible (Single/Family)</td>
<td>$50/$150</td>
<td>$50/$150</td>
<td>None</td>
</tr>
<tr>
<td>In-Network (Preventive/Basic/Major)</td>
<td>100/80/50</td>
<td>100/80/50</td>
<td>Copay schedule</td>
</tr>
<tr>
<td>Out-of-Network (Preventive/Basic/Major)</td>
<td>80/60/40</td>
<td>80/60/40</td>
<td>None (emergency only)</td>
</tr>
<tr>
<td>Out-of-Network Reimbursement</td>
<td>Maximum allowable charge</td>
<td>Maximum allowable charge</td>
<td>None</td>
</tr>
</tbody>
</table>

### BlueDental Optimum Series

<table>
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<tr>
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<tbody>
<tr>
<td></td>
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<td>Funding Arrangement</td>
<td>Employer paid</td>
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<td>Annual Maximum Benefit (In-Network/Out-of-Network)</td>
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</tr>
<tr>
<td>Out-of-Network Reimbursement</td>
<td>Maximum allowable charge</td>
</tr>
</tbody>
</table>

### Funding Arrangement

- Employer paid
- Employer paid
- Employer paid
- Employer paid

### Plan Type

- PPO
- PPO
- DHMO
- PPO

### Annual Maximum Benefit

- $1,000
- $1,500
- Unlimited
- $1,500
- $2,000

### Deductible (Single/Family)

- $50/$150
- $50/$150
- None
- $50/$150
- $25/$75

### In-Network (Preventive/Basic/Major)

- 100/80/50
- 100/80/50
- Copay schedule
- 100/80/50
- 100/90/60

### Out-of-Network (Preventive/Basic/Major)

- 80/60/40
- 80/60/40
- None (emergency only)
- 80/60/40
- 80/70/40

### Out-of-Network Reimbursement

- Maximum allowable charge
- Maximum allowable charge
- None
- Maximum allowable charge
- Maximum allowable charge
MyBlue Online Account

1. Visit azblue.com/MyBlue to log in to your MyBlue℠ account. (If you don’t have an account yet, you’ll need to create one first. You can do so on the web page.)

2. Click the Find a Doctor tab.

Make sure the BlueDental plan listed on your member ID card is displayed. If it isn’t:

3. • Click the plan shown next to Your Plan.
   • Click Find a Different Plan, type in your plan name.

4. Search for dentists.

MyBlue AZ℠ Mobile App

1. Log in to the MyBlue AZ℠ app.

2. Tap Find Care.

3. Click Plan in the top right corner. If the BlueDental plan listed on your member ID is not displayed, click Find a Different Plan. Type in the name of the plan. Confirm selection.

4. Tap Doctors by Specialty.

5. Search for dentists.
CONTACT US

For benefit questions, contact
1-800-488-8277
AZTC@dimarinc.com

For membership questions, contact
602-343-8324 (in Phoenix)
520-388-5761 (in Tucson)
membership@aztechcouncil.org

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Dī kwe’ē atah nānį́gį́ Blue Cross Blue Shield of Arizona haada yël’ëego bina’idikiḍgo ël’doodo Hāda bį́jį ariyeeḍiqi t’āadoo le’ę yina’idikiḍgo beehaz’ąani hół dī t’āa hazaadį’ehį hą́ áo’ doowolggo bee haq’ doo bąq’ ilinį̱gǭ. Afo’ háne’qį’ ko’ bich’i’ hołhńih 1-877-475-4796.

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