

# DentalPlus



An affordable and  
easy-to-use dental plan.

[www.bcbsaz.com](http://www.bcbsaz.com)



An Independent Licensee of the Blue Cross and Blue Shield Association

PLAN 2

# DentalPlus

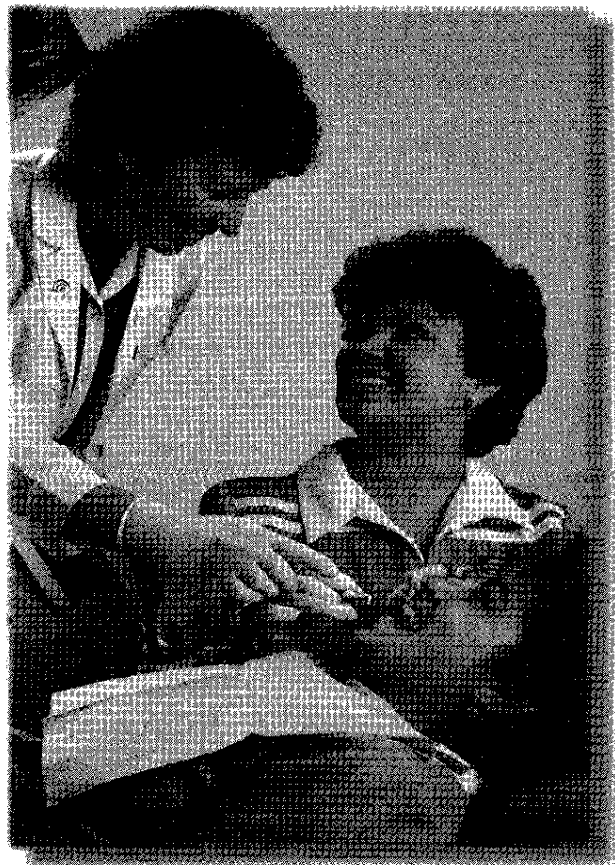
**DentalPlus gives you  
a lot of reasons to smile.**

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.

# DentalPlus



## 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.

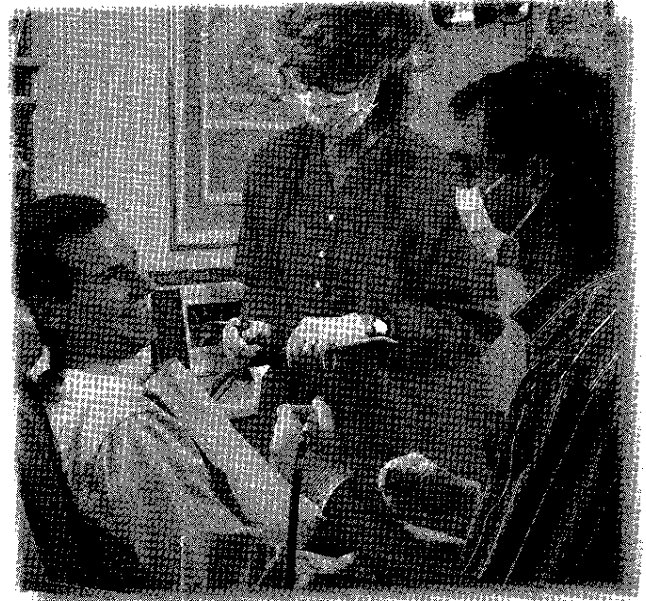
After you have received your confirmation of enrollment, you may call your DentalPlus primary dentist for an appointment after your effective date. Be sure to mention that you are a DentalPlus member.

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.

## 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 1-877-864-4899. Once your DentalPlus coverage becomes effective, please call ADPS at 1-888-540-9488 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	SEE
<b>DIAGNOSTIC CARE</b>		

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 examination .....0

### Radiographs (X-rays)

00210 Intraoral – complete series (including bitewings) .....\$11  
 00220 Intraoral – periapical – first film .....0  
 00230 Intraoral – periapical – each additional film .....0  
 00240 Intraoral – occlusal film .....0  
 00250 Extraoral – first film .....0  
 00260 Extraoral – each additional film .....0  
 00270 Bitewings – single film .....0  
 00272 Bitewings – two films .....0  
 00274 Bitewings – four films .....0  
 00330 Panoramic film .....11

## PREVENTIVE CARE

### Dental prophylaxis (every 6 months)

01110 Prophylaxis – adult .....\$9  
 01120 Prophylaxis – child .....7  
 01119 Additional prophylaxis – adult .....34  
 01129 Additional prophylaxis – child .....22

### Topical fluoride treatment (office procedure)

01201 Topical application of fluoride  
 (with prophylaxis) – child .....\$7  
 01203 Topical application of fluoride  
 (without prophylaxis) – child .....0  
 01310 Dietary planning for the control of dental caries .....0  
 01330 Oral hygiene instructions .....0

### 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 – bilateral .....63  
 01520 Space maintainer – removable – unilateral .....54  
 01525 Space maintainer – removable – bilateral .....63  
 01550 Recementation of space maintainer .....18

ADA CODE	DESCRIPTION OF SERVICES	SEE
<b>RESTORATIVE</b>		

### Fillings–amalgam restorations

02110 Amalgam – one surface, primary .....\$16  
 02120 Amalgam – two surfaces, primary .....24  
 02130 Amalgam – three surfaces, primary .....31  
 02131 Amalgam – four surfaces, primary .....40  
 02140 Amalgam – one surface, permanent .....16  
 02150 Amalgam – two surfaces, permanent .....24  
 02160 Amalgam – three surfaces, permanent .....31  
 02161 Amalgam – four or more surfaces, permanent .....40

### Fillings–resin restorations

02330 Resin – one surface, anterior .....\$39  
 02331 Resin – two surfaces, anterior .....50  
 02332 Resin – three surfaces, anterior .....60  
 02335 Resin – four or more surfaces or involving  
 incisal angle, anterior .....67  
 02380 Resin – one surface, posterior – primary .....38  
 02381 Resin – two surfaces, posterior – primary .....48  
 02382 Resin – three or more surfaces, posterior – primary .....56  
 02385 Resin – one surface, posterior – permanent .....43  
 02386 Resin – two surfaces, posterior – permanent .....54  
 02387 Resin – three or more surfaces, posterior – permanent .....71

### Inlay/onlay restorations

02510 Inlay – metallic, one surface .....\$297  
 02520 Inlay – metallic, two surfaces .....308  
 02530 Inlay – metallic, three or more surfaces .....319  
 02543 Onlay – metallic, three surfaces .....291  
 02544 Onlay – metallic, four or more surfaces .....325  
 02610 Inlay – porcelain/ceramic, one surface .....314  
 02620 Inlay – porcelain/ceramic, two surfaces .....325  
 02630 Inlay – porcelain/ceramic, three or more surfaces .....370

### Crowns–single restorations only

02740 Crown – porcelain/ceramic substrate .....\$426  
 02750 Crown – porcelain fused to high noble metal .....431  
 02751 Crown – porcelain fused to predominantly  
 base metal .....375  
 02752 Crown – porcelain fused to noble metal .....431  
 02790 Crown – full cast high noble metal .....420  
 02791 Crown – full cast predominantly base metal .....364  
 02792 Crown – full cast noble metal .....420  
 02810 Crown – 3/4 cast metallic .....420

*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.*

ADA CODE	DESCRIPTION OF SERVICES	FEE
<b>RESTORATIVE (Continued)</b>		

**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 (laminate) - chairside .....	.246
02962	Labial veneer (porcelain laminate) lab .....	.309
02980	Crown repair .....	.22

<b>ENDODONTICS</b>		
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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
<b>PERIODONTICS</b>		

**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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<b>PROSTHODONTICS</b>		
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**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

*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
<b>PROSTHODONTICS (Continued)</b>		

### 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
<b>Bridge retainers—crowns</b>		

### 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	\$6/
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.*

ADA CODE	DESCRIPTION OF SERVICES	FEE
<b>ORAL SURGERY (Continued)</b>		

### Alveoplasty—surgical preparation of ridge for dentures

07310	Alveoplasty in conjunction with extractions per quadrant	\$.90
07320	Alveoplasty 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
<b>ORTHODONTICS</b>		

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

### UNCLASSIFIED TREATMENT

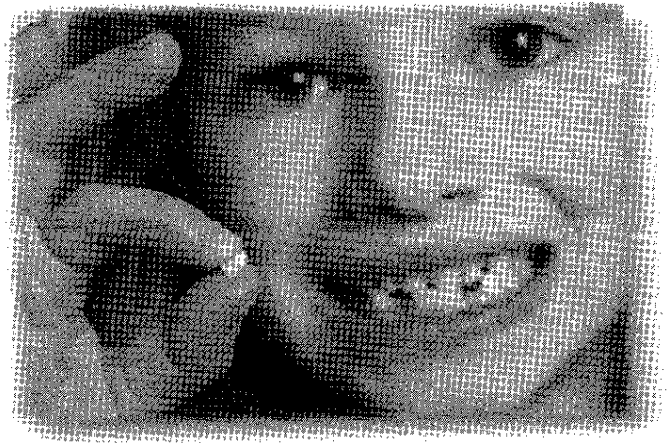
09110	Palliative (emergency) treatment of dental pain, minor procedures	\$.22
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#### Anesthesia

09215	Local anesthesia	\$.0
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	.0
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.*

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## **Electronic Fund Transfer**

**A convenient and affordable method of paying dental premiums. Instead of one annual premium, we can deduct monthly premiums from your bank account through a quick, no hassle, electronic fund transfer.**

Please complete the sections below in bold. Payments are due by the 25th of each month for the next month's premium. **Please enclose a check for your 1st month's premium** which will initiate the set-up of your electronic fund transfer.

### **Authorization Agreement**

I authorize ADPS (American Dental Professional Services) to deduct monthly premiums for my BCBSAZ DentalPlus insurance from my account on or about the 15<sup>th</sup> of each month. I authorize ADPS to initiate credit entries and debit entries, if necessary, for any credit entries in error to my (our) account and the depository, M & I Marshall & Ilsley Bank, to credit and/or debit the same to such account.

This monthly payment will be 1/12 of the annual premium. Premiums will be as follows:

Subscriber / \$20

Subscriber + 1 / \$39.33

Family / \$55.66

Company Name: ADPS (American Dental Professional Services, L.L.C.) FBO Blue Cross and  
Blue Shield of Arizona DentalPlus Plan  
9052 North Deerbrook Trail, Milwaukee, WI 53223 Telephone # 1-888-540-9488  
Company ID #: 39-2029056

**Customer Name** \_\_\_\_\_

**Customer's Address** \_\_\_\_\_

**Bank Name** \_\_\_\_\_

**Bank Route Code #** \_\_\_\_\_

**Bank Account #** \_\_\_\_\_

**Monthly Payment \$** \_\_\_\_\_

Depository Name & Address: M & I Marshall & Ilsley Bank, Milwaukee, WI 53232

This authority is to remain in full force and effect until American Dental Professional Services has received written notification from me ( or either of us ) of its termination in such time and in such manner as to afford American Dental Professional Services and M & I Marshall & Ilsley Bank a reasonable opportunity to act on it.

**Name ( Please Print )** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Joint account holder's name and signature

**Name ( Please Print )** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# DentalPlus Individual Application

Thank you for selecting DentalPlus. Please print or type.



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Last name (Contract holder) \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_

Date of birth (Month/Day/Year) \_\_\_\_\_ Social Security Number \_\_\_\_\_

c/o (if applicable) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County\* \_\_\_\_\_ Zip \_\_\_\_\_ Telephone number \_\_\_\_\_

\* You must be a resident of Maricopa or Pima County to apply for DentalPlus

Desired coverage	Annual premium
<input type="checkbox"/> One adult – \$240.00	<input type="checkbox"/> One adult, plus a dependent* – \$472.00
<input type="checkbox"/> Family* – Three or more persons – \$668.00	
Amount enclosed \$ _____ *Dependents include spouse or dependent children from birth through 18 years, or through age 24 if a full-time student.	

With DentalPlus, you have a choice of the following coverage options: one adult, one adult plus one dependent, or family coverage (for children to be covered, at least one parent must be covered on the contract as well.) **(Please note:)** premiums listed above are paid annually.

**This section must be completed:**

Please indicate the name of the DentalPlus dentist and location number you have selected from the enclosed provider list.

Name of dentist: \_\_\_\_\_ Location number: \_\_\_\_\_

If you are applying for coverage for more than one person, list your spouse and/or dependent unmarried children to age 19 to be covered. Unmarried dependent children ages 19 through 24 can be covered as long as they are full-time students.

**Spouse:**

Spouse's last name \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_

Date of birth (Month/Day/Year) \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Dependent unmarried children under age 19:**

Last name	First name	Initial	Sex	Date of birth	Relationship
1					
2					
3					
4					

**If any dependents are full-time students ages 19 through 24, please complete:**

Name	School name	City & state	Expected date of graduation
1			
2			

I make this application to Blue Cross Blue Shield of Arizona (hereafter referred to as BCBSAZ) for DentalPlus coverage. I acknowledge and agree:

- That coverage shall become effective only after this application is approved by BCBSAZ and shall be only as provided in the contract then issued by BCBSAZ; and
- That any physician, hospital or other health care provider having information or records relating to care or treatment of me or of any covered family member is authorized and directed, at any time on request by BCBSAZ or its authorized representative, to furnish such information or records to it; and
- That each response in this application has been entered by me or at my direction and may be used by BCBSAZ to determine acceptability of me and any family member for a contract and that, if I have misstated or omitted any material information, BCBSAZ may declare such coverage null and void from its issuance.

4. For purposes of collecting information as to this application or reinstating or revising the contract, this authorization will continue for 30 months. For collection as to claims, this authorization will continue for the term of the contract. I have a right to access and make corrections to personal information collected by BCBSAZ.

5. BCBSAZ will not disclose confidential information from my file without my specific written consent except as otherwise permitted by applicable law. In some instances, personal information may be collected from someone other than myself, or one of the proposed covered persons, and in certain circumstances information gathered may be disclosed to third parties without my authorization. The general business circumstances that may require disclosure without prior authorization are available upon my request to BCBSAZ.

I (we) hereby apply for DentalPlus coverage subject to the above agreement. All persons age 18 or older named on this application must sign and date (unless unavailable because attending school out of town).

**Signatures required**

A copy of the acknowledgment and authorization to obtain and disclose information is available to you or your authorized representative upon request.

Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____

Your completed application and payment must be received by the 25th of the month to be effective on the 1st of the following month. Premium notices will be mailed to you each year before your annual due date.

**Make check for annual premium payable to:** Blue Cross Blue Shield of Arizona  
**Return check & application to:** ADPS, Attn: BCBSAZ DentalPlus, 9052 North Deerbrook Trail, Milwaukee, WI 53225-2414

**For office use only**

Customer number \_\_\_\_\_ Effective date \_\_\_\_\_ Premium amount \_\_\_\_\_

Broker/agent name \_\_\_\_\_ Broker code \_\_\_\_\_

Broker address \_\_\_\_\_ Phone \_\_\_\_\_



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## DentalPlus Individual Application

Thank you for choosing the DentalPlus plan from Blue Cross Blue Shield of Arizona.

- Please complete the entire application.
- Be sure to select your Primary Dentist from the list included in your enrollment packet. If you have any questions about choosing your dentist, please call BCBSAZ at 1-877-864-4899.
- All persons named on this application over the age of 18 must sign and date the application.
- Be sure to attach a check or money order for the annual premium. Applications received without payment are returned to the sender.
- If your application is received by the 25th of the month and all the information is complete, your effective date will be first day of the following month. Applications received after the 25th of the month will be processed for the first day of the second month after receipt of a completed application.
- You will receive a letter from the DentalPlus plan administrator letting you know your effective date and confirming your Primary Dentist within 2-3 weeks of mailing the application.
- If you have any questions or need help completing this application, please call your broker or BCBSAZ at 1-877-864-4899.
- Mail your completed application and payment to:

**American Dental Professional Services  
Attn: BCBSAZ DentalPlus Administrator  
9052 North Deerbrook Trail  
Milwaukee, WI 53223-2474**

We look forward to helping you with your dental care needs.



# DentalPlus

## Dental Provider Directory

Effective October 1, 2003

Blue Cross and Blue Shield of Arizona (BCBSAZ) publishes this provider directory as a reference source for its subscribers. At the time of printing, BCBSAZ attempted to include the name, address and telephone number of all providers who contracted with BCBSAZ. To the best of BCBSAZ's knowledge, the information is/was accurate. The providers listed in this directory are independent contractors and not employees, agents, partners, or representatives of BCBSAZ. The independent providers have an agreement with BCBSAZ dealing with reimbursement methodology and administrative policy. Each provider exercises independent medical/dental judgement with regard to care and treatment provided to each subscriber. BCBSAZ makes benefit determinations, not healthcare decisions. BCBSAZ does not interfere with the doctor-patient relationship.

BCBSAZ is not representing or warranting to its subscribers the degree of skill, the quality of care, or the type or quality of health care services, which may be provided by the providers listed in this directory. In no event shall BCBSAZ be liable to any subscriber or any other individual who may be covered under a subscriber contract for any decision made, action taken, misdiagnosis, or medical/dental malpractice which may occur as a result of treatment provided by any independent contractor in the directory. BCBSAZ has no control over any diagnosis, treatment, care or other services rendered by any provider, and disclaims all liability for any loss or injury to its subscribers or any other individual caused by any provider by reason of negligence, failure to provide treatment or alleged medical/dental malpractice.

### DentalPlus Administrator:

**American Dental Professional Services (ADPS)**  
9054 N. Deerbrook Trail  
Milwaukee, WI 53223  
1-888-540-9488

- Select your DentalPlus primary dentist from the following general practitioners.
- Insert the provider's name and ID number on your application.
- You may change your primary dentist by calling American Dental Professional Services at 1-888-540-9488.
- Updated directories may be requested from ADPS by calling 1-888-540-9488.

## CHANDLER

### **ASSOCIATED DENTAL CARE 30488**

2330 N. Alma School Rd., #108  
Chandler, AZ 85224  
(480) 732-9883  
*William Stewart, DDS*

### **Michael Catlett, DDS 30185**

1330 N. McClintock Dr., #D-11  
Chandler, AZ 85226  
(480) 897-7717

## GLENDALE

### **‡ASSOCIATED DENTAL CARE 30487**

7200 W. Bell Rd., #D-1  
Glendale, AZ 85308  
(623) 487-9494  
*Trevor Luu, DDS*  
*Edward Kirk, DDS*

## MESA

### **Abbas Fazel, DDS 30038**

1830 S. Alma School Rd., #Z-110  
Mesa, AZ 85202  
(480) 834-1317

### **Kyle Hilgers, DDS 30015**

1812 W. Baseline Rd.  
Mesa, AZ 85202  
(480) 491-9588

### **Michael Hyneman, DMD Daryl Potyczka, DDS 30099 (69)**

1905 E. McKellips Rd.  
Mesa, AZ 85203  
(480) 649-1949

### **‡AZ First Family Dental 30621**

3050 S. Country Club Rd., #18  
Mesa, AZ 85210  
(480) 892-8185  
*Neil Reiser, DDS*

### **Thunderbird Dental Group 30623**

1918 E. McKellips Rd.  
Mesa, AZ 85203  
(480) 835-7357  
*Morris Oswald, DDS*  
*Justin Heiden, DDS*  
*Michael Hummitzsch, DDS*

## PHOENIX

### **ASSOCIATED DENTAL CARE 30493**

4159 W. Thunderbird Rd.  
Phoenix, AZ 85023  
(602) 938-1312  
*Troy Gombert, DDS*

### **API Dental Group 30618**

6605 N. 19th Ave., #F  
Phoenix, AZ 85015  
(602) 995-6041

### **Ali Bipar, DDS 30612**

4232 E. Cactus Rd., #107  
Phoenix, AZ 85032  
(602) 494-1448

### **Michael Hyneman, DDS Dalinde Gonzalez, DDS 30465**

4015 N. 15th Ave.  
Phoenix, AZ 85015  
(602) 248-0434

### **Michael Quinn, DDS 30178**

1512 W. Bell Rd.  
Phoenix, AZ 85023  
(602) 866-8183

### **Marc Kay, DDS 30024**

5225 N. 19th Ave., #C  
Phoenix, AZ 85015  
(602) 433-0313

### **Hector Nunez, DDS 30266**

4501 W. Indian School Rd.  
Phoenix, AZ 85031  
(602) 447-0225

### **‡Susan Oles, DMD 30260**

4350 E. Camelback Rd., #G150  
Phoenix, AZ 85018  
(602) 840-2190

### **Mitchell Thomas, DMD Kristine Thomas, DMD 30251**

7150 N. 7<sup>th</sup> St.  
Phoenix, AZ 85014  
(602) 230-0811

‡ Denotes dentists who have closed their offices to new patients

This directory is a listing of dentists who currently participate with the BlueCross and BlueShield of Arizona (BCBSAZ) DentalPlus Plan. Please note this list is subject to change because either the dentist or BCBSAZ may elect to terminate a provider's agreement.

For additional information, please call ADPS toll free at 1-888-540-9488.

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- The dentists listed in this directory are independent contractors and not employees of BCBSAZ.
- BCBSAZ cannot guarantee the availability of any particular dentist.
- BCBSAZ does not directly provide care and cannot guarantee any dental results or outcomes.
- Please consult your contract book for a complete list of benefits covered, exclusions and limitations.

**Thunderbird Dental Group  
30622**

13822 N. 35<sup>th</sup> Dr., #1  
Phoenix, AZ 85053  
(602) 978-2146  
*Joseph R. Fox, DDS*  
*Donovan Troy Martin, DDS*  
*Todd S. Garrett, DDS*

**Thunderbird Dental Group  
30624**

4840 E. Indian School Rd., #107  
Phoenix, AZ 85018  
(602) 955-6000  
*Jeremy P. Carson, DDS*  
*Joseph R. Fox, DDS*  
*Bryce Chandler, DDS*

**‡Valley Dental Center  
30181**

16226 N. Cave Creek Rd.  
Phoenix, AZ 85032  
(602) 867-8837

**‡Westridge Dental Group  
30180 (41)**

7333 W. Thomas Rd., #72  
Phoenix, AZ 85033  
(623) 873-2777

**SCOTTSDALE**

**‡ASSOCIATED DENTAL CARE  
30491**

3301 N. Miller Rd., #135  
Scottsdale, AZ 85251  
(480) 675-8833  
*Kavita Kulkarni, DDS*

**ASSOCIATED DENTAL CARE  
30490**

7425 E. Shea Blvd., #109  
Scottsdale, AZ 85260  
(480) 443-1717  
*Kavita Kulkarni, DDS*  
*T.R. Andrews, DMD*

**Smita Palejwala, DDS  
30276**

6807 E. Thomas Rd.  
Scottsdale, AZ 85251  
(480) 947-7848

**Southwest Dental Group  
30033 (62)**

3030 N. 67<sup>th</sup> Pl, #D  
Scottsdale, AZ 85251  
(480) 949-1950

**SUN CITY**

**‡ASSOCIATED DENTAL CARE  
30489**

14650 N. Del Webb, #4  
Sun City, AZ 85351  
(623) 876-8011  
*Wade Mendenhall, DDS*  
*Richard Matsuishi, DDS*

**TUCSON**

**ASSOCIATED DENTAL CARE  
30483**

7225 N. Mona Lisa, #203  
Tucson, AZ 85741  
(520) 742-6765  
*Jesse Brewer, DDS*

**ASSOCIATED DENTAL CARE  
30482**

6565 E. Carondelet, #355  
Tucson, AZ 85710  
(520) 733-9224  
*Gregory Moss, DDS*  
*Gregory Valacich, DDS*

**ASSOCIATED DENTAL CARE  
30484**

4890 S. Mission Rd.  
Tucson, AZ 85746  
(520) 908-8797

**‡Bryan Foulk, DMD  
30189 (52)**

7229 N. Thornydale Rd., #149  
Tucson, AZ 85741  
(520) 744-3480

**Image Dental Center  
30619**

1955 W. Grant Rd., #112  
Tucson, AZ 85745  
(520) 623-2263  
*Edward Galepeaux, DDS*

**Rincon Dental Services  
30620**

2402 S. Harrison Rd.  
Tucson, AZ 85748  
(520) 721-2611  
*Edward Galepeaux, DDS*

**Todd Weikhorst, DDS  
30059 (47)**

4801 N. First Ave  
Tucson, AZ 85718  
(520) 888-8800

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## DentalPlus Specialists – By Referral Only

You must have an authorized referral form issued by your primary care dentist before you can obtain benefits from these specialists. The following specialists have agreed to provide covered dental services at a **25% discount** off their billed charges.

### Endodontics

Valley Endodontic Specialty	706 E. Bell Rd., #106	Phoenix, 85022	(602) 404-3800
Valley Endodontic Specialty	4025 W. Bell Rd., #11	Phoenix, 85308	(602) 993-3800
Valley Endodontic Specialty	5310 W. Thunderbird Rd., #213	Phoenix, 85306	(602) 866-8700
Valley Endodontic Specialty	4517 N 32 <sup>nd</sup> St.	Phoenix, 85018	(602) 667-3600
Ryan Engelberg, DDS, MS	5225 N 19 <sup>th</sup> Ave., #B	Phoenix, 85015	(602) 433-0313
Michael Markson, DDS, MS	10802 N. 71 <sup>st</sup> Pl.	Scottsdale, 85254	(480) 991-1144
Michael Levitan, DDS, MS	6200 S. McClintock Rd., #9	Tempe, 85283	(480) 838-0555
Valley Endodontic Specialty	310 N. Wilmot, #102	Tucson, 85711	(520) 296-3000

### Periodontics

Gloria Chen-Kaye, DDS, MS	7725 N. 43 <sup>rd</sup> Ave., #774	Phoenix, 85051	(623) 934-1676
Michael Hedrick, DDS, MS	13822 N. 35 <sup>th</sup> Dr., #4	Phoenix, 85053	(602) 843-8969
Edward Cole, DDS, MS	5225 E. Knight, #401	Tucson, 85711	(520) 322-9300
Susan Sharp, DDS, MS	5225 E. Knight, #401	Tucson, 85711	(520) 322-9300

### Oral Surgery

Peter Bassett, DMD, MS	9035 N. 43 <sup>rd</sup> Ave., #H	Phoenix, 85051	(602) 435-2035
Jeffrey Kootman, DMD, MS	702 E. Bell Rd., #B103	Phoenix, 85022	(602) 493-1140
Darrell Sims, DDS, MS	737 E. Glendale Ave., #B	Phoenix, 85020	(602) 230-7563
Assoc in Oral/Max Surgery	801 E. Wilmot, #E-2	Tucson, 85711	(520) 745-6531
Stephen Denbrock, DDS, MS	5727 E. Fifth St.	Tucson, 85711	(520) 745-2454
Eugene Toone, DDS, MS	5727 E. Fifth St.	Tucson, 85711	(520) 745-2454

### Orthodontics

The following specialists do not require an authorized referral from your primary care dentist. You may self refer to any contracted orthodontist for covered orthodontic therapy after your effective date and pay the **plan fees** for covered orthodontic services.

Kenneth Danyluk, DDS, MS	2330 N. Alma School Rd. (Associated)	Chandler, 85224	(480) 545-1424
Kenneth Danyluk, DDS, MS	4159 W. Thunderbird Rd. (Associated)	Phoenix, 85023	(602) 938-1312
Gary Brigham, DDS, MS	5945 W. Bethany Home Rd.	Glendale, 85301	(623) 847-7338
Gary Brigham, DDS, MS	9301 E. Slica, #111	Scottsdale, 85210	(480) 767-8810
Stephanie Honnlee, DDS, MS	1701 W. Glendale Ave., #2	Phoenix, 85021	(602) 249-1937
Stephanie Honnlee, DDS, MS	6200 S. McClintock Rd., #4	Tempe, 85283	(480) 249-1937
Karl Voldeng, DDS, MS	7170 E. McDonald Dr., #12	Scottsdale, 85253	(480) 998-1920
Niles Davis, DDS, MS	1761 E. Warner, #A-14	Tempe, 85284	(480) 897-7717
Michael Goldman, DDS, MS	1603 W. Ina Rd.	Tucson, 85704	(520) 297-7227
Michael Goldman, DDS, MS	1701 W. St. Mary's Rd., #C127	Tucson, 85745	(520) 624-0035

### Pedodontics

There currently are no pedodontists contracted with DentalPlus. If your child requires the services of a pedodontist you may select any pedodontic of your choice and pay the provider's billed charges. We suggest that you check periodically with ADPS at 1-888-540-9488 to see if any pedodontists have been contracted.

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