Dental Plans

Snapshot

PPO Plan:

80/50 coverage

Arizona Provider

Blue Cross Blue Shield of Arizona (BCBSAZ)

(855) 801-4633

www.zblue.com

Plan number:

35936

BC – Network Providers

Blue Preferred Dental PPO

Arizona – Dental Insurance - BCBSAZ

*Annual Deductible - $50/person; $150/Family (Deductible applies to Basic and Major Services)

Annual Maximum - $2000 / per person

Lifetime Orthodontic (children & adults) - $3,000 / per person

	BCBS In-Network	Out of Network
PREVENTATIVE/DIAGNOSTIC SERVICES (Type I)* • Routine exams (two per year)** • Cleanings (two per year) • X-rays (bitewings – one per benefit year; Full mouth one per five years)*** • Fluoride treatments (once per benefit year through age 18) • Space Maintainers (through age 15) • Sealants (through age 15) – permanent molars and bicuspids only, once per three year period	**100%**	**80%**
BASIC SERVICES (Type II)* • Amalgam Filings • Composite Filings – Anterior (Front) Teeth • Composite Filings – Posterior/'Bicuspid (all except Front Teeth) • Emergency Palliative Treatment • Endodontics – Pulpal Therapy • Periodontics – Non-surgical • Simple Extractions • Oral Appliances – for treatment of Bruxism	**80%**	**50%**
MAJOR SERVICES (Type III)* • Prosthodontics – Bridges and Dentures • Oral Surgery – Extractions (Limited Coverage) • General Anesthesia (Limited coverage)**** • Endodontics – Root Canal • Crowns/Inlays/Onlays • Periodontics – Surgical • Implants ($1000 lifetime maximum)	**50%**	**50%**
ORTHODONTICS (Type IV) – Adults & Children ($3,000 lifetime maximum)	**50%**	**50%**

*Only the amount allowed, (and not billed charges) count to satisfy the deductible. Only the BCBSAZ portion of the allowed amount counts toward the calendar year maximum benefit. Any services in excess of a benefit limit or provided after you reach the calendar year benefit maximum are not covered.

**All "per year" benefits mean per calendar year

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

****BCBSAZ Dental Coverage Guidelines are available upon request. Not all dentally necessary services are covered benefits.