

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 PREVENTIVE						
Type 1 Diagnostic and Preventive Services	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, select X-rays and fluoride treatments. Check Benefit Summary for copay amounts.	Oral exams	Oral exams
	X-rays	X-rays	X-rays		X-rays	X-rays
	Fluoride	Fluoride	Fluoride		Fluoride	Fluoride
	Sealants	Sealants	Sealants		Sealants	Sealants
	Space maintainers	Space maintainers	Space maintainers		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	Check Benefit Summary for copay amounts.	Fillings	Fillings
	Simple extractions	Simple extractions	Simple extractions		Simple Extractions	Simple Extractions
	Emergency palliative treatment	Emergency palliative treatment	Emergency palliative treatment		Emergency Palliative Treatment	Emergency Palliative Treatment
			Endodontics			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	Check Benefit Summary for copay amounts.	Dentures and bridges	Dentures and bridges
	General anesthesia	General anesthesia	General anesthesia		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 copay amounts.	N/A	N/A
			Lifetime Max \$1000 Adult & Child			
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 sei
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or the App Store®** to:

- Access your member ID card
- Log in to find a dentist
- Compare estimated costs for care