

BlueDentalSM



Arizona Technology Council
**2020 BlueDentalSM
Plans**



An Independent Licensee of the Blue Cross Blue Shield Association

COMPLETE THE PICTURE OF GOOD HEALTH

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.

¹Limitations, exclusions, and frequency limits apply. Not all plans cover all services.

²BCBSAZ internal data, 2018.

WHY DENTAL

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.



VALUE PPO 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): 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



OVER 20
MILLION

workdays
are lost each year due
to dental illness

Source: Oral Health in America: A Report of the Surgeon General (September 2000)* below the statistic.



51 MILLION
SCHOOL HOURS

are missed each year
due to dental illness

Source: American Dental Education Association. Journal of Dental Education, June 2001.

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

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

OPTIMUM PPO PLANS

**DID YOU
KNOW?**

90% of the body's diseases
show signs and symptoms in
the mouth.

Source: Centers for Disease Control and Prevention
website: cdc.gov



**1 IN 4
ADULTS**

Have untreated
tooth decay

Source: CDC/NCHS. National Health and Nutrition Examination
Survey (2011-2012).

Covered Services

Type I — Preventive Services

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

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

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

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

Sealants: Children through age 15—one per lifetime

Space Maintainers: Children through age 15

Type II — Basic Services

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

Emergency Palliative Treatment: Treatment for the relief of dental pain

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

Oral Appliances for Treatment of Bruxism

Type III — Major Services

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

Oral Surgery: Surgical extractions and surgical procedures

Endodontics: Root canal treatment/pulpal

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

Periodontics (treatment of gum disease):

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

Prosthodontics: Bridges and dentures—seven-year replacement limit

General Anesthesia

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

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

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

DHMO 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



\$2,840

ON TOTAL DIABETES CARE COSTS

The average annual savings for diabetics who receive periodontal care

Source: Impact of Periodontal Therapy on General Health. American Journal of Preventive Medicine, August 2014.

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.

BLUEDENTAL Plan Comparison

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

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

Source: CDC/NCHS, National Health and Nutrition Examination Survey (2011-2012).

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.

AZTC DENTAL PLANS

	BlueDental SM Value Series			BlueDental Optimum Series	
	BlueDental PPO Plans		BlueDental DHMO Plans	BlueDental PPO Plans	
	PPO 50-1000 A V	PPO 50-1500 A V	DHMO High	PPO 50-1500 A2 O	PPO 25-2000 A2 O with 1500 Adult and Child Ortho
Funding Arrangement	Employer paid	Employer paid	Employer paid	Employer paid	Employer paid
Plan Type	PPO	PPO	DHMO	PPO	PPO
Annual Maximum Benefit (In-Network/Out-of-Network)	\$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

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.

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.

FIND A DENTAL PROVIDER



MyBlue Online Account

- 1 Visit azblue.com/MyBlue to log in to your MyBlueSM 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.
- 3 Make sure the BlueDental plan listed on your member ID card is displayed. If it isn't:
 - Click the plan shown next to [Your Plan](#).
 - Click [Find a Different Plan](#), type in your plan name.
- 4 [Search](#) for dentists.



MyBlue AZSM Mobile App

- 1 Log in to the [MyBlue AZSM 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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Díí kwe'é atah nílínígíí Blue Cross Blue Shield of Arizona haada yit'éego bína'idííkidgo éí doodago Hóida bíjá anilyeedígíí t'áadoo le'é yína'idííkidgo beehaz'áanii hólq díí t'áa hazaadk'ehjí háká a'doowotgo bee haz'q doo baqah ílínígóó. Aíta' halne'ígíí koj' bich'i'í' hodííliníh 1-877-475-4799.

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