

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 of covered service 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 Services		
Comprehensive oral evaluation	\$0	\$40
Periodic oral evaluation	\$0	\$16
Intraoral radiographs - complete series (including	\$0	\$56
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	\$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 ¹	\$212 each crown ¹
Crown - Full cast high noble metal	\$320 each crown ¹	\$256 each crown ¹
Osseous surgery (four or more teeth)	\$263 per quadrant	\$210 per quadrant
Pontic - porcelain fused to high noble metal	\$293 each tooth replaced ¹	\$234 each tooth replaced ¹
Denture (full upper or lower)	\$388 per denture	\$310 per denture
Removal of impacted tooth - complete bonv	\$113 per tooth	\$90 per tooth
Orthodontic Services[†]		
Fully banded (two year) case - child ²	\$2,350	Not covered
Fully banded (two year) case - adult ²	\$2,650	Not covered

[†] Subject to a waiting period.

¹ Precious metals, if used will be charged to the member at the dentist's cost.

² 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 (800) 585-8111.

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*.