

Dental PPO Plan

Benefit summary

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND HEALTH SERVICE AGREEMENT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Finding a network dentist

It's easy to choose a dentist. With a broad network of PPO dentists to pick from, you should be able to find one near you. The dental PPO directory is available online in the *Find a Provider* section at blueshieldca.com, or by calling Customer Service at (888) 702-4171. When you receive care from a network dentist, you pay only the applicable deductibles and copayments, and there are no claim forms to file.

Using a dentist that's not in the network

Select any licensed dentist. If you use a dentist that's not in the network, your total out-of-pocket expenses may be higher. You pay at the time of service and afterwards you can file a claim with Blue Shield to receive reimbursement for covered services or you can choose to have the reimbursement sent to your out-of-network dentist.

	In-Network	Out-of-Network
Calendar Year Deductible (per calendar year for services other than diagnostic and preventive services, enhanced dental benefits for pregnant women, and orthodontic services)		\$50
Annual Benefit Maximum (charges for services above the maximum are your responsibility)	\$1,000 (In-Network); \$500 (Out-of-Network); No more than \$1,000 for In- and Out-of-Network combined	
Covered Services	In-Network Member Pays	Out-of-Network Max. Plan Payment:
Diagnostic and Preventive Services¹		
Comprehensive oral evaluation	\$0	\$40
Periodic oral evaluation	\$0	\$16
Intraoral radiographs - complete series (including bitewings) (x-rays)	\$0	\$56
Caries risk management ²	\$0	\$16
Prophylaxis (adult) every 6 months	\$0	\$48
Sealant - per tooth (covered to age 15)	\$0	\$22
Basic Services[†]		
Filling (one surface resin composite)	\$37 per tooth	\$30 per tooth
Anterior root canal	\$156 per tooth	\$125 per tooth
Molar root canal	\$234 per tooth	\$187 per tooth
Periodontal scaling and root planing - four or more teeth per quadrant	\$65 per quadrant	\$52 per quadrant
Extraction of erupted tooth or exposed root	\$40 per tooth	\$32 per tooth
Major Services[†]		
Crown - porcelain/ceramic substrate	\$265 each crown ³	\$212 each crown ³
Crown - Full cast high noble metal	\$320 each crown ³	\$256 each crown ³
Osseous surgery (four or more teeth)	\$263 per quadrant	\$210 per quadrant
Surgical placement of implant body: endosteal implant	\$612	Not covered
Pontic - porcelain fused to high noble metal	\$293 each tooth replaced ³	\$234 each tooth replaced ³
Denture (full upper or lower)	\$388 per denture	\$310 per denture
Removal of impacted tooth - complete bony	\$113 per tooth	\$90 per tooth
Orthodontic Services[†]		
Fully banded (two year) case - child ⁴	\$2,350	Not covered
Fully banded (two year) case - adult ⁴	\$2,650	Not covered

[†] Subject to a waiting period.

¹ Diagnostic and Preventive services do not apply towards the Maximum Calendar Year Payment. If your plan has Enhanced Dental Benefits for Pregnant women, those services do not apply towards the Maximum Calendar Year Payment as well.

² Caries Risk Management - CAMBRA (Caries Management by Risk Assessment) is an evaluation of a child's risk level for caries (decay). Children assessed as having a "high risk" for caries (decay) will be allowed up to 4 fluoride varnish treatments during the calendar year along with their biannual cleanings; "medium risk" children will be allowed up to 3 fluoride varnish treatments in addition to their biannual cleanings; and "low risk" children will be allowed up to 2 fluoride varnish treatments in addition to biannual cleanings. When requesting additional fluoride varnish treatments, the provider must

provide a copy of the completed American Dental Association (ADA) CAMBRA form (available on the ADA website).

- 3 Precious metals, if used will be charged to the member at the dentist's cost.
- 4 There is a 12 month waiting period for orthodontic services. In order to be covered, orthodontic treatment: must be received in one continuous course of treatment; and must be received in consecutive months. Orthodontic treatment must not exceed 24 consecutive months.

Many benefits have pre-determined annual schedules and frequency limitations based on last delivery date and dental necessity. If you are unsure about the frequency of when a benefit can be accessed, you can call **(888) 702-4171**.

This is only a summary of the Blue Shield Dental PPO Plan. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the *Evidence of Coverage and Health Services Agreement*.

This plan is pending regulatory approval.