

Blue Shield of California
Individual and Family Dental HMO Plan

Dental HMO 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 SERVICES AGREEMENT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Using your dental HMO plan

With our dental HMO plan, you'll have access to an extensive network of dental providers without paying deductibles or filling out claim forms. Plus, it's easy. First, choose a dental provider from our network during enrollment. Then, contact this dental provider for your dental care, including referrals for consultation with plan specialists and emergency services. If you have questions or want to switch providers, call Customer Service at **(800) 585-8111**.

	In-Network
Calendar Year Deductible	\$0
Annual Benefit Maximum	Not Applicable

Covered Services	Member pays
Diagnostic and Preventive Services	
Comprehensive oral evaluation	\$0
Periodic oral evaluation	\$0
Intraoral radiographs - complete series (including bitewings) (x-rays)	\$0
Caries risk management ³	\$0
Prophylaxis (adult) every 6 months	\$0
Sealant - per tooth (covered to age 15)	\$0
Basic Services	
Filling (one surface resin composite)	\$18 per tooth
Anterior root canal	\$155 per tooth
Molar root canal	\$290 per tooth
Periodontal scaling and root planing - four or more teeth per quadrant	\$55 per quadrant
Extraction of erupted tooth or exposed root	\$34 per tooth
Major Services	
Crown - porcelain/ceramic substrate	\$300 each crown ¹
Crown - Full cast high noble metal	\$300 each crown ¹
Osseous surgery (four or more teeth)	\$265 per quadrant
Pontic - porcelain fused to high noble metal	\$300 each tooth replaced ¹
Surgical placement of implant body: endosteal implant	\$1,375
Denture (full upper or lower)	\$400 per denture
Removal of impacted tooth - complete bony	\$125 per tooth
Orthodontic Services	
Fully banded (two year) case - child ²	\$2,350
Fully banded (two year) case - adult ²	\$2,650

* Pending regulatory approval

- Precious and semi-precious metals, if used, will be charged to the patient at the additional cost of the metal. Porcelain on molar crowns are subject to an additional charge of \$75.00.
- 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.
- 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 two 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).

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 HMO Plan. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the *Evidence of Coverage and Health Services Agreement*.

