

Summary of Benefits

Individual and Family Dental Plan
DPPO Plan

Dental PPO Plan

This Summary of Benefits shows the amount you will pay for Covered Services under this Blue Shield of California Plan. It is only a summary and it is included as part of the Evidence of Coverage (EOC)¹. Please read both documents carefully for details.

Dental Provider Network:

DPPO Network

This Plan uses a specific network of dental care providers, called the DPPO provider network. Dentists in this network are called Participating Dentists. You pay less for Covered Services when you use a Participating Dentist than when you use a Non-Participating Dentist. You can find Participating Dentists in this network at [blueshieldca.com](https://www.blueshieldca.com).

Calendar Year Deductible (CYD)²

A Calendar Year Deductible (CYD) is the amount a Member pays each Calendar Year before Blue Shield pays for Covered Services under the Plan. Blue Shield pays for some Covered Services before the Calendar Year Deductible is met, as noted in the Benefits chart below.

		When using a Participating ³ or Non-Participating ⁴ Dentist
Calendar Year Deductible	Individual coverage	\$50 per individual

Calendar Year Benefit Maximum⁵

This Plan pays up to the maximum payment amount as listed for Covered Services and supplies per year.

	When using any combination of Participating ³ and Non-Participating ⁴ Dentists	When Using a Non-Participating Dentist ⁴
Calendar Year Benefit Maximum	\$1,000: individual	\$500 per individual

Waiting Period

A waiting period is the length of time you must be covered under the Plan before Blue Shield will pay for Covered Services. The waiting period may be waived with proof of prior comprehensive coverage.

Waiting period	No waiting period for diagnostic and preventive services, enhanced dental benefits for pregnant women and services categorized as "other services" below. 3 months for minor restorative, endodontic, periodontic, oral surgery and adjunctive general services. 12 months for major restorative, removable prosthetic, implant, bridges, abutments, pontics, and Orthodontic services.
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No Lifetime Dollar Limit

Under this Plan there is no dollar limit on the total amount Blue Shield will pay for Covered Services in a Member's lifetime.

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
	Diagnostic services (exams and x-rays)		
D0120	Periodic oral evaluation	\$0	All charges above \$16
D0140	Limited oral evaluation – problem focused	\$0	All charges above \$24
D0145	Oral evaluation for a patient under three years of age	\$0	All charges above \$16
D0150	Comprehensive oral evaluation	\$0	All charges above \$40
D0160	Detailed and extensive oral evaluation – problem focused	\$0	All charges above \$16
D0170	Re-evaluation – limited, problem focused (not post-operative visit)	\$0	All charges above \$16
D0180	Comprehensive periodontal evaluation	\$0	All charges above \$48
D0190	Screening of a patient	\$0	All charges above \$16
D0191	Assessment of a patient	\$0	All charges above \$16
D0210	Intraoral complete series radiographs - includes bitewings (once every 36 months)	\$0	All charges above \$56
D0220	Intraoral periapical radiograph – first film	\$0	All charges above \$16
D0230	Intraoral periapical radiograph – each additional film	\$0	All charges above \$8
D0240	Intraoral occlusal radiograph	\$0	All charges above \$28
D0270	Bitewing radiograph – single film	\$0	All charges above \$14
D0272	Bitewing radiograph – two films	\$0	All charges above \$20
D0273	Bitewing radiograph – three films	\$0	All charges above \$22
D0274	Bitewing radiograph – four films (one series every 6 months)	\$0	All charges above \$24
D0277	Vertical bitewings – 7 to 8	\$0	Not covered
D0330	Panoramic radiograph film (once every 36 months)	\$0	All charges above \$40
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities, including premalignant and malignant lesions (not to include cytology or biopsy procedures)	\$0	All charges above \$25
D0460	Pulp vitality tests	\$0	All charges above \$18
D0470	Diagnostic casts	\$0	All charges above \$40
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0	All charges above \$16
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0	All charges above \$16
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0	All charges above \$16
D0701	Panoramic radiographic – image capture only	\$0	All charges above \$40
D0702	2-D cephalometric radiographic image – image capture only	\$0	All charges above \$40
D0706	Intraoral – occlusal radiographic image – image capture only	\$0	All charges above \$28

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
D0707	Intraoral – periapical radiographic image – image capture only	\$0	All charges above \$16
D0708	Intraoral – bitewing radiographic image – image capture only – image axis may be horizontal or vertical	\$0	All charges above \$14
D0709	Intraoral – complete series of radiographic images – image capture only	\$0	All charges above \$56
Preventive services (cleanings and fluoride)			
D1110	Prophylaxis – adult age 17 and older (once every 6 months)	\$0	All charges above \$48
D1110	Enhanced Dental Benefits for Pregnant Women only - Prophylaxis - adult age 17 and older - (one additional prophylaxis including periodontal prophylaxis for gingivitis for women during pregnancy)	\$0	Not covered
D1120	Prophylaxis – child through age 16 (once every 6 months)	\$0	All charges above \$34
D1206	Topical application of fluoride varnish	\$0	All charges above \$19
D1208	Topical application of fluoride – excluding varnish – child through the age of 15	\$0	All charges above \$15
D1351	Sealant – per tooth	\$0/tooth	All charges above \$22/tooth
D1355	Caries preventive medicament application – per tooth for primary prevention or remineralization. Medicaments applied do not include topical fluorides.	\$10	All charges above \$8
D1510	Space maintainer – fixed - unilateral - per quadrant	\$0	All charges above \$148
D1516	Space maintainer – fixed – bilateral, maxillary	\$0	All charges above \$228
D1517	Space maintainer – fixed – bilateral, mandibular	\$0	All charges above \$228
D1520	Space maintainer – removable - unilateral - per quadrant	\$0	All charges above \$200
D1526	Space maintainer – removable – bilateral, maxillary	\$0	All charges above \$228
D1527	Space maintainer – removable – bilateral, mandibular	\$0	All charges above \$228
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$0	All charges above \$25
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$0	All charges above \$25
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$0	All charges above \$25
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$0	All charges above \$25
D1557	Removal of fixed bilateral space maintainer – maxillary	\$0	All charges above \$25
D1558	Removal of fixed bilateral space maintainer – mandibular	\$0	All charges above \$25
D1575	Distal shoe space maintainer – fixed – unilateral – per quadrant - under age 6 (once per lifetime)	\$0	All charges above \$148
Minor Restorative services (fillings)			

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
D2140	Amalgam – one surface, primary or permanent	\$35	All charges above \$28
D2150	Amalgam – two surfaces, primary or permanent	\$43	All charges above \$34
D2160	Amalgam – three surfaces, primary or permanent	\$53	All charges above \$42
D2161	Amalgam – four or more surfaces, primary or permanent	\$68	All charges above \$54
D2330	Resin-based composite – one surface, anterior	\$37	All charges above \$30
D2331	Resin-based composite – two surfaces, anterior	\$56	All charges above \$44
D2332	Resin-based composite – three surfaces, anterior	\$68	All charges above \$54
D2335	Resin-based composite – four or more surfaces or involving incisal angle, anterior	\$68	All charges above \$54
D2391	Resin-based composite – one surface, posterior	\$41	All charges above \$32
D2392	Resin-based composite – two surfaces, posterior	\$53	All charges above \$41
D2393	Resin-based composite – three surfaces, posterior	\$74	All charges above \$58
D2394	Resin-based composite – four or more surfaces, posterior	\$100	All charges above \$79
	Major Restorative services (crowns)		
D2542	Onlay – metallic – two surfaces	\$142	All charges above \$112
D2543	Onlay – metallic – three surfaces	\$158	All charges above \$124
D2544	Onlay – metallic – four or more surfaces	\$175	All charges above \$138
D2642	Onlay – porcelain/ceramic – two surfaces	\$128	All charges above \$101
D2643	Onlay – porcelain/ceramic – three surfaces	\$150	All charges above \$118
D2644	Onlay – porcelain/ceramic – four or more surfaces	\$165	All charges above \$130
D2710	Crown – resin-based composite – indirect	\$160	All charges above \$128
D2712	Crown – ¾ resin-based composite – indirect	\$160	All charges above \$160
D2740	Crown – porcelain/ceramic	\$265 ⁸	All charges above \$212 ⁸
D2750	Crown – porcelain fused to high noble metal	\$320 ⁸	All charges above \$256 ⁸
D2751	Crown – porcelain fused to predominantly base metal	\$315 ⁸	All charges above \$252 ⁸
D2752	Crown – porcelain fused to noble metal	\$320 ⁸	All charges above \$256 ⁸
D2753	Crown – porcelain fused to titanium and titanium alloys	\$315	All charges above \$252
D2780	Crown – ¾ cast high noble metal	\$298 ⁸	All charges above \$238 ⁸
D2781	Crown – ¾ cast predominantly base metal	\$298 ⁸	All charges above \$238 ⁸
D2782	Crown – ¾ cast noble metal	\$298 ⁸	All charges above \$238 ⁸
D2790	Crown – full cast high noble metal	\$320 ⁸	All charges above \$256 ⁸
D2791	Crown – full cast predominantly base metal	\$320 ⁸	All charges above \$252 ⁸
D2792	Crown – full cast noble metal	\$320 ⁸	All charges above \$252 ⁸
D2794	Crown – titanium and titanium alloys	\$320 ⁸	All charges above \$371 ⁸

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$22	All charges above \$17
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$22	All charges above \$22
D2920	Re-cement or re-bond crown	\$25	All charges above \$20
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	\$59	All charges above \$47
D2930	Prefabricated stainless steel crown – primary tooth	\$53	All charges above \$42
D2931	Prefabricated stainless steel crown – permanent tooth	\$59	All charges above \$47
D2932	Prefabricated resin crown	\$51	All charges above \$41
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$53	All charges above \$53
D2940	Protective restoration	\$21	All charges above \$16
D2950	Core buildup, including any pins when required	\$54	All charges above \$43
D2951	Pin retention – per tooth, in addition to restoration	\$28	All charges above \$22
D2952	Post and core in addition to crown – indirectly fabricated	\$86	All charges above \$69
D2953	Each additional indirectly fabricated post – same tooth	\$43	All charges above \$33
D2954	Prefabricated post and core in addition to crown	\$81	All charges above \$64
D2957	Each additional prefabricated post – same tooth	\$40	All charges above \$31
D2980	Crown repair necessitated by restorative material failure	\$50	All charges above \$40
	Endodontic services (root canals)		
D3110	Pulp cap – direct (excluding final restoration)	\$18	All charges above \$14
D3120	Pulp cap – indirect (excluding final restoration)	\$26	All charges above \$21
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$33	All charges above \$26
D3310	Endodontic therapy – anterior tooth (excluding final restoration)	\$156	All charges above \$125
D3320	Endodontic therapy – premolar tooth (excluding final restoration)	\$188	All charges above \$150
D3330	Endodontic therapy – molar tooth (excluding final restoration)	\$234	All charges above \$187
D3346	Retreatment of previous root canal therapy – anterior	\$156	All charges above \$145
D3347	Retreatment of previous root canal therapy – bicuspid	\$188	All charges above \$180
D3348	Retreatment of previous root canal therapy – molar	\$234	All charges above \$227
D3351	Apexification/recalcification – initial visit	\$73	All charges above \$58
D3352	Apexification/recalcification – interim	\$73	All charges above \$58
D3353	Apexification/recalcification – final visit	\$73	All charges above \$58

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
D3410	Apicoectomy – anterior – first root	\$200	All charges above \$160
D3421	Apicoectomy – premolar – first root	\$200	All charges above \$160
D3425	Apicoectomy – molar – first root	\$218	All charges above \$174
D3426	Apicoectomy – each additional root	\$100	All charges above \$80
D3430	Retrograde filling – per root	\$101	All charges above \$80
D3450	Root amputation – per root	\$71	All charges above \$56
D3471	Surgical repair of a root resorption – anterior – first root	50%	50%
D3472	Surgical repair of a root resorption – molar – for surgery on root of a premolar tooth – first root. Does not include placement of restoration.	50%	50%
D3473	Surgical repair of a root resorption – molar – for surgery on root of molar tooth – first root. Does not include placement of restoration.	50%	50%
D3920	Hemisection, including any root removal (not including root canal therapy)	\$100	All charges above \$80
	Periodontic services (gum disease)		
D4210	Gingivectomy/gingivoplasty – four or more contiguous teeth or tooth bounded spaces – per quadrant	\$161	All charges above \$128
D4211	Gingivectomy/gingivoplasty – one to three contiguous teeth or tooth bounded spaces – per quadrant	\$59	All charges above \$46
D4240	Gingival flap procedure, including root planing – four or more teeth – per quadrant	\$115	All charges above \$92
D4241	Gingival flap procedure, including root planing – one to three teeth – per quadrant	\$69	All charges above \$54
D4249	Clinical crown lengthening – hard tissue	\$138	All charges above \$110
D4260	Osseous surgery, including elevation of a full thickness flap and closure – four or more contiguous teeth or tooth bounded spaces – per quadrant	\$263	All charges above \$210
D4261	Osseous surgery, including elevation of full thickness flap and closure – one to three contiguous teeth or tooth bounded spaces – per quadrant	\$158	All charges above \$124
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$160/site	All charges above \$128/site
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$203/site	All charges above \$162/site
D4270	Pedicle soft tissue graft procedure	\$132	All charges above \$105
D4273	Autogenous connective tissue graft procedure, including donor and recipient surgical sites – first tooth – implant or edentulous tooth position in graft	\$259	All charges above \$207

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
D4276	Combination connective tissue and double pedicle graft – per tooth	\$132	All charges above \$170
D4341	Periodontal scaling and root planing – four or more teeth – per quadrant	\$65	All charges above \$52
D4341	<i>Enhanced Dental Benefits for Pregnant Women only - Periodontal scaling and root planing - four or more teeth - per quadrant - (one course (up to 4 quadrants) of periodontal scaling and root planing for women during pregnancy with a documented existing periodontal condition)</i>	\$0	Not covered
D4342	Periodontal scaling and root planing – one to three teeth – per quadrant	\$32	All charges above \$25
D4342	<i>Enhanced Dental Benefits for Pregnant Women only - Periodontal scaling and root planing - one to three teeth - per quadrant - (one course (up to 4 quadrants) of periodontal scaling and root planing for women during pregnancy with a documented existing periodontal condition)</i>	\$0	Not covered
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (11 years of age and older; once per 12 months)	\$33	All charges above \$35
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$53	All charges above \$42
D4910	Periodontal maintenance	\$33	All charges above \$35
D4910	<i>Enhanced Dental Benefits for Pregnant Women only - Periodontal maintenance - (one periodontal maintenance visit for women during pregnancy if warranted by a history of periodontal treatment)</i>	\$33	All charges above \$35
	Removable prosthetic services (dentures)		
D5110	Complete denture – maxillary	\$388	All charges above \$310
D5120	Complete denture – mandibular	\$388	All charges above \$310
D5130	Immediate denture – maxillary	\$388	All charges above \$310
D5140	Immediate denture – mandibular	\$388	All charges above \$310
D5211	Maxillary partial denture – resin base, including retentive/clasping materials, rests and teeth	\$375	All charges above \$300
D5212	Mandibular partial denture – resin base, including retentive/clasping materials, rests and teeth	\$375	All charges above \$300
D5213	Maxillary partial denture – cast metal framework with resin denture bases, including retentive/clasping materials, rests and teeth	\$450 ^a	All charges above \$360 ^a

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
D5214	Mandibular partial denture – cast metal framework with denture bases, including retentive/clasping materials, rests and teeth	\$450 ⁸	All charges above \$360 ⁸
D5225	Maxillary partial denture – flexible base, including retentive/clasping materials, rests and teeth	\$450	All charges above \$495
D5226	Mandibular partial denture – flexible base, including retentive/clasping materials, rests and teeth	\$450	All charges above \$495
D5410	Adjust complete denture – maxillary	\$28	All charges above \$22
D5411	Adjust complete denture – mandibular	\$28	All charges above \$22
D5421	Adjust partial denture – maxillary	\$28	All charges above \$22
D5422	Adjust partial denture – mandibular	\$28	All charges above \$22
D5511	Repair broken complete denture base – mandibular	\$53 ⁹	All charges above \$42 ⁹
D5512	Repair broken complete denture base – maxillary	\$53 ⁹	All charges above \$42 ⁹
D5520	Replace missing or broken teeth – complete denture – each tooth	\$53 ⁹	All charges above \$42 ⁹
D5611	Repair resin partial denture base – mandibular	\$53 ⁹	All charges above \$42 ⁹
D5612	Repair resin partial denture base – maxillary	\$53 ⁹	All charges above \$42 ⁹
D5621	Repair cast partial framework – mandibular	\$53 ⁹	All charges above \$42 ⁹
D5622	Repair cast partial framework – maxillary	\$53 ⁹	All charges above \$42 ⁹
D5630	Repair or replace broken retentive/clasping materials – per tooth	\$69 ⁹	All charges above \$55 ⁹
D5640	Replace broken teeth – per tooth	\$43 ⁹	All charges above \$34 ⁹
D5650	Add tooth to existing partial denture	\$43 ⁹	All charges above \$34 ⁹
D5660	Add clasp to existing partial denture – per tooth	\$75 ⁹	All charges above \$60 ⁹
D5670	Replace all teeth and acrylic on cast metal framework – maxillary	\$236 ⁹	All charges above \$186 ⁹
D5671	Replace all teeth and acrylic on cast metal framework – mandibular	\$236 ⁹	All charges above \$186 ⁹
D5710	Rebase – complete maxillary denture	\$140	All charges above \$112
D5711	Rebase – complete mandibular denture	\$140	All charges above \$112
D5720	Rebase – partial maxillary denture	\$140	All charges above \$112
D5721	Rebase – partial mandibular denture	\$140	All charges above \$112
D5730	Reline complete maxillary denture – direct	\$80 ¹⁰	All charges above \$64 ¹⁰
D5731	Reline complete mandibular denture – direct	\$80 ¹⁰	All charges above \$64 ¹⁰
D5740	Reline maxillary partial denture – direct	\$80 ¹⁰	All charges above \$64 ¹⁰
D5741	Reline mandibular partial denture – direct	\$80 ¹⁰	All charges above \$64 ¹⁰

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
D5750	Reline complete maxillary denture – indirect	\$135 ¹⁰	All charges above \$108 ¹⁰
D5751	Reline complete mandibular denture – indirect	\$135 ¹⁰	All charges above \$108 ¹⁰
D5760	Reline maxillary partial denture – indirect	\$135 ¹⁰	All charges above \$108 ¹⁰
D5761	Reline mandibular partial denture – indirect	\$135 ¹⁰	All charges above \$108 ¹⁰
D5850	Tissue conditioning – maxillary	\$33	All charges above \$26
D5851	Tissue conditioning – mandibular	\$33	All charges above \$26
	Implant Services		
D6010	Surgical placement of implant body – endosteal implant	\$612	Not covered
D6056	Prefabricated abutment – includes modifications and placement	\$172	Not covered
D6057	Custom fabricated abutment – includes placement	\$257	Not covered
D6058	Abutment supported porcelain/ceramic crown	\$380	Not covered
D6059	Abutment supported porcelain fused to metal crown – high noble metal	\$370	Not covered
D6060	Abutment supported porcelain fused to metal crown – predominately base metal	\$320	Not covered
D6061	Abutment supported porcelain fused to metal crown – noble metal	\$343	Not covered
D6062	Abutment supported cast metal crown – high noble metal	\$354	Not covered
D6063	Abutment supported cast metal crown – predominately base metal	\$322	Not covered
D6064	Abutment supported cast metal crown – noble metal	\$343	Not covered
D6065	Implant supported porcelain/ceramic crown	\$415	Not covered
D6066	Implant supported crown – porcelain fused to high noble alloys	\$418	Not covered
D6067	Implant supported crown – high noble alloys	\$405	Not covered
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$75	Not covered
D6082	Implant supported crown – porcelain fused to predominantly base alloys	\$320	Not covered
D6083	Implant supported crown – porcelain fused to noble alloys	\$343	Not covered
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	\$320	Not covered
D6086	Implant supported crown – predominantly base alloys	\$322	Not covered
D6087	Implant supported crown – noble alloys	\$343	Not covered
D6088	Implant supported crown – titanium and titanium alloys	\$322	Not covered

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
D6090	Repair implant supported prosthesis, by report	\$211	Not covered
D6092	Re-cement or re-bond implant/abutment supported crown	\$27	Not covered
D6094	Abutment supported crown – titanium and titanium alloys	\$354	Not covered
D6095	Repair implant abutment, by report	\$218	Not covered
D6096	Remove broken implant retaining screw	\$0	\$0
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	\$320	Not covered
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	\$320	Not covered
D6100	Implant removal, by report	\$228	Not covered
	Bridges, abutments or pontic services		
D6210	Pontic – cast high noble metal	\$293 ^a	All charges above \$234 ^a
D6211	Pontic – cast predominantly base metal	\$293 ^a	All charges above \$234 ^a
D6212	Pontic – cast noble metal	\$293 ^a	All charges above \$234 ^a
D6240	Pontic – porcelain fused to high noble metal	\$293 ^a	All charges above \$234 ^a
D6241	Pontic – porcelain fused to predominantly base metal	\$293 ^a	All charges above \$234 ^a
D6242	Pontic – porcelain fused to noble metal	\$293 ^a	All charges above \$234 ^a
D6243	Pontic – porcelain fused to titanium and titanium alloys	\$293 ^a	All charges above \$234 ^a
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$123 ^a	All charges above \$98 ^a
D6608	Retainer onlay – porcelain/ceramic – two surfaces	\$128 ^a	All charges above \$101 ^a
D6609	Retainer onlay – porcelain/ceramic – three or more surfaces	\$150 ^a	All charges above \$118 ^a
D6610	Retainer onlay – cast high noble metal – two surfaces	\$169 ^a	All charges above \$135 ^a
D6611	Retainer onlay – cast high noble metal – three or more surfaces	\$185 ^a	All charges above \$148 ^a
D6612	Retainer onlay – cast predominantly base metal – two surfaces	\$145 ^a	All charges above \$116 ^a
D6613	Retainer onlay – cast predominantly base metal – three or more surfaces	\$161 ^a	All charges above \$128 ^a
D6614	Retainer onlay – cast noble metal – two surfaces	\$153 ^a	All charges above \$122 ^a
D6615	Retainer onlay – cast noble metal – three or more surfaces	\$169 ^a	All charges above \$135 ^a
D6750	Retainer crown – porcelain fused to high noble metal	\$313 ^a	All charges above \$250 ^a
D6751	Retainer crown – porcelain fused to predominantly base metal	\$298 ^a	All charges above \$238 ^a
D6752	Retainer crown – porcelain fused to noble metal (anterior and premolar teeth only)	\$305 ^a	All charges above \$244 ^a

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	\$298 ^a	All charges above \$238 ^a
D6780	Retainer crown – 3/4 cast high noble metal	\$313 ^a	All charges above \$250 ^a
D6781	Retainer - crown – 3/4 cast predominantly base metal	\$313 ^a	All charges above \$250 ^a
D6782	Retainer - crown – 3/4 cast noble metal	\$313 ^a	All charges above \$250 ^a
D6784	Retainer crown – 3/4 titanium and titanium alloys	\$313 ^a	All charges above \$250 ^a
D6790	Retainer - crown – full cast high noble metal	\$313 ^a	All charges above \$250 ^a
D6791	Retainer - crown – full cast predominantly base metal	\$298 ^a	All charges above \$233 ^a
D6792	Retainer - crown – full cast noble metal	\$305 ^a	All charges above \$244 ^a
D6930	Re-cement or re-bond fixed partial denture	\$38	All charges above \$30
	Oral surgery services		
D7111	Extraction – coronal remnants – primary tooth	\$20	All charges above \$16
D7140	Extraction – erupted tooth or exposed root, including elevation and/or forceps removal	\$40	All charges above \$32
D7210	Extraction – erupted tooth requiring removal of bone and/or sectioning of tooth, including elevation of mucoperiosteal flap if indicated	\$63	All charges above \$50
D7220	Removal of impacted tooth – soft tissue	\$68	All charges above \$54
D7230	Removal of impacted tooth – partially bony	\$104	All charges above \$83
D7240	Removal of impacted tooth – completely bony	\$113	All charges above \$90
D7241	Removal of impacted tooth – completely bony with unusual surgical complications	\$113	All charges above \$90
D7250	Removal of residual tooth roots – cutting procedure	\$55	All charges above \$44
D7251	Coronectomy – intentional partial tooth removal	\$98	All charges above \$77
D7260	Oroantral fistula closure	\$70	All charges above \$56
D7286	Incisional biopsy of oral tissue – soft	\$63 ⁹	All charges above \$50 ⁹
D7287	Exfoliative cytological sample collection	\$38	All charges above \$30
D7288	Brush biopsy – transepithelial sample collection	\$32	All charges above \$44
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces – per quadrant	\$57	All charges above \$46
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces – per quadrant	\$36	All charges above \$30
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces – per quadrant	\$63	All charges above \$50
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces – per quadrant	\$42	All charges above \$35

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
D7472	Removal of torus palatinus	\$88	All charges above \$70
D7473	Removal of torus mandibularis	\$88	All charges above \$70
D7510	Incision and drainage of abscess – intraoral soft tissue	\$38	All charges above \$30
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated, includes drainage of multiple facial spaces	\$48	All charges above \$65
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$100	All charges above \$80
D7963	Frenuloplasty	\$88	All charges above \$122
D7970	Excision of hyperplastic tissue – per arch	\$100	All charges above \$80
D7971	Excision of pericoronal gingiva	\$43	All charges above \$34
	Orthodontic services		
D8080	Comprehensive Orthodontic treatment of the adolescent dentition	\$2,350 ⁷	Not covered
D8090	Comprehensive Orthodontic treatment of the adult dentition	\$2,650 ⁷	Not covered
	Adjunctive general services		
D9110	Palliative emergency treatment of dental pain – minor procedure	\$25 ¹¹	All charges above \$20 ¹¹
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0	\$0
D9220	General anesthesia - first 30 minutes	\$23	All charges above \$58
D9221	General anesthesia - each additional 15 minutes	\$30	All charges above \$24
D9222	Deep sedation/general anesthesia – first 15 minutes	\$0	\$0
D9230	Analgesia – each 30 minutes	\$15	All charges above \$12
D9239	Intravenous moderate conscious sedation/anesthesia – first 15 minutes	\$0	\$0
D9241	IV sedation – first 30 minutes	\$98	All charges above \$78
D9242	IV sedation – each additional 15 minutes	\$30	All charges above \$24
D9310	Consultation – diagnostic consultation provided by dentist or physician other than requesting dentist or physician (as necessary)	\$30	All charges above \$24
D9910	Application of desensitizing medicament	\$10	All charges above \$8
D9942	Repair and/or reline of occlusal guard	\$34	All charges above \$34
D9944	Occlusal guard – hard appliance, full arch	\$113	All charges above \$90
D9945	Occlusal guard – soft appliance, full arch	\$113	All charges above \$90

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating ³ Dentist	When using a Non-Participating ⁴ Dentist
D9946	Occlusal guard – hard appliance, partial arch	\$113	All charges above \$90
D9951	Occlusal adjustment – limited	\$50	All charges above \$40
D9952	Occlusal adjustment – complete	\$200	All charges above \$160

Notes

1 Evidence of Coverage (EOC):

The Evidence of Coverage (EOC) describes the Benefits, limitations, and exclusions that apply to coverage under this Plan. Please review the EOC for more details of coverage outlined in this Summary of Benefits. You can request a copy of the EOC at any time.

Capitalized terms are defined in the EOC. Refer to the EOC for an explanation of the terms used in this Summary of Benefits.

2 Calendar Year Deductible (CYD):

Calendar Year Deductible explained. A Deductible is the amount you pay each Calendar Year before Blue Shield pays for Covered Services under the Plan. Diagnostic and preventive services and enhanced dental benefits for pregnant women are not subject to the CYD.

3 Using Participating Dentists:

Participating Dentists have a contract to provide Dental Care Services to Members. When you receive Covered Services from a Participating Dentist, you are only responsible for the Copayment or Coinsurance, once any Calendar Year Deductible has been met.

4 Using Non-Participating Dentists:

Non-Participating Dentists do not have a contract to provide Dental Care Services to Members. When you receive Covered Services from a Non-Participating Dentist, you are responsible for:

- any charges above the Allowable Amount (which can be significant).

"Allowable Amount" is defined in the EOC. In addition:

- Any charges above the Allowable Amount are not covered, do not count towards any Benefit maximums, and are your responsibility for payment to the provider. This out-of-pocket expense can be significant.

5 Benefit Maximum(s):

Your payment after you reach any Benefit maximum. You will pay 100% of all charges after you reach a Benefit maximum.

All Covered Services count towards the Calendar Year Benefit maximum. The Plan pays up to the maximum payment amount as listed for Covered Services and supplies.

This Plan has a combined Participating Dentist and Non-Participating Dentist Calendar Year Benefit maximum as well as a Non-Participating Dentist Benefit maximum. This means that any amount the Plan pays towards Covered Services

Notes

for Non-Participating Dentists also counts towards the combined Participating and Non-Participating Dental Benefit maximum.

Diagnostic and preventive services and enhanced dental benefits for pregnant women do not apply towards the Calendar Year Benefit Maximum.

6 Separate Member Payments When Multiple Covered Services are Received:

Each time you receive multiple Covered Services, you might have separate payments (Copayment or Coinsurance) for each service. When this happens, you may be responsible for multiple Copayments or Coinsurance.

7 Dental Care Services:

All dental Benefits are provided through Blue Shield's Dental Plan Administrator (DPA).

Orthodontic Covered Services. The Copayment or Coinsurance for Orthodontic Covered Services applies to a course of treatment even if it extends beyond a Calendar Year. This applies only if the Member remains enrolled in the Plan. All procedures performed in connection with Orthodontic treatment are payable as Orthodontic Covered Services.

Full case fee. The full case fee for Orthodontic Covered Services includes a consultation, a treatment plan, tooth movement, and retention limited to \$250 per case. Orthodontists may charge Members separately for records.

8 Metals and Porcelain:

Precious (high noble) and semi-precious (noble) metals are subject to an additional charge. If these metals are used for fillings, crowns, bridges, or prosthetic devices, they are subject to an additional charge of the cost of the metal.

Porcelain on molar crowns is subject to an additional cost of the cost of the metal.

9 Laboratory Fees:

Denture repair, biopsy, and excision Covered Services are subject to an additional charge for lab fees. The Member is responsible for paying the lab fees plus any applicable Copayment or Coinsurance for these services.

10 Denture Reline Services:

The Copayment or Coinsurance for Covered Services applies if done within six (6) months of the initial insertion of a denture. Denture relines after six (6) months of the initial insertion of a denture require the additional denture reline Copayment or Coinsurance.

11 Palliative Emergency Treatment:

For an emergency oral exam with palliative treatment, if the treatment includes a listed procedure, then the regular Copayment or Coinsurance applies.

Plans may be modified to ensure compliance with State and Federal requirements.

Blue Shield of California

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield of California:

- 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 of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

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

Phone: (844) 831-4133 (TTY: 711)

Fax: (844) 696-6070

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

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198. (Spanish)

重要通知： 您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需免費幫助，請立即撥打登列在您的Blue Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話 (866) 346-7198。(Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)

MAHALAGA: Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa librang tulong, mangyaring tumawag kaagad sa numerong telepono ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa' ákohwiindzindooígí: Díí naaltsoosish yíiniłta'go bííniłhah? Doo bííniłhahgóó éí, naaltsoos nich'í' yíidóoltałhígíí ła' nihee hółó. Díí naaltsoos áldó' t'áá Diné k'ehjí ádoolníł nínízingo bííghah. Doo ɓaah ílinígó shíká' adoowoł nínízingó nihich'í' béesh bee hodiłłnih dóó námboo éí díí Blue Shield bee néiho'díłzinígí bine'dée' bikáá' éí doodagó éí (866) 346-7198 jì' hodiłłnih. (Navajo)

중요: 이 서신을 읽을 수 있으세요? 읽으실 수 경우, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전환하세요. (Korean)

ԿԱՐԵՎՈՐ Է. Կարողանում ե՞ք կարդալ այս նամակը: Եթե ոչ, ապա մենք կօգնենք ձեզ: Դուք պետք է նաև կարողանաք ստանալ այս նամակը ձեր լեզվով: Ծառայությունն անվճար է: Խնդրում ենք անմիջապես զանգահարել Հաճախորդների սպասարկման բաժնի հեռախոսահամարով, որը նշված է ձեր Blue Shield ID քարտի ետևի մասում, կամ (866) 346-7198 համարով: (Armenian)

ВАЖНО: Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно. (Russian)

重要： お客様は、この手紙を読むことができますか？もし読むことができない場合、弊社が、お客様をサポートする人物を手配いたします。また、お客様の母国語で書かれた手紙をお送りすることも可能です。無料のサポートを希望される場合は、Blue Shield IDカードの裏面に記載されている会員/お客様サービスの電話番号、または、(866) 346-7198にお電話をおかけください。 (Japanese)

مهم: آیا می‌توانید این نامه را بخوانید؟ اگر پاسختان منفی است، می‌توانیم کسی را برای کمک به شما در اختیاران قرار دهیم. حتی می‌توانید نسخه مکتوب این نامه را به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، لطفاً بدون فوت وقت از طریق شماره تلفنی که در پشت کارت شناسی Blue Shield تان درج شده است و یا از طریق شماره تلفن 346-7198 (866) با خدمات اعضا/مشتري تماس بگیرید. (Persian)

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿਚ ਮਦਦ ਲਈ ਅਸੀਂ ਕਿਸੇ ਵਿਅਕਤੀ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ। ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਵਿਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਤੁਹਾਡੇ Blue Shield ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ/ਕਸਟਮਰ ਸਰਵਿਸ ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ, ਜਾਂ (866) 346-7198 ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ប្រការសំខាន់៖ តើអ្នកអាចលិខិតនេះ បានដែរឬទេ? បើមិនអាចទេ យើងអាចឲ្យគេជួយអ្នកក្នុងការអានលិខិតនេះ។ អ្នកក៏អាចទទួលបានលិខិតនេះជាភាសារបស់អ្នកផងដែរ។ សម្រាប់ជំនួយដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទភ្លាមៗទៅកាន់លេខទូរស័ព្ទសេវាសមាជិក/អតិថិជនដែលមាននៅលើខ្នងប័ណ្ណសម្គាល់ Blue Shield របស់អ្នក ឬតាមរយៈលេខ (866) 346-7198។ (Khmer)

المهم: هل تستطيع قراءة هذا الخطاب؟ أن لم تستطع قراءته، يمكننا إحضار شخص ما ليساعدك في قراءته. قد تحتاج أيضاً إلى الحصول على هذا الخطاب مكتوباً بلغتك. للحصول على المساعدة بدون تكلفة، يرجى الاتصال الآن على رقم هاتف خدمة العملاء/أحد الأعضاء المدون على الجانب الخلفي من بطاقة الهوية Blue Shield أو على الرقم (866) 346-7198. (Arabic)

TSEEM CEEB: Koj pos tuaj yeem nyeem tau tsab ntawv no? Yog hais tias nyeem tsis tau, peb tuaj yeem nrhiav ib tug neeg los pab nyeem nws rau koj. Tej zaum koj kuj yuav tau txais muab tsab ntawv no sau ua koj hom lus. Rau kev pab txhais dawb, thov hu kiag rau tus xov tooj Kev Pab Cuam Tub Koom Xeeb/Tub Lag Luam uas nyob rau sab nraum nrob qaum ntawm koj daim npav Blue Shield ID, los yog hu rau tus xov tooj (866) 346-7198. (Hmong)

สำคัญ: คุณอ่านจดหมายฉบับนี้ได้หรือไม่ หากไม่ได้ โปรดขอความช่วยเหลือจากผู้อ่านได้
คุณอาจได้รับจดหมายฉบับนี้เป็นภาษาของคุณ หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย
โปรดติดต่อฝ่ายบริการลูกค้า/สมาชิกทางเบอร์โทรศัพท์ในบัตรประจำตัว Blue Shield ของคุณ หรือโทร
(866) 346-7198 (Thai)

महत्वपूर्ण: क्या आप इस पत्र को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी मदद के लिए किसी व्यक्ति का प्रबंध कर सकते हैं। आप इस पत्र को अपनी भाषा में भी प्राप्त कर सकते हैं। निःशुल्क मदद प्राप्त करने के लिए अपने Blue Shield ID कार्ड के पीछे दिए गये मੈबर/कस्टमर सर्विस टेलीफोन नंबर, या (866) 346-7198 पर कॉल करें। (Hindi)

ສິ່ງສຳຄັນ: ທ່ານສາມາດອ່ານຈົດໝາຍນີ້ໄດ້ບໍ່? ຖ້າອ່ານບໍ່ໄດ້, ພວກເຮົາສາມາດໃຫ້ບາງຄົນຊ່ວຍອ່ານໃຫ້ທ່ານຟັງໄດ້.
ທ່ານຍັງສາມາດຂໍໃຫ້ແປຈົດໝາຍນີ້ເປັນພາສາຂອງທ່ານໄດ້. ສຳລັບຄວາມຊ່ວຍເຫຼືອແບບບໍ່ເສຍຄ່າ, ກະລຸນາ
ໂທຫາເບີໂທຂອງຝ່າຍບໍລິການສະມາຊິກ/ລູກຄ້າໃນທັນທີເບີໂທລະສັບຢູ່ດ້ານຫຼັງບັດສະມາຊິກ Blue Shield ຂອງທ່ານ,
ຫຼືໂທໂປຫາເບີ(866) 346-7198. (Laotian)