



DentalPlus

**An affordable and
easy-to-use dental plan.**

PLAN 2



An Independent Licensee of the Blue Cross and Blue Shield Association

www.azblue.com

DentalPlus gives you a lot of reasons to smile.

A dental plan that offers affordability and convenience will keep you and your family smiling.

That's why Blue Cross Blue Shield of Arizona is pleased to offer DentalPlus, an easy-to-use plan specifically designed to take care of your dental needs. DentalPlus is available to residents of Maricopa and Pima counties.

Here's a quick look at the major advantages DentalPlus offers you:

- ◆ No deductibles
- ◆ No claim forms (except for emergencies)
- ◆ No precertification requirements
- ◆ Low fees
- ◆ No annual maximums
- ◆ Emergency care
- ◆ Convenient dental office locations



DentalPlus covers many basic dental needs.

The DentalPlus benefit plan includes the following:

Covered Services:

Diagnostic Care

- ◆ Oral examinations and dental X-rays

Preventive Care

- ◆ Teeth cleaning (prophylaxis)
- ◆ Plaque control, oral hygiene, dietary instructions

Services Available for a Discount off Billed Charge:

Restorations

- ◆ Regular fillings (silver amalgam, composite)

Periodontics

- ◆ Treatment of diseases of the gums and supportive tissues of the teeth

Endodontics

- ◆ Root canal treatment
- ◆ Pulpal therapy

Oral Surgery

- ◆ Simple and complicated extractions of the teeth

Prosthetics

- ◆ Crowns, bridges, partial dentures, dentures

Orthodontics (Available for a specified fee)

- ◆ Straightening of teeth (for adults and children)

Emergency Service

- ◆ Treatment for the relief of pain

How DentalPlus works for you.

When you sign up for DentalPlus, you'll be able to select your dentist from a list of participating DentalPlus dentists. This list includes a choice of dentists at convenient locations. The dentist you choose then becomes your primary provider for all your dental needs. If treatment is required that can't be provided by your primary dentist, you will be referred to a participating DentalPlus specialist.



No deductibles and affordable fees.

With DentalPlus, there are never any deductibles to pay, and some diagnostic and preventive services require no fees.

Services available through DentalPlus.

Services listed on the fee schedule are available when they are dentally necessary and performed by your DentalPlus primary dentist operating within the scope of his/her practice, provided they are not an excluded service.

Blue Cross Blue Shield of Arizona or its designee will interpret whether a service or supply is dentally necessary under the terms of this plan. Patient care is decided between the provider and the patient.

Services from a specialist

There may be times when your primary dentist will need to refer you, or one of your enrolled dependents, to a specialist for services that cannot be done in his/her office. When you are referred to a DentalPlus specialist, the fee schedule in this brochure will not apply. The DentalPlus specialist will provide services at a 25% discount off his/her own billed charges. This does

not apply to orthodontic treatment. You may select any one of the DentalPlus orthodontists, and, you will pay the orthodontic fees listed in the brochure's schedule of covered orthodontic services.

Emergency services available, too

If you have an emergency, you should contact your DentalPlus primary dentist first. If you can't reach your DentalPlus dentist, or you are more than 50 miles from home, you should seek care immediately from any licensed dentist. You will be reimbursed up to \$50 for emergency treatment. Follow-up care must be administered by your DentalPlus dentist.

Other than this special emergency care, there are no benefits if you do not use a DentalPlus dentist. Please note that prescription medications are not covered under the DentalPlus Plan.

Applying for DentalPlus is easy.

Simply fill out the enclosed application with all the requested information and follow the instructions on where to send the form. When you enroll in DentalPlus you must select a DentalPlus dentist to be your primary provider of dental care. Be sure to indicate which dentist you have selected on the application. If you are also enrolling your dependents, they must use the same dental office you have selected.

DentalPlus is simple to use.

After you have received your confirmation of enrollment, you may call your DentalPlus primary dentist for an appointment after your effective date. Be sure to mention that you are a DentalPlus member.

After you enroll, you'll receive your contract booklet, which will describe dental services available through the DentalPlus Plan in greater detail. Use it as reference for all benefits, exclusions and limitations.

ADA CODE	DESCRIPTION OF SERVICES	FEE
Alveoplasty-surgical preparation of ridge for dentures		
07310	Alveoloplasty in conjunction with extractions per quadrant	\$ 90
07320	Alveoloplasty not in conjunction with extractions per quadrant	.92
07470	Removal of exostosis	.148
07510	Incision/drainage of abscess	.81
07910	Suture of small wound	.9
07960	Frenectomy	.67



ADA CODE	DESCRIPTION OF SERVICES	FEE
Orthodontic plan benefits cover 24 months of usual and customary orthodontic treatment. You are responsible to pay for initial diagnostic workup, X-rays and retention.		
08080	Children (up to 19th birthday)	\$2688
08090	Adults (age 19 and older)	.3248
Anesthesia		
09110	Palliative (emergency) treatment of dental pain, minor procedures	\$22
09215	Local anesthesia	\$.00
09220	General anesthesia (30 minutes) for covered oral surgery procedures	.108
09230	Analgesia (nitrous oxide)	.11
09240	IV sedation (30 minutes) for covered oral surgery procedures	.108
Professional visits		
09440	After-hours emergency care	\$.50
09951	Occlusal adjustment - limited	.45
09952	Occlusal adjustment - complete	.67
09900	Infection control	.00
09998	Failed appointments (without 24 hours' notice)	.28

Fees listed apply only when services are performed by your DentalPlus primary dentist. If referred to a specialist, services will be provided at a 25% discount off their billed charges.

Patient Fees

ADA CODE	DESCRIPTION OF SERVICES	FEE
PROSTHODONTICS (Continued)		

Adjustments to dentures

05410	Adjust complete denture - upper	\$.9
05411	Adjust complete denture - lower	.9
05421	Adjust partial denture - upper	.9
05422	Adjust partial denture - lower	.9

Repairs to complete dentures

05510	Repair broken complete denture base	\$.36
05520	Replace missing or broken teeth - complete denture (each tooth)	.36

Repairs to partial dentures

05610	Repair acrylic saddle or base	\$.36
05620	Repair cast framework	.36
05630	Repair or replace broken clasp	.56
05640	Replace broken teeth - per tooth	.27
05650	Add tooth to existing partial denture	.56
05660	Add clasp to existing partial denture	.99

Denture reline procedures

05730	Reline complete upper denture - chairside	\$.54
05731	Reline complete lower denture - chairside	.54
05740	Reline upper partial denture - chairside	.54
05741	Reline lower partial denture - chairside	.54
05750	Reline complete upper denture - laboratory	.95
05751	Reline complete lower denture - laboratory	.95
05760	Reline upper partial denture - laboratory	.95
05761	Reline lower partial denture - laboratory	.95

Other removable prosthetic services

05810	Temporary complete denture - upper	\$.185
05811	Temporary complete denture - lower	.185
05850	Tissue conditioning - per denture unit	.13

PROSTHODONTICS, FIXED

Bridge pontics

06210	Pontic - cast high noble metal	\$.386
06211	Pontic - cast predominantly base metal	.330
06212	Pontic - cast noble metal	.386
06240	Pontic - porcelain fused to high noble metal	.398
06241	Pontic - porcelain fused to predominantly base metal	.342
06242	Pontic - porcelain fused to noble metal	.398

ADA CODE	DESCRIPTION OF SERVICES	FEE
Bridge retainers-crowns		

Bridge retainers-crowns

06750	Crown - porcelain fused to high noble metal	\$.398
06751	Crown - porcelain fused to predominantly base metal	.342
06752	Crown - porcelain fused to noble metal	.398
06780	Crown - 3/4 cast high noble metal	.386
06790	Crown - full cast high noble metal	.386
06791	Crown - full cast predominantly base metal	.330
06792	Crown - full cast noble metal	.386

Other fixed prosthetic services

06930	Recement bridge	\$.27
06940	Stress breaker	.49
06950	Precision attachment	.116
06970	Cast post and core in addition to bridge retainer	.112
06972	Prefabricated post and core in addition to bridge retainer	.62

ORAL SURGERY

Extractions-includes local anesthesia and routine postoperative care

07110	Single tooth	\$.40
07120	Each additional tooth	.36
07130	Root removal - exposed roots	.48

Extractions-includes local anesthesia and routine postoperative care

07210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth	\$.67
07220	Removal of impacted tooth - soft tissue	.90
07230	Removal of impacted tooth - partial bony	.112
07240	Removal of impacted tooth - complete bony	.125
07241	Removal of impacted tooth - complete bony, with unusual surgical complications	.157
07250	Surgical removal of residual tooth roots (cutting procedure)	.81
07270	Tooth reimplantation/stabilization	.134
07281	Surgical exposure to aid eruption	.116
07285	Biopsy of oral tissue - hard	.114
07286	Biopsy of oral tissue - soft	.114

Fees listed apply only when services are performed by your DentalPlus primary dentist. If referred to a specialist, services will be provided at a 25% discount off their billed charges.

DentalPlus: something to smile about.

Once you've had a chance to use DentalPlus, we're certain you'll quickly see how easy it is to care for your dental health — which is something you can definitely smile about.

DentalPlus is offered by Blue Cross Blue Shield of Arizona and administered by ADPS. Should you have any questions about enrolling in DentalPlus, please call Blue Cross Blue Shield of Arizona at (877) 864-4899. Once your DentalPlus coverage becomes effective, please call ADPS at (888) 540-9488 for any questions you have about your coverage.



Exclusions and Limitations

The following is a partial list of conditions and services that are limited or excluded. A complete listing can be found in the contract booklet, which will be sent to you when you enroll.

- ◆ A service not rendered or authorized by your DentalPlus primary dentist, except for emergency treatment as described in this booklet
- ◆ Any procedures or services not listed on the DentalPlus Fee Schedule
- ◆ Appliances or restoration necessary to increase vertical dimension or restore an occlusion
- ◆ Complications related to an ineligible or excluded treatment, condition, procedure or service
- ◆ Cosmetic or aesthetic services or surgery
- ◆ Extractions of asymptomatic third molars
- ◆ Orthodontic services or treatment that began before your effective date of coverage under this contract or continues after your termination
- ◆ Services or treatment associated with prior orthodontic treatment or services
- ◆ Prescription and over-the-counter drugs
- ◆ Repair or replacement of orthodontic appliances
- ◆ Replacement of a lost or stolen denture
- ◆ Services covered by Workers' Compensation or similar benefits
- ◆ Services or treatment for, or associated with, temporomandibular joint (TMJ) dysfunction or disorder, or for orthognatic surgery
- ◆ Services rendered by a hospital or other facility, or related to a hospital or facility visit
- ◆ Services rendered before your effective date of coverage under this contract or after this coverage terminates
- ◆ Services that are not approved by the American Dental Association (ADA), or those considered investigative or experimental

Important note: This brochure is a general summary. A complete description of any and all benefits, limitations and exclusions is found in and governed by your contract.

Patient Fees

ADA CODE	DESCRIPTION OF SERVICES	FEE
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DIAGNOSTIC CARE

09999 Office visit (per member per visit)\$6

Clinical oral examinations

00150 Initial oral examination\$0
 00120 Periodic oral examination (every six months)0
 00140 Emergency oral examination0

Radiographs (X-rays)

00210 Intraoral - complete series (including bitewings)\$11
 00220 Intraoral - periapical - first film0
 00230 Intraoral - periapical - each additional film0
 00240 Intraoral - occlusal film0
 00250 Extraoral - first film0
 00260 Extraoral - each additional film0
 00270 Bitewings - single film0
 00272 Bitewings - two films0
 00274 Bitewings - four films0
 00330 Panoramic film11

PREVENTIVE CARE

Dental prophylaxis (every 6 months)

01110 Prophylaxis - adult\$ 9
 01120 Prophylaxis - child7
 01119 Additional prophylaxis - adult34
 01129 Additional prophylaxis - child22

Topical fluoride treatment (office procedure)

01201 Topical application of fluoride
 (with prophylaxis) - child\$7
 01203 Topical application of fluoride
 (without prophylaxis) - child0
 01310 Dietary planning for the control of dental caries0
 01330 Oral hygiene instructions0

Preventive sealants (permanent posterior teeth up to age 19)

01351 Sealant - per tooth\$11

Space maintenance (passive appliances)

01510 Space maintainer - fixed - unilateral\$54
 01515 Space maintainer - fixed - bilateral63
 01520 Space maintainer - removable - unilateral54
 01525 Space maintainer - removable - bilateral63
 01550 Recementation of space maintainer18

ADA CODE	DESCRIPTION OF SERVICES	FEE
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RESTORATIVE

Fillings—amalgam restorations

02110 Amalgam - one surface, primary\$16
 02120 Amalgam - two surfaces, primary24
 02130 Amalgam - three surfaces, primary31
 02131 Amalgam - four surfaces, primary40
 02140 Amalgam - one surface, permanent16
 02150 Amalgam - two surfaces, permanent24
 02160 Amalgam - three surfaces, permanent31
 02161 Amalgam - four or more surfaces, permanent40

Fillings—resin restorations

02330 Resin - one surface, anterior\$39
 02331 Resin - two surfaces, anterior50
 02332 Resin - three surfaces, anterior60
 02335 Resin - four or more surfaces or involving
 incisal angle, anterior67
 02380 Resin - one surface, posterior - primary38
 02381 Resin - two surfaces, posterior - primary48
 02382 Resin - three or more surfaces, posterior - primary ...56
 02385 Resin - one surface, posterior - permanent43
 02386 Resin - two surfaces, posterior - permanent54
 02387 Resin - three or more surfaces, posterior - permanent .71

Inlay/onlay restorations

02510 Inlay - metallic, one surface\$297
 02520 Inlay - metallic, two surfaces308
 02530 Inlay - metallic, three or more surfaces319
 02543 Onlay - metallic, three surfaces291
 02544 Onlay - metallic, four or more surfaces325
 02610 Inlay - porcelain/ceramic, one surface314
 02620 Inlay - porcelain/ceramic, two surfaces325
 02630 Inlay - porcelain/ceramic, three or more surfaces370

Crowns—single restorations only

02740 Crown - porcelain/ceramic substrate\$426
 02750 Crown - porcelain fused to high noble metal431
 02751 Crown - porcelain fused to predominantly
 base metal375
 02752 Crown - porcelain fused to noble metal431
 02790 Crown - full cast high noble metal420
 02791 Crown - full cast predominantly base metal364
 02792 Crown - full cast noble metal420
 02810 Crown - 3/4 cast metallic420

*Fees listed apply only when services are performed by your DentalPlus primary dentist.
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ADA CODE	DESCRIPTION OF SERVICES	FEE
RESTORATIVE (Continued)		

Other restorative services

02910	Recement inlay	\$ 16
02920	Recement crown	.16
02930	Prefabricated stainless steel crown - primary tooth	.83
02932	Temporary crown	.90
02940	Sedative filling	.13
02950	Crown buildup, including any pins	.69
02951	Pin retention - per tooth, in addition to restoration	.13
02952	Cast post and core in addition to crown	.81
02954	Prefabricated post and core in addition to crown	.81
02960	Labial veneer (lamine) - chairside	.246
02962	Labial veneer (porcelain laminate) - lab	.309
02980	Crown repair	.22

ENDODONTICS

03110	Pulp cap - direct (excluding final restoration)	\$.22
03120	Pulp cap - indirect (excluding final restoration)	.22
03220	Therapeutic pulpotomy (excluding final restoration)	.49

Root canal therapy (including treatment plan, clinical procedures and follow-up care)

03310	Anterior (excluding final restoration)	\$.243
03320	Bicuspid (excluding final restoration)	.300
03330	Molar (excluding final restoration)	.381
03346	Retreatment of previous root canal - anterior	.249
03347	Retreatment of previous root canal - bicuspid	.307
03348	Retreatment of previous root canal - molar	.388
03410	Apicoectomy - anterior	.242
03421	Apicoectomy - bicuspid - first root	.157
03425	Apicoectomy - molar - first root	.175
03426	Apicoectomy - each additional root	.90
03430	Retrograde filling - per root	.88
03450	Root amputation - per root	.112
03920	Hemisection (including any root removal), not including root canal therapy	.103
03960	Bleaching of discolored tooth	.60

ADA CODE	DESCRIPTION OF SERVICES	FEE
PERIODONTICS		

Surgical services (including usual postoperative services)

04210	Gingivectomy or gingivoplasty - per quadrant	\$235
04211	Gingivectomy or gingivoplasty - per tooth	.108
04220	Gingival curettage per quadrant	.121
04240	Gingival flap procedure per quadrant	.246
04260	Osseous surgery (including flap entry and closure) - per quadrant	.354
04271	Free soft tissue graft procedure (including donor sites)	.245

Adjunctive periodontal services

04341	Periodontal scaling and root planing - per quadrant	\$.81
04355	Full mouth debridement (complicated cleaning)	.90

Other periodontal services

04910	Periodontal maintenance procedures following active therapy	\$.50
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PROSTHODONTICS

Complete dentures (including routine postdelivery care)

05110	Complete - upper	\$.442
05120	Complete - lower	.442
05130	Immediate - upper	.470
05140	Immediate - lower	.470

Partial dentures (including routine postdelivery care)

05211	Upper partial - acrylic base (including any conventional clasps and rests)	\$.448
05212	Lower partial - acrylic base (including any conventional clasps and rests)	.448
05213	Upper partial - cast metal framework with acrylic saddles (including any conventional clasps and rests)	.465
05214	Lower partial - cast metal framework with acrylic saddles (including any conventional clasps and rests)	.465

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