## Vigilant

## **BlueDental**



## **BENEFITS OVERVIEW**

An Independent Licensee of the Blue Cross Blue Shield Association

	PPO 50 - 1000 A Value*	PPO 50 - 1500 A Value*	PPO 50 - 1500 A2 Optimum w/ Ortho*	DHMO*	PPO 50 1000 A90 Value*	PPO 50 1500 P290 Optimum*
		CALENDAR YEAR DEDUCTIBLE				
Deductible waived for Type 1 Services	\$50/\$150	\$50/\$150	\$50/\$150	N/A	\$50/\$150	\$50/\$150
		CALENDAR YEAR MAXIMUM				
Type 1 Services do not apply towards maximum	\$1,000	\$1,500	\$1,500	N/A	\$1,000	\$1,500
		TYPE 1 - DIAGNOSTIC AND PREVE	NTIVE			
	100% In / 80% Out	100% In / 80% Out	100% In / 80% Out	Copayments	100% In / 80% Out	100% In / 100% Out
_	Oral exams	Oral exams	Oral exams	\$0 copay for oral exams,	Oral exams	Oral exams
Type 1 Diagnostic and	X-rays	X-rays	X-rays	select X-rays and fluoride	X-rays	X-rays
Preventive Services	Fluoride	Fluoride	Fluoride	treatments.	Fluoride	Fluoride
	Sealants	Sealants	Sealants	Check Benefit Summary for	Sealants	Sealants
	Space maintainers	Space maintainers	Space maintainers	copay amounts.	Space Maintainers	Space Maintainers
		TYPE 2 - RESTORATIVE				
Type 2 Restorative Services	80% In / 60% Out	80% In / 60% Out	80% In / 60% Out	Copayments	80% In / 60% Out	80% In / 80% Out
	Fillings	Fillings	Fillings		Fillings	Fillings
	Simple extractions	Simple extractions	Simple extractions		Simple Extractions Emergency Pamative	Simple Extractions
	Emergency palliative treatment	Emergency palliative treatment	Emergency palliative treatment	Check Benefit Summary for	Trootmont	Emergency Palliative Treatmer
			Endodontics	copay amounts.		Endodontics
			Periodontics			Periodontics
			Oral surgery			Oral surgery
		TYPE 3 - MAJOR				
Type 3 Major Services	50% In / 40% Out	50% In / 40% Out	50% In / 40% Out	Copayments	50% In / 40% Out	50% In / 50% Out
	Dentures and bridges	Dentures and bridges	Dentures and bridges		Dentures and bridges	Dentures and bridges
	General anesthesia	General anesthesia	General anesthesia	Check Benefit Summary for copay amounts.	General anesthesia	General anesthesia
	Crowns/inlays/onlays	Crowns/inlays/onlays	Crowns/inlays/onlays		Crowns/Inlays/Onlays	Crowns/Inlays/Onlays
	Endodontics	Endodontics	Implants		Endodontics	
	Periodontics	Periodontics			Periodontics	
	Oral surgery	Oral surgery			Oral surgery	
		TYPE 4 - ORTHODONTICS				
Type 4 Orthodontics	N/A	N/A	50% In / 50% Out	Check Benefit Summary for	N/A	N/A
	.,,,,	.,,,	Lifetime Max \$1000 Adult & Child	copay amounts.	,/.	.,,,,
		OON Reimbursement				
	MAC	MAC	MAC	N/A	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.
- DHMO plan participants will be assigned a provider upon enrollment.

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 ser
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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

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