

# A HEALTHIER SMILE STARTS HERE

LIVE  
FEARLESS™

## Dental insurance for about \$1 a day!<sup>1</sup>

At Blue Cross Blue Shield of Arizona, we focus on providing products and services to help you get and stay healthy. You'll find BluePreferred Dental plans offer affordability, flexibility and convenience. It's quality coverage from a name you know.

### AFFORDABILITY

- Plans costing about \$1 per day<sup>1</sup>
- Plans offered at a variety of price points to fit your budget
- Plans designed to lower your out-of-pocket costs

### VALUE

- 100% coverage for all covered Type I diagnostic/preventive services in-network<sup>2</sup>
- No deductible for all covered Type I diagnostic/preventive services
- Some plans offer a Maximum Carryover Provision and Prevention +1 Feature<sup>3</sup>

### FLEXIBILITY

- Flexible benefits for a wide range of services<sup>4</sup>
- Plan options include a variety of covered services from regular exams and cleanings to crowns and dentures (after annual deductible, benefits available at varying coinsurance levels for covered services)<sup>4</sup>

### CONVENIENCE

- Access to more than 2,400 dentists—one of the largest networks in Arizona<sup>5</sup>
- Manage your BCBSAZ health and dental plans on our convenient member portal
- Toll-free, local customer service and support

**100% COVERAGE<sup>2</sup>**  
WITH NO DEDUCTIBLE FOR  
IN-NETWORK DIAGNOSTIC  
AND PREVENTIVE SERVICES.

### APPLY OR LEARN MORE

Call **1-877-918-7526**

Visit [azblue.com/newdental](https://www.azblue.com/newdental)



An Independent Licensee of the Blue Cross and Blue Shield Association

# Dental insurance for about \$1 a day!<sup>1</sup>



## BluePreferred Dental<sup>®</sup>

Blue Cross Blue Shield of Arizona offers three dental plans for Individuals and Families, including basic to more comprehensive coverage.

Our plans offer 100% in-network\* coverage for covered diagnostic and preventive services with in-network licensed dentists throughout Arizona. This means that two yearly exams and cleanings, and some x-rays are provided with no out-of-pocket expenses when network dentists are used.

This is only a brief summary of benefits. Please review the plan Benefit Summary at [azblue.com/newdental](http://azblue.com/newdental) for full details before you apply for coverage.

	Annual Deductible	In-Network Coinsurance (Plan Pays/ Member Pays)	Out-of-Network Coinsurance (Plan Pays/ Member Pays)	Annual Plan Maximum	Special Features	Monthly Rates (Per Member)
<b>BluePreferred Dental Plan 1i</b>	\$50	Type I: 100%/0% Type II: 80%/20% Type III: Not Covered	Type I: 80%/20% Type II: 60%/40% Type III: Not Covered	\$500	100% In-Network Preventive Coverage*	Under 19: \$14.97 19 and older: \$18.13
<b>BluePreferred Dental Plan 5i</b>	\$50	Type I: 100%/0% Type II: 80%/20% Type III: 50%/50%	Type I: 80%/20% Type II: 60%/40% Type III: 40%/60%	\$1,000	Includes Maximum Carryover Provision**	Under 19: \$26.50 19 and older: \$32.32
<b>BluePreferred Dental Plan 6i</b>	\$50	Type I: 100%/0% Type II: 80%/20% Type III: 50%/50%	Type I: 80%/20% Type II: 60%/40% Type III: 40%/60%	\$1,500	Includes Maximum Carryover Provision**	Under 19: \$28.79 19 and older: \$35.11

**Important Notice:** All plans have a 6 month waiting period for type II services and 12-month waiting period for type III services. The annual plan maximum is the most that the plan will pay for covered services during a plan year. After you reach the maximum, no further services are covered. For detailed information about benefits, waiting periods, limitations and exclusions, refer to the specific provisions found within the benefit plan booklet. If the benefits on this comparison differ from those stated in the benefit plan booklet, the terms of the benefit plan booklet apply. There is no guarantee of continued benefits outlined in this comparison or the benefit plan booklet.

\*Benefit limitations, exclusions, and calendar year maximums apply.

\*\*This feature allows some unused dollars to be carried from one year to another.

1 Applies to BluePreferred Dental Plan 1i for a monthly premium for one adult and one child. Additional cost-share applies for most covered services.

2 Benefit limitations, exclusions, and calendar year maximums apply.

3 Please read plan documents carefully to understand the terms and conditions for these features.

4 Exclusions and Limitations: Plans do not cover all dental expenses and have exclusions and limitations. All plans generally exclude coverage for services and supplies that are experimental, investigational, cosmetic, or which BCBSAZ deems not dentally necessary. All plans impose member cost share requirements. Depending on the plan, cost share may include deductibles and coinsurance in percentages that vary based on plan type, deductible level, provider's network status, and benefit type. Waiting periods apply for some services.

5 Source: Internal Company data representing BCBSAZ's statewide dental PPO network only.

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. Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de BCBSAZ, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884. Dii kwe' é atah niniigii Blue Cross Blue Shield of Arizona haada yil' éego bina'idikidgo éi doodago Haida bija anilyeedigii i' áadoo le' é yina'idikidgo beehaz' áanii hólo aii i' áa haazaadk' ehji háka a' doowolgo bee haz' q' doo baqñ ilinígó. Aia' halne'igii koj' bich'i' hodilinih 1-877-475-4799.