Blue Shield of California Life & Health Insurance Company
Dental INO

SmileSM In-Network Only Dental Voluntary Plan 50/1500/Endo-Perio
50%/Ortho

Benefit summary
Effective January 1, 2018

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE CERTIFICATE OF INSURANCE AND POLICY 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 INO dentists to pick from, you should be able to find one near you. The dental INO directory is available online in the Find a Provider section at blueshieldca.com, or by calling Customer Service at (888) 702-4171. Services are covered when rendered by an INO dental provider.

Your cost for services
- You pay a $50 deductible ($150/family) each calendar year for services other than diagnostic and preventive services, orthodontic services and enhanced dental benefits for pregnant women.
- After the deductible is met, Blue Shield pays a set percentage of the charges up to the maximum amount depending on the service received.
- Blue Shield will pay up to $1,500 for dental services from network dentists during the calendar year. Charges for services above the maximum are your responsibility.
- There is an additional $1,000 orthodontic calendar-year maximum. Blue Shield pays 50 percent of covered orthodontic procedures up to $1,000.
- You pay any amount above your maximum calendar year benefit.

Benefit summary

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Blue Shield pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network providers</td>
<td>100%</td>
</tr>
<tr>
<td>Diagnostic and Preventive Services (includes routine oral exams, X-rays, cleanings, and oral cancer screening, and caries risk management (CAMBRA procedures))</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Services (includes anesthesia, emergency treatment to relieve pain, restorative dentistry, sealants, space maintainers and, oral surgery)</td>
<td>80%</td>
</tr>
<tr>
<td>Endodontic and Periodontic (non surgical or non complex)</td>
<td>80%</td>
</tr>
<tr>
<td>Endodontic and Periodontic (surgical or complex)</td>
<td>50%</td>
</tr>
<tr>
<td>Major Services (includes crown buildups, crowns, prosthetics, onlays, jackets, posts and cores)</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Services - all ages (up to $1,000 per calendar year)</td>
<td>50%</td>
</tr>
<tr>
<td>Enhanced Dental Benefits for Pregnant Women (includes routine prophylaxis (including prophylaxis for pregnancy gingivitis), periodontal scaling and root planing, and periodontal maintenance)</td>
<td>100%</td>
</tr>
</tbody>
</table>

Dental Smile Rollover Rewards

<table>
<thead>
<tr>
<th>Maximum Calendar Year Benefit</th>
<th>Annual Claim Threshold</th>
<th>Annual Account Reward</th>
<th>Annual Network Reward</th>
<th>Total Annual Reward</th>
<th>Total Reward Account Maximum</th>
<th>Total Calendar Year Benefit + Reward Account Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500</td>
<td>$750</td>
<td>$400</td>
<td>$100</td>
<td>$500</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

1 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).

2 Twelve month waiting period before services are covered.

3 With the Dental Smile Rollover Rewards Program, Blue Shield Life rewards you for getting diagnostic and preventive care from your Dentist during the year. Your reward accumulates, will be carried over each year, and is available for use beginning in the next Benefit period (see the Dental Smile Rollover Rewards section of the Certificate of Insurance for details on how the program works).

4 Emergency Services are excluded from determining eligibility of the Annual network Reward.

5 Enhanced dental Benefits for pregnant women do not apply towards the Maximum Calendar Year Benefit.

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 Life Dental SmileSM In-Network Only Dental Voluntary Plan 50/1500/Endo-Perio 50%/Ortho plan. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the Certificate of Insurance.
Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

Blue Shield of California Life & Health Insurance Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Shield Life does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Shield Life:

• Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats and other formats)

• Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield Life Civil Rights Coordinator.

If you believe that Blue Shield Life has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Shield of California Life & Health Insurance Company
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007

Phone: (844) 831-4133 (TTY: 711)
Fax: (916) 350-7405
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.
Notice of the Availability of Language Assistance Services
Blue Shield of California Life & Health Insurance Company

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For that, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357, English.

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llévenos el número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de seguros de CA al 1-800-927-4357, español.

Free Language Services. You may obtain a language interpreter, have documents read to you and some sent to your in your language. To do that, call the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357, Spanish.

免費語言服務。您可獲得口頭翻譯，可以有文字的文件朗讀給您，有些文件在您的語言。做這事，把您的 ID 卡上的號碼和 1-866-346-7198 當中。如有更多問題，請至 Cal Depart 郵箱 1-800-927-4357，中文。

Bảng dịch vụ ngôn ngữ miễn phí. Bạn có thể liên hệ dịch viên thông dịch, đọc các văn bản hoặc gửi các văn bản theo yêu cầu. Để làm điều đó, hãy gọi theo số trên thẻ bảo hiểm của bạn hoặc 1-800-927-4357, mục dịch viên, xin gọi Bộ Bảo hiểm California tại số 1-800-927-4357, Việt Nam.

無償翻譯服務。您可獲得口頭翻譯，有文字的文件朗讀，有些文件在您的語言。為此事，請根據您的 ID 卡上的號碼和 1-866-346-7198 當中。如有更多問題，請至 Cal Depart 郵箱 1-800-927-4357，韓語。