

Arizona Technology Council Employee Benefit Trust

BlueDental

BENEFITS OVERVIEW



An Independent Licensee of the Blue Cross Blue Shield Association

	DHMO High*	PPO 50-1000 A Value*	PPO 50-1500 A Value*	PPO 50-1500 A2 Optimum*	PPO 25-2000 A2 with 1500 Adult	PPO 50 1000 A90 Value*	PPO 50 1500 P290 Optimum*
CALENDAR YEAR DEDUCTIBLE							
Deductible waived for Type 1 Services	N/A	\$50/\$150	\$50/\$150	\$50/\$150	\$25/\$75	\$50/\$150	\$50/\$150
CALENDAR YEAR MAXIMUM							
Type 1 Services do not apply towards maximum	N/A	\$1,000	\$1,500	\$1,500	\$2,000	\$1,000	\$1,500
TYPE 1 - DIAGNOSTIC AND PREVENTIVE							
Type 1 Diagnostic and Preventive Services	\$0 copay for oral exams, select X-rays and fluoride treatments. Check Benefit Summary for copay amounts.	100% In / 80% Out	100% In / 80% Out	100% In / 80% Out	100% In / 80% Out	100% In / 80% Out	100% In / 100% Out
		Oral exams	Oral exams	Oral exams	Oral exams	Oral exams	Oral exams
		X-rays	X-rays	X-rays	X-rays	X-rays	X-rays
		Fluoride	Fluoride	Fluoride	Fluoride	Fluoride	Fluoride
		Sealants	Sealants	Sealants	Sealants	Sealants	Sealants
Space maintainers	Space maintainers	Space maintainers	Space maintainers	Space maintainers	Space Maintainers	Space Maintainers	
TYPE 2 - RESTORATIVE							
Type 2 Restorative Services	Check Benefit Summary for copay amounts.	80% In / 60% Out	80% In / 60% Out	80% In / 60% Out	90% In / 70% Out	80% In / 60% Out	80% In / 80% Out
		Fillings	Fillings	Fillings	Fillings	Fillings	Fillings
		Simple extractions	Simple extractions	Simple extractions	Simple extractions	Simple Extractions	Simple Extractions
		Emergency palliative treatment	Emergency palliative treatment	Emergency palliative treatment	Emergency palliative treatment	Emergency Palliative Treatment	Emergency Palliative Treatment
				Endodontics	Endodontics		Endodontics
				Periodontics	Periodontics		Periodontics
		Oral surgery	Oral surgery		Oral surgery		
TYPE 3 - MAJOR							
Type 3 Major Services	Check Benefit Summary for copay amounts.	50% In / 40% Out	50% In / 40% Out	50% In / 40% Out	60% In / 40% Out	50% In / 40% Out	50% In / 50% Out
		Dentures and bridges	Dentures and bridges	Dentures and bridges	Dentures and bridges	Dentures and bridges	Dentures and bridges
		General anesthesia	General anesthesia	General anesthesia	General anesthesia	General anesthesia	General anesthesia
		Crowns/inlays/onlays	Crowns/inlays/onlays	Crowns/inlays/onlays	Crowns/inlays/onlays	Crowns/Inlays/Onlays	Crowns/Inlays/Onlays
		Endodontics	Endodontics			Endodontics	
		Periodontics	Periodontics			Periodontics	
Oral surgery	Oral surgery			Oral surgery			
TYPE 4 - ORTHODONTICS							
Type 4 Orthodontics	Check Benefit Summary for copay amounts.	N/A	N/A	N/A	50% In / 50% Out Lifetime Max \$1500 Adult & Child	N/A	N/A
OON REIMBURSEMENT							
	N/A	MAC	MAC	MAC	MAC	90th UCR	90th UCR

- A full summary of benefits will be provided once you enroll in a plan.

- You will see the greatest savings by seeing an in-network dentist.

MyBlue® Member Portal – Free member account at azblue.com/member.

You can use the portal to:

- Check on your claims status
- Review your benefit plan details
- Read reviews on dentists in your network

Find an In-Network Dentist:

1. Visit azblue.com
2. Click on “Find a Doctor/Rx”
3. Click on “Dental Directories”
4. Select between the PPO or DHMO plans and select “Find a Dentist”

We look forward to serving you. If you have any questions, please call us at 1-888-271-7806.

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

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AZBlue Mobile App – Download our app at Google Play™ or the App Store®** to:

- Access your member ID card
- Log in to find a dentist
- Compare estimated costs for care