



# Dental plans for groups with 1 to 100 employees

Effective April 1, 2019

After medical coverage, dental coverage is the benefit most requested by employees. With access to some of the largest dental provider networks in the country, our dental plans can help add value to your benefits package and help your employees better manage their oral and overall health. And offering access to preventive oral care can help keep employees happier and more productive at work. Groups with one or more eligible employees can select any Blue Shield dental plan with or without our health plans.

## Advantages worth smiling about

### Access to Blue Shield's dental networks

DPPO members have access to nearly 46,000 provider locations in California and 350,000 nationwide. Our DHMO network includes nearly 26,000 and is the second largest in the state.\*

### Bundled savings

Any time you add dental or vision to new or existing small business medical coverage, a 10% discount will be applied to the dental or vision premiums.

### Plan choice

Choice of dental PPO and HMO plans with no waiting periods, voluntary<sup>†</sup> options, and even plans with implant benefits. Dual and triple options<sup>‡</sup> let employers offer two or three dental plans.

### Orthodontic coverage option

All DHMO plans include orthodontic coverage for all ages. DPPO plans with orthodontic coverage are also offered for all ages with either a \$1,000 calendar-year maximum over 24 months or as a lifetime benefit up to the ortho max amount on the plan. See the summary on page 3 for more details.

### Dental implants

Dental implants<sup>#</sup> are covered as a major service under the Smile<sup>SM</sup> Deluxe 2000 and Smile<sup>SM</sup> Deluxe Plus 2000 plans. Both plans are available to groups with one or more eligible employees and neither has a waiting period.

### Voluntary dental plans

For greater flexibility, our voluntary<sup>†,∞</sup> dental plans have no minimum participation or employer contribution requirements. All other (non-voluntary) dental plans require a 50% employer contribution and 65% employee participation.<sup>†</sup>

\* Dental providers in and out of California are available through a contracted dental plan administrator.

† For groups selecting Voluntary PPO dental that have prior dental coverage including "major" benefits for 12 months or more, the 12-month waiting period will be waived for all initial enrollees.

‡ Dual option allows for any two dental products from our portfolio. When dental is purchased with a Blue Shield medical option, there is even more plan selection flexibility under our triple option guidelines. A group may select:

- 3 DHMOs
- 2 DHMOs and 1 DPPO
- 2 DPPOs and 1 DHMO (2 DPPOs must have the same ortho benefit)

# Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

∞ The voluntary dental PPO plan has a 12-month waiting period for major services.

## Available with or without medical coverage

Dental coverage is available with or without Blue Shield medical coverage. Neither underwriting nor a DE-9C is required for dental coverage when written without Blue Shield medical coverage. All that's needed is an application, payment, and enrollment information.

## Oral cancer screening benefit

All dental PPO plans include an oral cancer screening benefit covered at 100%. Oral cancer can hide below the surface, and detecting it early greatly improves success of treatment.

## Third teeth cleaning for pregnant women

Periodontal treatment during pregnancy can reduce premature births by 84%.\* That's why we provide one additional cleaning for pregnant women in all dental PPO plans. A third periodontal maintenance visit is also covered, if needed, to treat periodontal disease.†

## Caries risk management assessment

Caries risk management assessment is a benefit of every child's dental coverage to help prevent or treat tooth decay.‡

## Dental plan portal

Our dental plan member portal provides easy access to benefit and coverage information, claims payment and status updates, ordering replacement ID cards, and the ability to calculate treatment costs for pending services at [yourdentalplan.com/BSCA](https://yourdentalplan.com/BSCA).

\* Dasanayake, A., et al. "Periodontal Pathogens and Gestational Diabetes Mellitus." Journal of Dental Research, April 1, 2008; 87(4): 328 - 333.

† Periodontal maintenance covered with a documented periodontal condition. Covers one course of periodontal scaling and root planing.

‡ Pediatric embedded dental plans do not offer caries risk management benefits as they exceed the defined "benchmark" standard set by Covered California.

# How to read dental PPO plan names:

Plan names correspond to: Deductible per person/calendar-year maximum/orthodontic coverage/non-network reimbursement level.

## Dental PPO plans with orthodontia coverage

- You now have a choice with orthodontia. Some plans now include orthodontia benefits as a lifetime max, or annual \$1,000 a year over 24 months.
- Coverage for Invisalign "invisible" clear braces (member is responsible for any costs over traditional braces).

| Plans   | Deductible           | Calendar-year maximum | Diagnostic and preventive care*                         | Basic services† | Endodontics and periodontics | Major services‡ | Orthodontic services# |  |
|---|----------------------|-----------------------|---|-----------------|------------------------------|-----------------|-----------------------|--|
| <b>Ultimate Dental Plus PPO for Small Business</b> 50/2000/MAC/NR | <b>Network</b>       | \$50/person           | \$2,000   | 100%            | 90%                          | 90%             | 60%                   | \$1,000 calendar-year maximum for all ages             |
|   | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 100%            | 80%                          | 80%             | 50%                   |  |
| <b>Smile<sup>SM</sup> Deluxe Plus 2000</b> 50/2000/Ortho/MAC/NR†† | <b>Network</b>       | \$50/person           | \$2,000   | 100%            | 80%                          | 80%             | 50%                   | \$1,000 calendar-year maximum for all ages             |
|   | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 100%            | 80%                          | 80%             | 50%                   |  |
| <b>Smile<sup>SM</sup> Deluxe</b> 50/1500/Ortho/MAC/NR             | <b>Network</b>       | \$50/person           | \$1,500   | 100%            | 80%                          | 80%             | 50%                   | \$1,000 calendar-year maximum for all ages             |
|   | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 100%            | 80%                          | 80%             | 50%                   |  |
| <b>Smile<sup>SM</sup> Deluxe Gold</b> 50/1500/Ortho/U85/NR§       | <b>Network</b>       | \$50/person           | \$1,500   | 100%            | 80%                          | 80%             | 50%                   | \$1,000 calendar-year maximum for all ages             |
|   | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 100%            | 80%                          | 70%             | 50%                   |  |
| <b>Smile<sup>SM</sup> Plus</b> 50/1500/Ortho/MAC/NR               | <b>Network</b>       | \$50/person           | \$1,500   | 100%            | 80%                          | 80%             | 50%                   | \$1,000 calendar-year maximum for all ages             |
|   | <b>Non-network**</b> | \$150/family          | (\$750 may be used for non-network dentists)            | 80%             | 70%                          | 70%             | 50%                   |  |
| <b>Smile<sup>SM</sup> Plus Gold</b> 50/1500/Ortho/U85/NR§         | <b>Network</b>       | \$50/person           | \$1,500   | 100%            | 80%                          | 80%             | 50%                   | \$1,000 calendar-year maximum for all ages             |
|   | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 80%             | 70%                          | 80%             | 50%                   |  |
| <b>Smile<sup>SM</sup> Plus Gold</b> 50/1500/Ortho/U80             | <b>Network</b>       | \$50/person           | \$1,500   | 100%            | 80%                          | 80%             | 50%                   | \$1,000 calendar-year maximum for all ages             |
|   | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 80%             | 70%                          | 80%             | 50%                   |  |
| <b>Smile<sup>SM</sup> Plus Gold</b> 50/1500/Ortho/U80/ADV         | <b>Network</b>       | \$50/person           | \$1,500   | 100%            | 90%                          | 60%             | 50%                   | 50% up to \$1,500 lifetime maximum, ortho for all ages |
|   | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 80%             | 80%                          | 50%             | 50%                   |  |
| <b>Smile<sup>SM</sup> Basic</b> 50/1000/Ortho/U85                 | <b>Network</b>       | \$50/person           | \$1,000   | 100%            | 80%                          | 80%             | 50%                   | 50% up to \$1,000 lifetime maximum, ortho for all ages |
|   | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 100%            | 80%                          | 80%             | 50%                   |  |

\* Not subject to plan deductibles with network or non-network dentists.

† Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.

‡ Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for the Smile Deluxe 2000 and Smile Deluxe Plus 2000 plans only.

# In addition to the calendar-year maximum for the other covered services.

§ Uses a different schedule of allowed amounts for non-network dentists than that used for network dentists. If you go to a non-network dentist, your reimbursement for a service by that non-network dentist may be less than the amount billed.

\*\* The coinsurance percentage indicated is a percentage of allowed amounts that Blue Shield pays to providers. Non-network providers can charge more than Blue Shield's allowable amount. When members use non-network providers, they must pay the applicable coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or copayment maximum.

†† Includes coverage for dental implants. Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

## Dental PPO plans without orthodontia coverage

| Plans  | Deductible           | Calendar-year maximum | Diagnostic and preventive care*                         | Basic services† | Endodontics and periodontics | Major services‡ |     |
|--|----------------------|-----------------------|---|-----------------|------------------------------|-----------------|-----|
| <b>Ultimate Dental PPO for Small Business</b> 50/2000/MAC/NR               | <b>Network</b>       | \$50/person           | \$2,000   | 100%            | 90%                          | 90%             | 60% |
|  | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 100%            | 80%                          | 80%             | 50% |
| <b>Ultimate Dental PPO for Small Business</b> 50/2000/No Ortho/U80         | <b>Network</b>       | \$50/person           | \$2,000   | 100%            | 90%                          | 90%             | 50% |
|  | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 80%             | 80%                          | 80%             | 50% |
| <b>Smile<sup>SM</sup> Deluxe</b> 2000 50/2000/No Ortho/MAC/NR††            | <b>Network</b>       | \$50/person           | \$2,000   | 100%            | 80%                          | 80%             | 50% |
|  | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 100%            | 80%                          | 80%             | 50% |
| <b>Smile<sup>SM</sup></b> 50/1500/No Ortho/Mac/NR                          | <b>Network</b>       | \$50/person           | \$1,500   | 100%            | 80%                          | 80%             | 50% |
|  | <b>Non-network**</b> | \$150/family          | (\$750 may be used for non-network dentists)            | 80%             | 70%                          | 70%             | 50% |
| <b>Smile<sup>SM</sup> Value</b> 50/1500/No Ortho/MAC/NR                    | <b>Network</b>       | \$50/person           | \$1,500   | 100%            | 80%                          | 80%             | 50% |
|  | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 80%             | 70%                          | 70%             | 50% |
| <b>Smile<sup>SM</sup> Basic</b> 75/1000/No Ortho/MAC/NR                    | <b>Network</b>       | \$75/person           | \$1,000   | 100%            | 50%                          | 50%             | 50% |
|  | <b>Non-network**</b> | \$225/family          | (\$750 may be used for non-network dentists)            | 50%             | 50%                          | 50%             | 50% |
| <b>Smile<sup>SM</sup> Plus Gold</b> 50/1500/No Ortho/U80                   | <b>Network</b>       | \$50/person           | \$1,500   | 100%            | 80%                          | 80%             | 50% |
|  | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 100%            | 80%                          | 80%             | 50% |
| <b>Smile<sup>SM</sup> Plus</b> 50/1500/No Ortho/MAC                        | <b>Network</b>       | \$50/person           | \$1,500   | 100%            | 80%                          | 80%             | 50% |
|  | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 100%            | 80%                          | 80%             | 50% |
| <b>Smile<sup>SM</sup> Plus</b> 50/1500/No Ortho/U80 with wait <sup>∞</sup> | <b>Network</b>       | \$50/person           | \$1,500   | 100%            | 80%                          | 80%             | 50% |
|  | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 100%            | 80%                          | 80%             | 50% |
| <b>Smile<sup>SM</sup> Basic</b> 50/1000/No Ortho/MAC                       | <b>Network</b>       | \$50/person           | \$1,000   | 100%            | 80%                          | 80%             | 50% |
|  | <b>Non-network**</b> | \$150/family          | (may be used for both network and non-network dentists) | 80%             | 60%                          | 60%             | 50% |

\* Not subject to plan deductibles with network or non-network dentists.

† Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.

‡ Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for the Smile Deluxe 2000 and Smile Deluxe Plus 2000 plans only.

∞ Has a 12-month waiting period for major services. For groups with prior coverage including "major" benefits for 12 months or more, the 12-month waiting period at install can be waived at initial install with proof of prior 12-month coverage.

§ Uses a different schedule of allowed amounts for non-network dentists than that used for network dentists. If you go to a non-network dentist, your reimbursement for a service by that non-network dentist may be less than the amount billed.

\*\* The coinsurance percentage indicated is a percentage of allowed amounts that Blue Shield pays to providers. Non-network providers can charge more than Blue Shield's allowable amount. When members use non-network providers, they must pay the applicable coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or copayment maximum.

†† Includes coverage for dental implants. Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

## Voluntary dental PPO plans

### Voluntary dental PPO plan with orthodontia coverage

- Coverage for Invisalign "invisible" clear braces (member is responsible for any costs over traditional braces).

| Plans   | Deductible           | Calendar-year maximum       | Diagnostic and preventive care*                         | Basic services† | Endodontics and periodontics | Major services‡ | Orthodontic services#                                  |
|---|----------------------|-----------------------------|---|-----------------|------------------------------|-----------------|--|
| Smile <sup>SM</sup> Basic Voluntary<br>50/1500/<br>Ortho/U80 <sup>∞</sup> | <b>Network</b>       | \$1,500                     | 100%  | 80%             | 50%                          | 50%             | 50% up to \$1,500 lifetime maximum, ortho for all ages |
|   | <b>Non-network**</b> | \$50/person<br>\$150/family | (may be used for both network and non-network dentists) | 80%             | 80%                          | 50%             |  |

### Voluntary dental PPO plans without orthodontia coverage

| Plans   | Deductible           | Calendar-year maximum       | Diagnostic and preventive care*                         | Basic services† | Endodontics and periodontics | Major services‡ |
|---|----------------------|-----------------------------|---|-----------------|------------------------------|-----------------|
| Smile <sup>SM</sup> Basic Voluntary<br>75/1000/No<br>Ortho/MAC/NR <sup>∞</sup>                | <b>Network</b>       | \$1,000                     | 100%  | 50%             | 50%                          | 50%             |
|   | <b>Non-network**</b> | \$75/person<br>\$225/family | (\$750 may be used for non-network dentists)            | 50%             | 50%                          | 50%             |
| Smile <sup>SM</sup> Basic Voluntary<br>50/1000/No<br>Ortho/MAC <sup>∞</sup>                   | <b>Network</b>       | \$1,000                     | 100%  | 80%             | 80%                          | 50%             |
|   | <b>Non-network**</b> | \$50/person<br>\$150/family | (\$750 may be used for non-network dentists)            | 80%             | 60%                          | 60%             |
| Smile <sup>SM</sup> Basic Voluntary<br>50/1000/No<br>Ortho/UCR 80/<br>NWP (no waiting period) | <b>Network</b>       | \$1,000                     | 100%  | 80%             | 50%                          | 50%             |
|   | <b>Non-network**</b> | \$50/person<br>\$150/family | (may be used for both network and non-network dentists) | 100%            | 80%                          | 50%             |

\* Not subject to plan deductibles with network or non-network dentists.

† Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.

‡ Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for the Smile Deluxe 2000 and Smile Deluxe Plus 2000 plans only.

∞ Has a 12-month waiting period for major services. For groups with prior coverage including "major" benefits for 12 months or more, the 12-month waiting period at install can be waived at initial install with proof of prior 12-month coverage.

§ Uses a different schedule of allowed amounts for non-network dentists than that used for network dentists. If you go to a non-network dentist, your reimbursement for a service by that non-network dentist may be less than the amount billed.

\*\* The coinsurance percentage indicated is a percentage of allowed amounts that Blue Shield pays to providers. Non-network providers can charge more than Blue Shield's allowable amount. When members use non-network providers, they must pay the applicable coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or copayment maximum.

†† Includes coverage for dental implants. Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

## Dental HMO plans

| Benefit/service   | Dental HMO Basic           | Dental HMO Standard and Dental HMO Voluntary* | Dental HMO Plus            | Dental HMO Deluxe          |
|---|----------------------------|---|----------------------------|----------------------------|
| <b>Office visit</b>                                       | \$5                        | \$5   | \$5                        | \$5                        |
| <b>Diagnostic and preventive services</b>                 |                            |   |                            |                            |
| Comprehensive oral evaluation                             | \$0                        | \$0   | \$0                        | \$0                        |
| Periodic oral evaluation                                  | \$0                        | \$0   | \$0                        | \$0                        |
| X-rays – Intraoral – Complete series (includes bitewings) | \$0                        | \$0   | \$0                        | \$0                        |
| Prophylaxis (cleanings, every 6 months)                   | \$0                        | \$0   | \$0                        | \$0                        |
| Sealant application per tooth (covered to age 18)         | \$0                        | \$0   | \$0                        | \$0                        |
| <b>Routine services</b>                                   |                            |   |                            |                            |
| Fillings (one-surface resin composite posterior)          | \$75 per tooth             | \$71 per tooth                                | \$64 per tooth             | \$61 per tooth             |
| Anterior root canal                                       | \$175 per tooth            | \$125 per tooth                               | \$75 per tooth             | \$50 per tooth             |
| Molar root canal  | \$355 per tooth            | \$225 per tooth                               | \$210 per tooth            | \$145 per tooth            |
| Periodontal root planing                                  | \$75 per quadrant          | \$40 per quadrant                             | \$20 per quadrant          | \$10 per quadrant          |
| Routine extraction  | \$40 per tooth             | \$23 per tooth                                | \$11 per tooth             | \$6 per tooth              |
| <b>Major services</b>                                     |                            |   |                            |                            |
| Crown – Porcelain/ceramic                                 | \$350 per crown†           | \$250 per crown†                              | \$150 per crown†           | \$125 per crown†           |
| Crown – Full cast high noble metal                        | \$350 per crown†           | \$250 per crown†                              | \$150 per crown†           | \$125 per crown†           |
| Osseous surgery (four or more teeth)                      | \$275 per quadrant         | \$225 per quadrant                            | \$150 per quadrant         | \$125 per quadrant         |
| Pontic – Porcelain fused to high noble metal              | \$350 each tooth replaced† | \$250 each tooth replaced†                    | \$150 each tooth replaced† | \$125 each tooth replaced† |
| Complete denture – maxillary                              | \$400 per denture          | \$250 per denture                             | \$175 per denture          | \$100 per denture          |
| Complete denture – mandibular                             | \$400 per denture          | \$250 per denture                             | \$175 per denture          | \$100 per denture          |
| Removal of impacted tooth (complete bony)                 | \$225 per tooth            | \$95 per tooth                                | \$75 per tooth             | \$65 per tooth             |
| <b>Orthodontic services</b>                               |                            |   |                            |                            |
| Fully banded (two-year) case – child‡                     | \$2,350                    | \$1,800                                       | \$1,400                    | \$1,200                    |
| Fully banded (two-year) case – adult‡                     | \$2,650                    | \$2,650                                       | \$1,700                    | \$1,500                    |

\* The Dental HMO Voluntary Plan has the same benefits as the Dental HMO Standard Plan, but the Voluntary Plan is available with no minimum employer contribution or participation requirements and no waiting periods.

† Member is responsible for additional cost for precious metals and porcelain on molar crowns. See plan's schedule of benefits for detailed allowance.

‡ In order to be covered, orthodontic treatment must be received in one continuous course of treatment, must be received in consecutive months, and must not exceed 24 consecutive months unless a claim for additional treatment is submitted for review and approval.

Many benefits have predetermined 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 Dental Member Services at **(800) 585-8111**.

This is only a summary of plan benefits. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the *Evidence of Coverage* and the plan contract.

## Learn more

Find out how easy it is to combine our plans in one comprehensive package. Contact your broker or Blue Shield sales representative to help you develop a customized benefit solution.

If you have questions about existing dental coverage, the Dental Member Services team is available at **(888) 702-4171** (dental PPO) or **(800) 585-8111** (dental HMO) weekdays from 5 a.m. to 8 p.m. Or, go to [blueshieldca.com/employer](https://www.blueshieldca.com/employer) for more information.