BlueCross BlueShield of Arizona

An Independent Licensee of the Blue Cross and Blue Shield Association

BlueDental – Custom
Summary of Benefits

Midwestern University
Effective 01/01/22

Plan Benefit Structure	
Benefit Maximum per Member per Calendar Year[1] All services, except Type I and Type IV services, count toward the maximum	**$2,000**
Annual Deductible[1] Deductible waived for Type I services **Individual** **Family**	 **$50** **$150**

Benefit Category	In-Network		Out-of-Network	
	Plan Pays	**You Pay**	**Plan Pays**	**You Pay**
Type I	**100%**	**0%**	**80%**	**20%**
	Type I services do not count toward the calendar-year maximum Deductible does not apply			
Type II	**80%**	**20%**	**50%**	**50%**
	After meeting deductible			
Type III	**50%**	**50%**	**50%**	**50%**
	After meeting deductible			
Type IV	**50%**	**50%**	**50%**	**50%**
	Deductible does not apply Lifetime Max **$3,000** Adult and Children			

Type I Covered Services[1]	
Oral exams	Two per year[2] in any combination of periodic, limited, or comprehensive exams
Prophylaxis – Cleanings	Two per year – Type II periodontal maintenance procedures, if any, count toward this maximum of two cleanings
Bitewing X-rays[3]	One set per year
Periapical X-rays[3]	Four films per year
Full Mouth X-rays[3]	One per five-year period
Topical Flouride	Through age 18 – One per year
Sealants	Through age 15 – permanent molars and bicuspids only, once per three-year period
Space Maintainers	Through age 15
Type II Covered Services[1]	
Amalgam Fillings	One treatment per tooth in any two-year period (limit based on amalgam and composite fillings combined)
Composite Fillings – Anterior (Front) Teeth	One treatment per tooth in any two-year period; (limit based on amalgam and composite fillings combined)
Composite Fillings – Posterior/Bicuspid (all except front) Teeth	One treatment per tooth in any two-year period (limit based on amalgam and composite fillings combined)
Emergency Palliative Treatment	Covered for emergency treatment of dental pain
Endodontics – Pulpal Therapy	One treatment per tooth in any two-year period
Periodontics – Non-surgical	One per two-year period – Periodontal maintenance procedures are not included in this limit.
Simple Extractions	Surgical extractions also covered under Type II III
Oral Appliances for Treatment of Bruxism	Covered

Type III Covered Services[1]	
Prosthodontics – Bridges & Dentures	Five-year replacement limit
Oral Surgery - Extractions	Limited Coverage
General Anesthesia	Limited Coverage per BCBSAZ dental coverage guidelines[4]
Endodontics – Root Canal	One treatment per tooth in any two-year period
Crowns/Inlays/Onlays	Five-year replacement limit
Periodontics – Surgical	One procedure per three-year period
Implants	Covered up to a maximum of $1,000 per member, includes related services or treatment for complications of dental implants.
Type IV Covered Services	
Orthodontics	Adult and Children

[1] Only the allowed amount, (and not billed charges) counts to satisfy the deductible. Only the BCBSAZ portion of the allowed amount counts toward the calendar year benefit maximum. Any services in excess of a benefit limit or provided after you reach the calendar year benefit maximum are not covered.
[2]All "per year" benefits mean per calendar year.
[3]Any combination of x-rays billed on the same date of treatment cannot exceed the allowed amount for a full mouth x-ray benefit.
[4] BCBSAZ Dental Coverage Guidelines are available upon request. Not all dentally necessary services are covered benefits.

In-Network Providers

"In-network" dental providers have contracts with Blue Cross Blue Shield of Arizona (BCBSAZ) or with BCBSAZ's independent dental network vendor. In-network providers accept negotiated fees as payment in full for covered dental services, and file a member's claims with BCBSAZ. Members usually have lower out-of-pocket costs with in-network providers.

Out-of-Network Providers

"Out-of-network" providers have no contract with BCBSAZ or with BCBSAZ's independent dental network vendor. Out-of-network providers set their own rates, can collect up to full billed charges from members, and have no obligation to file members' claims.

For out-of-network providers within Arizona, BCBSAZ reimburses the member based on the lesser of BCBSAZ's established in-network fee schedule amount or the dentist's actual billed charge. If the provider is located outside Arizona, reimbursement is based on the lesser of billed charges or the fee schedule of the independent dental network vendor.

Example

The following example shows how use of an in-network provider may save you money. This example assumes:

- you have already met your annual deductible
- you have 80% coinsurance for in-network providers
- you have 80% coinsurance for out-of-network providers
- your dentist's billed charge is $150
- BCBSAZ's established in-network fee is $100

In-Network Provider		Out-of-Network Provider	
Billed charge	$150	Billed charge	$150
BCBSAZ in-network fee	$100	BCBSAZ in-network fee	$100
BCBSAZ pays (80% x $100)	$80	BCBSAZ pays (80% x $100)	$80
You pay (20% x $100)	$20	You pay (20% x $100)	$20
		Plus difference of billed charge	$50
Your Out-of-Pocket Cost:	*$20*	*Your Out-of-Pocket Cost:*	*$70*

While your actual expenses will vary, in this example you would have saved $50 by using an in-network provider.

Optional Pre-determination

If your dentist has recommended services and you are concerned about coverage or costs, your dentist can ask BCBSAZ for a pre-treatment estimate, called a "pre-determination." BCBSAZ will review your dentist's proposed treatment and send your dentist information explaining what services will be covered and your estimated out-of- pocket costs for these services. A pre-determination can help you better understand what will be covered and the amount you will need to pay.

Prevention + 1 Program

All diabetic and pregnant members are eligible for coverage of one additional dental cleaning procedure or one additional periodontal maintenance procedure. For members who have enrolled in the program, extended preventive benefits will remain available for the duration of these conditions.

EXCLUSIONS & GENERAL LIMITATIONS

NOTWITHSTANDING ANY OTHER PROVISION IN THIS BENEFIT PLAN, NO BENEFITS WILL BE PAID FOR EXPENSES ASSOCIATED WITH THE FOLLOWING:

- Alternative Dentistry – non-traditional or alternative dental therapies, interventions, services and procedures; naturopathic and homeopathic dentistry; diet therapies; nutritional or lifestyle therapies
- Appliances, procedures, devices and services necessary to alter vertical dimension and/or restore an occlusion
- Athletic Mouth Guards – including but not limited to, any procedures and services necessary to fabricate or create such mouth guards
- Behavior management of any kind
- Benefit-specific exclusions and services in excess of limitations listed in this book under particular benefits
- Biologic materials to aid in tissue regeneration
- Bleaching of any kind; both internal and external bleaching
- Body Art, Piercing and Tattooing – services related to body piercing, cosmetic implants, body art, tattooing and any related complications
- Charges associated with the preparation, copying or production of health records
- Complications of Noncovered Services – complications and consequences, whether immediate or delayed, arising from any condition or service not covered under this plan
- CT scans (e.g., cone beam)
- Correction of congenital malformations except as required by state law for newborns, adopted children and children placed for adoption
- Cosmetic Services and Any Related Complications – surgery and any related complications, procedures, treatment, office visits, consultations and other services for cosmetic purposes
- Counseling – counseling and behavioral modification services
- Court-Ordered Services – court-ordered testing, treatment and therapy, unless such services are otherwise covered under this plan as determined by BCBSAZ
- Enamel microabrasion
- Expenses for services that exceed benefit limitations
- Experimental or Investigational Services
- Fees – fees for unspecified adjunctive procedures, by report
- Fees – fees other than for dentally appropriate, in-person, direct member services
- Free Services – services you receive at no charge or for which you have no legal obligation to pay
- Gold foil restorations and their maintenance/repairs
- Government Services – services provided at no charge to the member through a governmental program or facility
- Inpatient or Outpatient Facility Services – any facility charges associated with covered professional services provided in an inpatient or outpatient facility
- Laboratory and pathology services
- Laminate veneers and their maintenance/repairs
- Local, regional block, and trigeminal division block anesthesia
- Locally administered antibiotics
- Maxillofacial prosthetics and any related services
- Medications Dispensed in a Dentist’s Office – prescription medications and over-the-counter medications, including pharmaceutical manufacturers' samples, dispensed to the patient in a dentist’s office by any mode of administration. This does not include eligible injectable medications administered in the dentist’s office
- Non-Dentally Necessary Services – services that are not dentally necessary as determined by BCBSAZ. BCBSAZ may not be able to determine dental necessity until after services are rendered
- Nitrous oxide; oral or intravenous conscious sedation; oral, intravenous or intramuscular analgesics or anxiolytics.
- Occlusal guards for the treatment of temporomandibular joint syndrome or sleep apnea – including but not limited to, any procedures and services necessary to fabricate or create such mouth guards
- Office visit for observation, during which no services are provided
- Oral hygiene instruction, except when provided as an integral part of a routine covered oral examination.
- Orthodontic services and tooth extractions relating to those services, unless otherwise specifically covered under this benefit plan and listed as a covered service on the member’s schedule page
- Over-the-Counter Items – medications, devices, equipment and supplies that are lawfully obtainable without a prescription
- Personal Comfort Items – services intended primarily for assistance in daily living, socialization, personal comfort, convenience and other non-medical reasons
- Screening Tests – any testing, including genetic and chromosomal testing, performed on an individual who does not have a specific diagnosis or acute signs or symptoms of a condition or disease for which the test is being performed, regardless of whether the individual has a family history or other risk factors for the disease or condition, except as stated in this plan

- Services and Supplies Not Provided by a Dentist – except dental prophylaxis and root planing performed by a licensed dental hygienist under the supervision and direction of a dentist
- Services for Idiopathic Environmental Intolerance – services associated with environmental intolerance from unknown causes (idiopathic), multiple chemical sensitivity, the diagnosis or treatment of environmental illness (clinical ecology), such as chemical sensitivity or toxicity from exposure to atmospheric or environmental contaminants, pesticides or herbicides
- Services from a Family Member – services delivered by an eligible provider who is a member of your immediate family. "Immediate family" means your parents, siblings, children, stepparents, stepchildren, spouse, grandparents, grandchildren and anyone related to you by marriage to the same degree as any of the preceding individuals. When a provider is also the covered person, services rendered by that provider for himself or herself are also excluded from coverage. This exclusion does not apply to dental services in Midwestern dental facilities by eligible providers who are Midwestern faculty members.
- Services from Ineligible Providers
- Services Paid for By Other Organizations – services customarily paid for by an employer, such as worksite or ergonomic evaluations; the government; a school; biotechnical, pharmaceutical or dental device industry sources; or other individuals and organizations
- Services Prior to Effective Date
- Services Provided After the Member's Coverage Termination Date
- Services Related to or Associated with Noncovered Services
- Skin grafts
- Telephonic and Electronic Consultations
- Therapy or treatment of the temporomandibular joint, orthognathic surgery, or ridge augmentation
- Training and Education
- Transportation – transport services and travel expenses
- Workers' Compensation – illnesses or injuries covered by Workers' Compensation, unless the member is exempt from such coverage or has made a statutory opt-out election

THIS IS ONLY A BRIEF SUMMARY OF THIS BENEFIT PLAN. A COMPLETE LISTING OF ALL BENEFITS, LIMITATIONS AND EXCLUSIONS IS IN THE BENEFIT PLAN BOOKLET AND IS AVAILABLE PRIOR TO ENROLLMENT UPON REQUEST. IF THE BENEFITS ON THIS SUMMARY DIFFER FROM THOSE STATED IN THE BENEFIT PLAN BOOKLET, THE TERMS OF THE BENEFIT PLAN BOOKLET APPLY.

Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hóló̧ díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'á̧ doo bá̧á̧h ílínígóó. Ata' halne'ígíí koj̧į' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة .للتحدث مع مترجم اتصل ب 877-475-4799.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید .877-475-4799 تماس حاصل نمایید.

Assyrian:

ܐܢ ܐܢܬ، ܝܢ ܐܢܫ ܕܐܢܬ ܒܥܘܕܪܢܐ ܠܗ، ܐܝܬ ܠܗ ܫܘܐܠܐ ܒܘܬ Blue Cross Blue Shield of Arizona، ܐܝܬ ܠܘܟ ܙܕܩܐ ܕܡܩܒܠܬ ܥܘܕܪܢܐ ܘܡܘܕܥܢܘܬܐ ܒܠܫܢܘܟ ܡܓܢ. ܠܡܡܠܠܘܬܐ ܥܡ ܡܬܪܓܡܢܐ، ܩܪܝ ܠ ܡܢܝܢܐ 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกาลังช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona
คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 877-475-4799

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these 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 BCBSAZ 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: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance, BCBSAZ's Civil Rights 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, DC 20201, 1 (800) 368-1019, 1 (800) 537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.