BlueDental℠ DHMO

BENEFIT BOOK

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BLUEDENTAL DHMO – HIGH OPTION
DESCRIPTION OF BENEFITS AND MEMBER COPAYMENT

ADA Code	Description	Member Copayment
DIAGNOSTIC / PREVENTIVE		
D9439	Office visit	0
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	20
D0210	Intraoral - complete series (including bitewings)	15
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 - seven to eight radiographic images	0
D0330	Panoramic radiographic image	10
D0340	2D cephalometric radiographic image	0
D0350	2D oral/facial photographic images (intraoral/extraoral)	0
D0431	Adjunctive pre-diagnostic	40
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
D1110	Prophylaxis (cleaning) - adult	0
D1110*	Extra cleaning for diabetics and expectant mothers	40
D1120	Prophylaxis (cleaning) - child	0
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. of oral disease	0
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth	15
SPACE MAINTAINERS		
D1510	Space maintainer - fixed - unilateral	147
D1516	Space maintainer - fixed - bilateral, maxillary	171
D1517	Space maintainer - fixed - bilateral, mandibular	171
D1520	Space maintainer - removable - unilateral	173
D1526	Space maintainer - removable - bilateral, maxillary	200

D1527	Space maintainer - removable - bilateral, mandibular	200
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	23
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	23
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	23
D1556	Removal of fixed unilateral space maintainer - per quadrant	12
D1557	Removal of fixed bilateral space maintainer - maxillary	12
D1558	Removal of fixed bilateral space maintainer - mandibular	12
D1575	Distal shoe space maintainer - fixed - unilateral	147
RESTORATIVE DENTISTRY (FILLINGS)		
	AMALGAM RESTORATIONS (SILVER)	
D2140	Amalgam - one surface, prim. or perm.	15
D2150	Amalgam - two surfaces, prim. or perm.	20
D2160	Amalgam - three surfaces, prim. or perm.	25
D2161	Amalgam –greater than or equal to four surfaces, prim. or perm.	30
	COMPOSITE RESTORATIONS (TOOTH COLORED)	
D2330	Resin-based composite - one surface, anterior	25
D2331	Resin-based composite - two surfaces, anterior	30
D2332	Resin-based composite - three surfaces, anterior	40
D2335	Resin-based composite - greater than or equal to four surfaces, anterior	75
CROWN & BRIDGE*		
D2390	Resin-based composite crown, anterior	83
D2391	Resin-based composite - one surface, posterior	50
D2392	Resin-based composite - two surfaces, posterior	65
D2393	Resin-based composite - three surfaces, posterior	80
D2394	Resin-based composite - greater than or equal to four surfaces, posterior	85
D2510	Inlay- metallic - one surface	275
D2520	Inlay- metallic - two surfaces	292
D2530	Inlay - metallic - three or more surfaces	314
D2542	Onlay - metallic - two surfaces	655
D2543	Onlay - metallic - three surfaces	673
D2544	Onlay - metallic - four or more surfaces	650
D2610	Inlay - porcelain/ceramic - one surface	378
D2620	Inlay - porcelain/ceramic - two surfaces	399
D2630	Inlay - porcelain/ceramic - greater than or equal to three surfaces	423
D2642	Onlay - porcelain/ceramic - two surfaces	412
D2643	Onlay - porcelain/ceramic - three surfaces	444
D2644	Onlay - porcelain/ceramic - greater than or equal to four surfaces	472
D2650	Inlay - resin-based composite - one surface	248
D2651	Inlay - resin-based composite - two surfaces	289
D2652	Inlay - resin-based composite - greater than or equal to three surfaces	310
D2662	Onlay - resin-based composite - two surfaces	283
D2663	Onlay - resin-based composite - three surfaces	319
D2664	Onlay - resin-based composite - greater than or equal to four surfaces	340
D2710	Crown - resin-based composite (indirect)	250

D2712	Crown - 3/4 resin-based composite (indirect)	202
D2720	Crown - resin with high noble metal	443
D2721	Crown - resin with predominantly base metal	450
D2722	Crown - resin with noble metal	429
D2740	Crown - porcelain/ceramic substrate	510
D2750	Crown - porcelain fused to high noble metal	500
D2751	Crown - porcelain fused to predominantly base metal	488
D2752	Crown - porcelain fused to noble metal	499
D2780	Crown - 3/4 cast high noble metal	500
D2781	Crown - 3/4 cast predominantly base metal	494
D2782	Crown - 3/4 cast noble metal	506
D2783	Crown - 3/4 porcelain/ceramic	510
D2790	Crown - full cast high noble metal	500
D2791	Crown - full cast predominately base metal	493
D2792	Crown - full cast noble metal	506
D2794	Crown - titanium	517
D2799	Provisional crown	79
D2910	Recement inlay	32
D2920	Recement crown	32
D2930	Prefab. stainless steel crown - prim. tooth	105
D2931	Prefab. stainless steel crown - perm. tooth	72
D2932	Prefabricated resin crown	143
D2933	Prefab. stainless steel crown w/ resin window	132
D2934	Prefab. aesthetic coated primary tooth	165
D2940	Protective restoration	24
D2950	Core buildup, including any pins	75
D2951	Pin retention - per tooth, in addition to restoration	26
D2952	Cast post and core in addition to crown	160
D2954	Prefab. post and core in addition to crown	131
D2955	Post removal (not in conj. with endo. therapy)	81
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	124
ENDODONTICS[1]		
D3110	Pulp cap - direct (excl. final restoration)	16
D3120	Pulp cap - indirect (excl. final restoration)	16
D3220	Therapeutic pulpotomy (excl. final restoration)	69
D3221	Pulpal debridement, prim. and perm. teeth	66
D3310	Endodontic therapy, anterior tooth	250
D3320	Endodontic therapy, bicuspid tooth	310
D3330	Endodontic therapy, molar	432
D3331	Treatment of root canal obstr. non-surgical	139
D3332	Incomp. endo. therapy-inop. or fractured tooth	124

D3333	Internal root repair of perforation defects	139
D3346	Retreat of prev. root canal therapy, anterior	369
D3347	Retreat of prev. root canal therapy, bicuspid	402
D3348	Retreat of prev. root canal therapy, molar	507
D3351	Apexification/recalcification - initial visit	99
D3352	Apexification/recalcification - interim med. repl.	99
D3353	Apexification/recalcification - final visit	99
D3410	Apicoectomy - anterior	297
D3421	Apicoectomy - bicuspid (first root)	326
D3425	Apicoectomy - molar (first root)	358
D3426	Apicoectomy/periradicular surgery (each add. root)	162
D3430	Retrograde filling - per root	90
D3450	Root amputation - per root	107
D3920	Hemisection, not inc. root canal therapy	99
PERIODONTICS[1]		
D4210	Gingivectomy or gingivoplasty – greater than three cont. teeth, per quad.	248
D4211	Gingivectomy or gingivoplasty – less than or equal to three teeth, per quad.	127
D4240	Gingival flap proc., inc. root planing – reater than three cont. teeth, per quad	294
D4241	Gingival flap proc, inc. root planing – less than or equal to cont. teeth, per quad	169
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D4260	Osseous surgery – greater than three cont. teeth, per quad	426
D4261	Osseous surgery – less than or equal to three cont. teeth, per quad	265
D4263	Bone replacement graft - First site in quadrant	319
D4264	Bone replacement graft - Each additional site in quadrant	248
D4266	Guided tissue regen. - resorb. barrier, per site	418
D4274	Mesial/distal or proximal wedge procedure, single tooth	225
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	83
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	88
D4341	Perio scaling and root planing – greater than three cont teeth, per quad.	105
D4342	Perio scaling and root planing – less than or equal to three teeth, per qua d	62
D4346	Scaling in presence of generalized moderate or severe gingival inflammation	39
D4355	Full-mouth debridement	77
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D4910	Periodontal maintenance	69
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D5120	Complete denture - mandibular	650
D5130	Immediate denture - maxillary	679
D5140	Immediate denture - mandibular	679
D5211	Maxillary partial denture - resin base	549
D5212	Mandibular partial denture - resin base	549
D5213	Maxillary partial denture - cast metal	624
D5214	Mandibular partial denture - cast metal	624
D5221	Immediate maxillary partial denture - resin base	520

D5222	Immediate mandibular partial denture - resin base	520
D5223	Immediate maxillary partial denture - cast metal	586
D5224	Immediate mandibular partial denture - cast metal	586
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D5226	Mandibular partial denture - flexible base	586
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D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	371
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D5410	Adjust complete denture - maxillary	36
D5411	Adjust complete denture - mandibular	36
D5421	Adjust partial denture - maxillary	36
D5422	Adjust partial denture - mandibular	36
D5511	Repair broken complete denture base, mandibular	58
D5512	Repair broken complete denture base, maxillary	58
D5520	Replace missing or broken teeth - complete denture	58
D5611	Repair resin partial denture base, mandibular	58
D5612	Repair resin partial denture base, maxillary	58
D5621	Repair cast partial framework, mandibular	58
D5622	Repair cast partial framework, maxillary	58
D5630	Repair or replace broken clasp	58
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D5650	Add tooth to existing partial denture	58
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D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	406
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D5721	Rebase mandibular partial denture	190
D5730	Reline complete maxillary denture (chairside)	129
D5731	Reline complete mandibular denture (chairside)	129
D5740	Reline maxillary partial denture (chairside)	129
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D5750	Reline complete maxillary denture (lab)	204
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D5760	Reline maxillary partial denture (lab)	204
D5761	Reline mandibular partial denture (lab)	204
D5810	Interim complete denture - maxillary	318
D5811	Interim complete denture - mandibular	318
D5820	Interim partial denture - maxillary	321

D5821	Interim partial denture - mandibular	321
D5850	Tissue conditioning - maxillary	23
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D6056	Prefabricated abutment	435
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D6058	Abutment supported porcelain/ceramic crown	639
D6059	Abutment supported porcelain fused to metal crown - high noble metal	605
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	607
D6061	Abutment supported porcelain fused to metal crown - noble metal	641
D6062	Abutment supported cast metal crown - high noble metal	611
D6063	Abutment supported cast metal crown - predominantly based metal	550
D6064	Abutment supported cast metal crown - noble metal	601
D6065	Implant supported porcelain/ceramic crown	625
D6066	Implant supported porcelain fused to metal crown - titanium, titanium allow, high noble metal	663
D6067	Implant supported metal crown - titanium, titanium alloy, high noble metal	707
D6068	Abutment supported retainer for porc./ceramic	642
D6069	Abutment supp. retainer for porc./high noble	630
D6070	Abutment supp. retainer for porc./pred. base	615
D6071	Abutment supp. retainer for porc./noble	589
D6072	Abutment supp. retainer for cast high noble	569
D6073	Abutment supp. retainer for cast high noble	496
D6074	Abutment supp. retainer for cast noble metal	532
D6075	Implant supported retainer for ceramic FPD	594
D6076	Implant supported retainer for porc./metal FPD	650
D6077	Implant supported retainer for cast metal FPD	564
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	62
D6096	Remove broken retaining screw	135
D6210	Pontic - cast high noble metal	501
D6211	Pontic - cast predominately base metal	481
D6212	Pontic - cast noble metal	491
D6240	Pontic - porcelain fused to high noble metal	519
D6241	Pontic - porcelain fused to predominately base metal	492
D6242	Pontic - porcelain fused to noble metal	506
D6245	Pontic - porcelain/ceramic	505
D6250	Pontic - resin with high noble metal	545
D6251	Pontic - resin with predominately base metal	528
D6252	Pontic - resin with noble metal	545
D6545	Ret. - cast metal for resin bonded fixed prosthesis	308
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	167

D6549	Resin retainer - for resin bonded fixed prosthesis	626
D6600	Inlay - porc./ceramic, two surfaces	302
D6601	Inlay - porc./ceramic, greater than or equal to three surfaces	314
D6602	Inlay - cast high noble metal, two surfaces	500
D6603	Inlay - cast high noble metal, greater than or equal to three surfaces	517
D6604	Inlay - cast predominantly base metal, two surfaces	437
D6605	Inlay - cast predominantly base metal, greater than or equal to three surfaces	448
D6606	Inlay - cast noble metal, two surfaces	465
D6607	Inlay - cast noble metal, greater than or equal to three surfaces	478
D6608	Onlay -porc./ceramic, two surfaces	345
D6609	Onlay - porc./ceramic, three or more surfaces	355
D6610	Onlay - cast high noble metal, two surfaces	495
D6611	Onlay - cast high noble metal, greater than or equal to three surfaces	517
D6612	Onlay - cast predominantly base metal, two surfaces	437
D6613	Onlay - cast predominantly base metal, greater than or equal to three surfaces	448
D6614	Onlay - cast noble metal, two surfaces	465
D6615	Onlay - cast noble metal, greater than or equal to three surfaces	487
D6720	Crown - resin with high noble metal	308
D6721	Crown - resin with predominantly base metal	410
D6722	Crown - resin with noble metal	308
D6740	Crown - porcelain/ceramic	539
D6750	Crown - porcelain fused to high noble metal	526
D6751	Crown - porcelain fused to predominately base metal	494
D6752	Crown - porcelain fused to noble metal	506
D6780	Crown - 3/4 cast high noble metal	526
D6781	Crown - 3/4 cast predominantly base metal	494
D6782	Crown - 3/4 cast noble metal	506
D6783	Crown - 3/4 porc./ceramic	528
D6790	Crown - full cast high noble metal	526
D6791	Crown - full cast predominately base metal	494
D6792	Crown - full cast noble metal	506
D6920	Connector bar	77
D6930	Recement fixed partial denture	60
D6940	Stress breaker	96
D6950	Precision attachment	220
D6980	Fixed partial denture repair, by report	99
ORAL SURGERY[1]		
D7111	Extraction, coronal remnants - deciduous tooth	37
D7140	Extraction, erupted tooth or exposed root	45
D7210	Surg. removal of Extraction, erupted tooth req. elev., etc.	85
D7220	Removal of impacted tooth - soft tissue	97
D7230	Removal of impacted tooth - partially bony	128
D7240	Removal of impacted tooth - completely bony	169

D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	204
D7250	Surgical Removal of residual tooth roots	116
D7251	Coronectomy - intentional partial tooth removal	204
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	133
D7280	Surgical access exposure of an unerupted tooth	137
D7286	Biopsy of oral tissue - soft (all others)	121
D7310	Alveoloplasty in conj. w/ extractions, greater than or equal to four per quad.	100
D7311	Alveoloplasty in conj. w/ extractions, one to three per quad.	75
D7320	Alveoloplasty not in conj. w/ extractions, greater than or equal to four per quad.	145
D7321	Alveoloplasty not in conj. w/ extractions, one to three per quad.	99
D7471	Removal of lateral exostosis	357
D7510	Incision and drainage of abscess - intraoral soft tissue	80
D7961	Buccal / labial frenectomy (frenulectomy)	115
D7962	Lingual frenectomy (frenulectomy)	115
D7979	Non-surgical sialolithotomy	20
ORTHODONTICS		
INVISALIGN – 15% Discount		
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	17
D9211	Regional block anesthesia	24
D9212	Trigeminal division block anesthesia	48
D9215	Local anesthesia in conj. w/ operative/surg. procedures	17
D9222	Deep sedation/general anesthesia - first 15 minutes	90
D9223	Deep sedation/general anesthesia - each 15-minute increment	90
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	90
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	90
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	34
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)	15
D9440	Office visit after regularly scheduled hours	47
D9450	Case pres., detailed/ext. treatment planning	0
D9944	Occlusal guard – hard appliance, full arch	223
D9945	Occlusal guard – soft appliance, full arch	223

D9946	Occlusal guard – hard appliance, partial arch	223
D9951	Occlusal adjustment - limited	50
D9952	Occlusal adjustment - complete	206
D9972	External bleaching - per arch	165
D9973	External bleaching - per tooth	66
D9995	Teledentistry - synchronous; real-time encounter	0
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	0

[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.

AZ BLUE STANDARD PLAN LIMITATIONS

1. Two evaluations per calendar year in any combination of periodic, limited, comprehensive, or problem focused.
2. Two prophylaxis (cleaning, scaling and polishing teeth) per calendar year.
    a. One additional cleaning is covered during pregnancy and for diabetic patients (If applicable).
3. One topical fluoride per calendar year to age 16.
4. Bitewing x-rays, two per calendar year.
5. Periapical x-rays.
6. One diagnostic x-ray, full or panoramic per 60 months.
7. Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service).
8. One sealant per tooth per lifetime, to age 16 (limited to permanent 1st and 2nd molars).
9. Simple extraction of teeth.
10. Composite and amalgam fillings per tooth per surface every 24 months (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations).
11. Pin retention of fillings (multiple pins on the same tooth are allowable as one pin).
12. Antibiotic injections administered by a dentist.
13. Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment).
14. Oral surgery, including postoperative care for:
    a. Removal of teeth, including impacted teeth
    b. Extraction of tooth root
    c. Coronectomy, intentional partial tooth removal, one (1) per lifetime
    d. Alveolectomy, alveoplasty, and frenectomy
    e. Excision of periocoronal gingiva, exostosis, or hyper plastic tissue, and excision of oral tissue for biopsy
    f. Reimplantation or transplantation of a natural tooth
    g. Excision of a tumor or cyst and incision and drainage of an abscess or cyst.
15. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
    a. Root canal therapy (not covered, if pulp chamber was opened before effective date of coverage)
    b. Pulpotomy
    c. Apicoectomy
    d. Retrograde fillings, per root per lifetime.
16. Periodontic services, limited to:
    a. Two periodontal maintenance visits following surgery per calendar year. (D4341 is not considered surgery)
    b. One scaling and root planing, per quadrant (D4341 or D4342) per 24 months from age 21
    c. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1120/D1110, limited to one per two years
    d. Occlusal adjustment performed with covered surgery
    e. Gingivectomy
    f. Osseous surgery including flap entry and closure
    g. One pedicle or free soft tissue graft per site per lifetime
    h. One appliance (night guards) per 5 years within 6 months of osseous surgery
    i. One full mouth debridement per lifetime.
17. One study model per 36 months.
18. Crown build-up for non-vital teeth.
19. Recementing bridges, inlays, onlays and crowns after first 12 months and per 12 months per tooth thereafter.
20. One repair of dentures or fixed bridgework per 24 months.
21. General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery, or implant placement procedures (if applicable).
22. Restoration services, limited to:
    a. Cast metal, resin-based, gold or porcelain inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
    b. Replacement of existing inlay, onlay, or crown, after 7 years of the restoration initially placed or last replaced
    c. Stainless steel crowns up to age 14 (one per tooth per lifetime)

    d. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally.
23. Prosthetic services, limited to:
    a. Initial placement of removable dentures or fixed bridgework
    b. Replacement of removable dentures or fixed bridges that cannot be repaired after 7 years from the date of last placement
    c. Addition of teeth to existing partial denture
    d. One relining or rebasing of existing removable dentures per 24 months.
24. Teledentistry, synchronous (D9995) or asynchronous (D9996). Must be accompanied by a covered procedure.
25. Implants and related services (if applicable).
26. Type IV. Orthodontia services.

Diagnostic, active and retention treatment to include removable fixed appliance therapy and comprehensive therapy (if applicable).

AZ BLUE STANDARD 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.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where 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 while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
9. Implant removal or the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function (if applicable).
10. Diagnosis or treatment of Temporomandibular Disorder (TMD) and/or occlusal disharmony (except for D7880).
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
12. Services not listed as covered.
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 AZ Blue to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that in the opinion of the Plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the Member's condition.
16. Treatment of cleft palate, malignancies or neoplasms.
17. Implants and related services (if applicable); replacement of lost, stolen, or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth.

DENTAL POLICY – GROUP DHMO

Blue Cross Blue Shield of Arizona, Inc., an independent licensee of the Blue Cross Blue Shield Association, (herein referred to as "Plan" or AZ Blue) certifies that the Subscriber is covered under and subject to all the provisions, definitions, limitations and conditions of this Group 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.

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

Blue Cross Blue Shield of Arizona

Attn: Membership Services
Mail Stop: A102
Blue Cross Blue Shield of Arizona
PO Box 13466
Phoenix, AZ 85002-3466

1-888-271-7806

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. At the Group's request, Dependent coverage may include a Domestic Partner of Subscriber and/or children of a Domestic Partner. 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. An unmarried child who is 26 years, but less than 27, whose time is principally devoted to attending school, and who is dependent upon his parents for primary support, is eligible to be covered as a Dependent. If a Dependent child is enrolled as a full-time student and is unable due to medical condition to continue as a full-time student, coverage for such child shall continue in force for a period of 12 months from the date the child ceases to be a full-time student, or until such child attains age 26, whichever first occurs. The child's treating physician must certify at the time the child withdraws as a fulltime student that the child's absence is medically necessary. 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 mental or physical incapacity and (2) chiefly dependent upon the Subscriber for support and maintenance, provided proof of such incapacity 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. Domestic Partner shall mean a person who is at least 18 years old, is not related to Subscriber by blood or marriage within four degrees of consanguinity under civil law rule, is not married or in a civil union or domestic partnership with another individual, has been financially interdependent with Subscriber for at least 6 consecutive months prior to enrollment in Plan in which each individual contributes to some extent to the other individual's maintenance and support with the intention of remaining in the relationship indefinitely, and shares a primary residence with Subscriber. In order to obtain coverage for a Domestic Partner, Subscriber must sign an Affidaviy of Domestic Partnership form provided by the Plan.

C. Group shall mean the organization or employing unit with which the Subscriber is associated and which has executed the Group Dental Service Contract.

D. Member shall mean any individual Subscriber or eligible family Dependent entitled to receive services by reason of the Contract.

E. Participating Dentist shall mean those independent licensed dentists who have contracted with the Plan to provide dental services at negotiated fees for Members of the Plan. Participating Dentists are not employees of, nor supervised by the Plan.

F. Plan Specialist 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.

G. **Subscriber** shall mean an individual in good standing who has paid the Premiums for services of the Plan prior to the period of eligibility, including payments for Dependents as hereinafter defined.

H. **Premiums** shall mean amounts payable on a regular prepayment basis by or for the Subscriber to the Plan.

I. **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 Premium 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 Group.

B. All persons who have enrolled in the Plan and paid the appropriate Premium 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 Group.

C. All Subscribers and enrolled Dependents become eligible for services on the effective date indicated in the letter accompanying their Membership Identification Card.

PART III. TERMINATION OR CANCELLATION

Benefits shall cease upon the earliest of the following events:

A. On the date of expiration of the period for which the last payment of Premium was made to Plan. If payment is not made in full by the Group on or prior to the date due, as specified in Part IV-A, a grace period of 31 days from the last date of coverage shall be granted to the Group after the first payment. If notice of intention to terminate the Contract is received during the grace period, the Plan may collect Premium for the period beginning the first day of the grace period until the date on which notice is received or the date of termination state in the notice, whichever is later. The Contract shall remain in full force and effect during the grace period.

B. Upon the date of Dependents attaining the age of 26 years or marriage prior to that date (Subject to Part I-A).

C. If after reasonable efforts to establish and maintain a satisfactory dentist-patient relationship, the Participating Dentist is unable to do so, the Plan reserves the right to transfer the Subscriber and Dependents to a second and then third Participating Dentist of their choice. If the third Participating Dentist is also unable to establish a satisfactory dentist-patient relationship, the Plan reserves the right to terminate the membership of said Subscriber and Dependents. Termination shall be effective on the last day of the month after 31 days of which termination notices occurs. In case of termination by the Plan, and if services have been rendered, no refund will be given to Subscriber.

D. Upon violation of the terms of this Contract, fraud or deception in the use of services, or termination of the Group Contract under which the Member is covered. Coverage will be canceled after the 31st day after written notice is mailed to the Subscriber.

Group coverage will renew for one (1) year periods in the absence of written termination notification by Group at least thirty (30) days in advance of expiration of the term of the Contract.

Upon termination of coverage, an extension of benefits shall be provided for any treatment in progress at the time of termination, provided the treatment requires two or more visits on separate days to the dentist's office. Extension of benefits will be until the completion of the procedure for all care other than orthodontics, and 60 days for orthodontics if the orthodontist has agreed to or is receiving monthly payments when coverage terminates, or to the end of the quarter in progress or 60 days, whichever is longer, if the orthodontist is receiving quarterly payments. An extension of benefits will not be provided if termination was due to a failure to pay the Premiums or fraud or deception in the use of services. Subject to Part III, A through D, if a Subscriber is paying 100% of the cost of the Plan, without Group contribution, Subscriber must remain in the Plan a minimum of 12 months. Less than 12 month participation may result in Subscriber being responsible for the Usual and Customary Fees for services received, reduced by the sum of the Premium and copayments paid.

PART IV. PREMIUMS AND MEMBER COPAYMENTS

A. 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.

B. Premiums must be received in the administrative office of the Plan no later than the 17th day of the month before eligibility is desired. If Electronic Funds Transfers is not utilized, payments should be mailed to: Blue Cross Blue Shield of Arizona, Inc. P.O. Box 52563 Phoenix, AZ 85072- 2563.

PART V. BENEFITS AND COVERAGES

All dental procedures listed under the attached Description of Benefits and Member Copayments will be provided if, in the opinion of the Participating Dentist, they are necessary for the patient's dental health. The fee charged will be the fee listed under Member Copayments for each procedure completed. Only the Participating Dentist shall have the right to examine and to determine the professional services to be performed pursuant to the Plan. If conflict arises regarding the quality, cost, or extent of work, the case in question will be resolved pursuant to the Complaint or Quality Assurance Procedures established by the Plan. Referrals to a Plan Specialist must be made by the Member's Participating Dentist, except in the case of orthodontics. 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 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.

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 Participating Dentist or Plan Specialist for purposes of review, investigation, or evaluation of care.

PART VII. CHANGE IN SERVICE

Plan reserves the right to change the Premiums or Member Copayments after completion of the term of the Contract. Premiums will be changed only when the then-effective rates have been in effect for at least twelve (12) months. No change will be made without giving the Group forty-five (45) days prior written notice.

PART VIII. CONVERSION AND CONTINUNATION OF COVERAGE

Plan coverage will terminate for Group Subscribers and their Dependents when Subscriber is no longer associated with the Group. Thereafter, and subject to Part III A and B only, Subscriber and their Dependents may convert to an individual contract. Plan will provide a conversion form with the details of the benefit plan available and the Premium. Subscriber must remit the conversion form and Premium to Plan within 60 days after termination.Upon termination of their eligibility for coverage under the Plan, Subscribers and their Dependents may have the right to continue coverage for a period of time under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). Groups may also elect for their Members to receive continued coverage for a 12 month period immediately following the date of termination, at the Premium applicable to the Group Contract, provided that the Subscriber pays to the Group timely Premium on a monthly basis during the 12 month period. The Group will notify the Member of their options for continuation of coverage.

PART IX. 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. P.O. Box 1126 Elk Grove Village, IL 60009. 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 Plan Member Services at 1-888-271-7806.

PART X. INCONTESTABILTY 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. No written statement made by any Member shall be used in any contest unless a copy of the statement is furnished to the Member or the Member's beneficiary or personal representative.

PART XI. 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 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).

PART XII. APPEALS AND GRIEVANCES

Members may participate in AZ Blue's appeal and grievance processes, which are described in detail in the AZ Blue Appeal and Grievance Guidelines, a separate document provided to you. You may ask AZ Blue 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 XIII. MEMBERS RIGHTS & RESONSIBILITIES

Members have the following rights:

- The right to receive affordable, effective treatment and preventative care from a qualified, credentialed dentist whose treatment practices are periodically assessed by peers
- The right to information about the dentist's professional qualifications
- The right to choose a dentist from among those available
- The right to full information about their dental benefit plan, including coverage conditions, exclusions, complaint resolution and appeals
- The right to full disclosure of all treatment options and the consequences about decisions they make about treatment, non-treatment or partial treatment
- The right to full disclosure of all financial obligations for covered and non-covered procedures
- The right to appointment availability and services without discrimination based upon race, national origin, gender, sexual preference, socioeconomic status, disability, health, anticipated need for services, or the means by which dental care is financed
- The right to understand the manner in which dentists are compensated under the patient's benefit plan

- The right to full information about coverage decisions, appeals processes and regulatory agencies which may be helpful in resolution of issues.
- The right to have all information related to their healthcare held in strict confidence.
- The right to file a complaint or appeal without the threat or disenrollment or penalization.

Members have the following rights:

- Members are responsible for paying the copayment amounts associated with each procedure at the time of service
- Members are responsible for providing a new dental office with accurate information about their previous records and dental experience (if available)
- Members are responsible for notifying their dentist of their inability to keep a scheduled dental appointment at least 24 hours prior to the appointment
- Members are responsible for obtaining a satisfactory explanation of their treatment plans and options from their dental office
- Members are responsible for cooperating with dentist office procedure and policy, and for treating their provider and staff with respect.

PART XIV. ENTIRE CONTRACT

The Group Dental Service Contract, executed on behalf of Subscribers, and this Certificate of Coverage (including any attachments thereto) constitute the entire Contract between the parties. No portion of the charter, bylaws, or other corporate documents of AZ Blue 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.

ATTACHMENTS

Coverage Schedule
Notice of Privacy Practices

These attachments contain other terms, including important exclusions and limitations. Subscribers may request additional copies by contacting Member Services at 1-888-271-7806.

NOTICE OF NONDISCRIMINATION

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance 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 **AZ Blue** 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:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288; TTY 711
or email us at crc@azblue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
This notice is available at AZ Blue's website: http://www.azblue.com/nondiscrimination-notice

PRIVACY NOTICE
Your Right to Information and Availability of Notice of Privacy Practices

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

The AZ Blue "Notice of Privacy Practices" describes how AZ Blue may use and disclose your information to administer your health plan. It also describes some of your individual rights and AZ Blue's responsibilities under federal privacy regulations. You can view the "Notice of Privacy Practices" by visiting the AZ Blue website, www.azblue.com, and clicking on the "Privacy & Legal" link under the Resources heading at the bottom of the home page. If you would like AZ Blue to mail you a 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.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yániłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799 。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-475-4799.

Thai: หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ"

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799 。