

**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)<sup>1</sup>. 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](http://blueshieldca.com).

**Calendar Year Deductible (CYD)<sup>2</sup>**

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<sup>3</sup> or Non-Participating<sup>4</sup> Dentist**

|                                 |                            |                     |
|---------------------------------|----------------------------|---------------------|
| <b>Calendar Year Deductible</b> | <i>Individual coverage</i> | \$50 per individual |
|---------------------------------|----------------------------|---------------------|

**Calendar Year Benefit Maximum<sup>5</sup>**

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

**When using any combination of Participating<sup>3</sup> and Non-Participating<sup>4</sup> Dentists**

**When Using a Non-Participating Dentist<sup>4</sup>**

|                                      |                     |                      |
|--------------------------------------|---------------------|----------------------|
| <b>Calendar Year Benefit Maximum</b> | \$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.

6 months for major restorative, removable prosthetic, implant, bridges, abutments, pontics, and Orthodontic services.

**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 <sup>3</sup> Dentist | When using a Non-Participating <sup>4</sup> Dentist |
|----------|---|---|---|
|          | <b>Diagnostic services (exams and x-rays)</b>   |   |   |
| 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 comprehensive 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                              |
| D0372    | Intraoral tomosynthesis – comprehensive series of radiographic images   | \$0   | All charges above \$56                              |
| D0373    | Intraoral tomosynthesis – bitewing radiographic image   | \$0   | All charges above \$24                              |
| D0374    | Intraoral tomosynthesis – periapical radiographic image   | \$0   | All charges above \$16                              |
| D0387    | Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only  | \$0   | All charges above \$56                              |
| D0388    | Intraoral tomosynthesis – bitewing radiographic image – image capture only  | \$0   | All charges above \$24                              |
| D0389    | Intraoral tomosynthesis – periapical radiographic image – image capture only  | \$0   | All charges above \$16                              |
| 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                              |

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

| ADA Code | Services   | When using a Participating <sup>3</sup> Dentist | When using a Non-Participating <sup>4</sup> Dentist |
|----------|--|---|---|
| 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                              |
|          | <b>Preventive services (cleanings and fluoride)</b>  |   |   |
| D1110    | Prophylaxis – adult (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 (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   | All charges above \$22                              |
| 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                             |
|          | <b>Minor Restorative services (fillings)</b>   |   |   |
| 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                              |

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

| ADA Code | Services  | When using a Participating <sup>3</sup> Dentist | When using a Non-Participating <sup>4</sup> Dentist |
|----------|---|---|---|
| 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, 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                              |
|          | <b>Major Restorative services (crowns)</b>                                |   |   |
| 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 <sup>8</sup>                              | All charges above \$212 <sup>8</sup>                |
| D2750    | Crown – porcelain fused to high noble metal                               | \$320 <sup>8</sup>                              | All charges above \$256 <sup>8</sup>                |
| D2751    | Crown – porcelain fused to predominantly base metal                       | \$315 <sup>8</sup>                              | All charges above \$252 <sup>8</sup>                |
| D2752    | Crown – porcelain fused to noble metal                                    | \$320 <sup>8</sup>                              | All charges above \$256 <sup>8</sup>                |
| D2753    | Crown – porcelain fused to titanium and titanium alloys                   | \$315 <sup>8</sup>                              | All charges above \$252 <sup>8</sup>                |
| D2780    | Crown – ¾ cast high noble metal   | \$298 <sup>8</sup>                              | All charges above \$238 <sup>8</sup>                |
| D2781    | Crown – ¾ cast predominantly base metal                                   | \$298 <sup>8</sup>                              | All charges above \$238 <sup>8</sup>                |
| D2782    | Crown – ¾ cast noble metal  | \$298 <sup>8</sup>                              | All charges above \$238 <sup>8</sup>                |
| D2790    | Crown – full cast high noble metal  | \$320 <sup>8</sup>                              | All charges above \$256 <sup>8</sup>                |
| D2791    | Crown – full cast predominantly base metal                                | \$320 <sup>8</sup>                              | All charges above \$252 <sup>8</sup>                |
| D2792    | Crown – full cast noble metal   | \$320 <sup>8</sup>                              | All charges above \$252 <sup>8</sup>                |
| D2794    | Crown – titanium and titanium alloys                                      | \$320 <sup>8</sup>                              | All charges above \$371 <sup>8</sup>                |
| 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                              |
| D2930    | Prefabricated stainless steel crown – primary tooth                       | \$53  | All charges above \$42                              |

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

| ADA Code | Services  | When using a Participating <sup>3</sup> Dentist | When using a Non-Participating <sup>4</sup> Dentist |
|----------|---|---|---|
| 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                              |
| D2989    | Excavation of a tooth resulting in the determination of non-restorability   | \$35/tooth                                      | All charges above \$28                              |
|          | <b>Endodontic services (root canals)</b>  |   |   |
| 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                              |
| 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                              |

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

| ADA Code | Services  | When using a Participating <sup>3</sup> Dentist | When using a Non-Participating <sup>4</sup> Dentist |
|----------|---|---|---|
| D3920    | Hemisection, including any root removal (not including root canal therapy)  | \$100   | All charges above \$80                              |
|          | <b>Periodontic services (gum disease)</b>   |   |   |
| 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                             |
| D4264    | Bone replacement graft – retained natural tooth – each additional site in quadrant  | \$203/site                                      | All charges above \$162                             |
| 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                             |
| D4276    | Combination connective tissue and double pedicle graft – per tooth  | \$132   | All charges above \$170                             |
| D4286    | Removal of non-resorbable barrier   | \$240/site                                      | All charges above \$192                             |
| 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                              |

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

| ADA Code | Services  | When using a Participating <sup>3</sup> Dentist | When using a Non-Participating <sup>4</sup> Dentist |
|----------|---|---|---|
| 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 periodontal 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                              |
|          | <b>Removable prosthetic services (dentures)</b>   |   |   |
| 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 <sup>8</sup>                              | All charges above \$360 <sup>8</sup>                |
| D5214    | Mandibular partial denture – cast metal framework with resin denture bases, including retentive/clasping materials, rests and teeth   | \$450 <sup>8</sup>                              | All charges above \$360 <sup>8</sup>                |
| 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                             |
| 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 <sup>9</sup>                               | All charges above \$42 <sup>9</sup>                 |
| D5512    | Repair broken complete denture base – maxillary   | \$53 <sup>9</sup>                               | All charges above \$42 <sup>9</sup>                 |



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| ADA Code | Services   | When using a Participating <sup>3</sup> Dentist | When using a Non-Participating <sup>4</sup> Dentist |
|----------|--|---|---|
| D5520    | Replace missing or broken teeth – complete denture – each tooth    | \$53 <sup>9</sup>                               | All charges above \$42 <sup>9</sup>                 |
| D5611    | Repair resin partial denture base – mandibular                     | \$53 <sup>9</sup>                               | All charges above \$42 <sup>9</sup>                 |
| D5612    | Repair resin partial denture base – maxillary                      | \$53 <sup>9</sup>                               | All charges above \$42 <sup>9</sup>                 |
| D5621    | Repair cast partial framework – mandibular                         | \$53 <sup>9</sup>                               | All charges above \$42 <sup>9</sup>                 |
| D5622    | Repair cast partial framework – maxillary                          | \$53 <sup>9</sup>                               | All charges above \$42 <sup>9</sup>                 |
| D5630    | Repair or replace broken retentive/clasping materials – per tooth  | \$69 <sup>9</sup>                               | All charges above \$55 <sup>9</sup>                 |
| D5640    | Replace broken teeth – per tooth                                   | \$43 <sup>9</sup>                               | All charges above \$34 <sup>9</sup>                 |
| D5650    | Add tooth to existing partial denture                              | \$43 <sup>9</sup>                               | All charges above \$34 <sup>9</sup>                 |
| D5660    | Add clasp to existing partial denture – per tooth                  | \$75 <sup>9</sup>                               | All charges above \$60 <sup>9</sup>                 |
| D5670    | Replace all teeth and acrylic on cast metal framework – maxillary  | \$236 <sup>9</sup>                              | All charges above \$186 <sup>9</sup>                |
| D5671    | Replace all teeth and acrylic on cast metal framework – mandibular | \$236 <sup>9</sup>                              | All charges above \$186 <sup>9</sup>                |
| 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 <sup>10</sup>                              | All charges above \$64 <sup>10</sup>                |
| D5731    | Reline complete mandibular denture – direct                        | \$80 <sup>10</sup>                              | All charges above \$64 <sup>10</sup>                |
| D5740    | Reline maxillary partial denture – direct                          | \$80 <sup>10</sup>                              | All charges above \$64 <sup>10</sup>                |
| D5741    | Reline mandibular partial denture – direct                         | \$80 <sup>10</sup>                              | All charges above \$64 <sup>10</sup>                |
| D5750    | Reline complete maxillary denture – indirect                       | \$135 <sup>10</sup>                             | All charges above \$108 <sup>10</sup>               |
| D5751    | Reline complete mandibular denture – indirect                      | \$135 <sup>10</sup>                             | All charges above \$108 <sup>10</sup>               |
| D5760    | Reline maxillary partial denture – indirect                        | \$135 <sup>10</sup>                             | All charges above \$108 <sup>10</sup>               |
| D5761    | Reline mandibular partial denture – indirect                       | \$135 <sup>10</sup>                             | All charges above \$108 <sup>10</sup>               |
| D5850    | Tissue conditioning – maxillary                                    | \$33  | All charges above \$26                              |
| D5851    | Tissue conditioning – mandibular                                   | \$33  | All charges above \$26                              |
|          | <b>Implant services</b>  |   |   |
| 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   |



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| ADA Code | Services   | When using a Participating <sup>3</sup> Dentist | When using a Non-Participating <sup>4</sup> Dentist |
|----------|--|---|---|
| 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   |
| D6089    | Accessing and retorquing loose implant screw - per screw   | \$0   | \$0   |
| 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   |
|          | <b>Bridges, abutments or pontic services</b>   |   |   |

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

| ADA Code | Services  | When using a Participating <sup>3</sup> Dentist | When using a Non-Participating <sup>4</sup> Dentist |
|----------|---|---|---|
| D6105    | Removal of implant body not requiring bone removal nor flap elevation   | \$228/tooth                                     | Not covered   |
| D6106    | Guided tissue regeneration – resorbable barrier, per implant  | \$240/tooth                                     | Not covered   |
| D6107    | Guided tissue regeneration – non-resorbable barrier, per implant  | \$240/tooth                                     | Not covered   |
| D6197    | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant | \$0   | Not covered   |
| D6210    | Pontic – cast high noble metal  | \$293 <sup>8</sup>                              | All charges above \$234 <sup>8</sup>                |
| D6211    | Pontic – cast predominantly base metal  | \$293 <sup>8</sup>                              | All charges above \$234 <sup>8</sup>                |
| D6212    | Pontic – cast noble metal   | \$293 <sup>8</sup>                              | All charges above \$234 <sup>8</sup>                |
| D6240    | Pontic – porcelain fused to high noble metal  | \$293 <sup>8</sup>                              | All charges above \$234 <sup>8</sup>                |
| D6241    | Pontic – porcelain fused to predominantly base metal  | \$293 <sup>8</sup>                              | All charges above \$234 <sup>8</sup>                |
| D6242    | Pontic – porcelain fused to noble metal   | \$293 <sup>8</sup>                              | All charges above \$234 <sup>8</sup>                |
| D6243    | Pontic – porcelain fused to titanium and titanium alloys  | \$293 <sup>8</sup>                              | All charges above \$234 <sup>8</sup>                |
| D6545    | Retainer – cast metal for resin bonded fixed prosthesis   | \$123 <sup>8</sup>                              | All charges above \$98 <sup>8</sup>                 |
| D6608    | Retainer onlay – porcelain/ceramic – two surfaces   | \$128 <sup>8</sup>                              | All charges above \$101 <sup>8</sup>                |
| D6609    | Retainer onlay – porcelain/ceramic – three or more surfaces   | \$150 <sup>8</sup>                              | All charges above \$118 <sup>8</sup>                |
| D6610    | Retainer onlay – cast high noble metal – two surfaces   | \$169 <sup>8</sup>                              | All charges above \$135 <sup>8</sup>                |
| D6611    | Retainer onlay – cast high noble metal – three or more surfaces   | \$185 <sup>8</sup>                              | All charges above \$148 <sup>8</sup>                |
| D6612    | Retainer onlay – cast predominantly base metal – two surfaces   | \$145 <sup>8</sup>                              | All charges above \$116 <sup>8</sup>                |
| D6613    | Retainer onlay – cast predominantly base metal – three or more surfaces   | \$161 <sup>8</sup>                              | All charges above \$128 <sup>8</sup>                |
| D6614    | Retainer onlay – cast noble metal – two surfaces  | \$153 <sup>8</sup>                              | All charges above \$122 <sup>8</sup>                |
| D6615    | Retainer onlay – cast noble metal – three or more surfaces  | \$169 <sup>8</sup>                              | All charges above \$135 <sup>8</sup>                |
| D6750    | Retainer crown – porcelain fused to high noble metal  | \$313 <sup>8</sup>                              | All charges above \$250 <sup>8</sup>                |
| D6751    | Retainer crown – porcelain fused to predominantly base metal  | \$298 <sup>8</sup>                              | All charges above \$238 <sup>8</sup>                |
| D6752    | Retainer crown – porcelain fused to noble metal (anterior and premolar teeth only)  | \$305 <sup>8</sup>                              | All charges above \$244 <sup>8</sup>                |
| D6753    | Retainer crown – porcelain fused to titanium and titanium alloys  | \$298 <sup>8</sup>                              | All charges above \$238 <sup>8</sup>                |
| D6780    | Retainer crown – 3/4 cast high noble metal  | \$313 <sup>8</sup>                              | All charges above \$250 <sup>8</sup>                |
| D6781    | Retainer crown – 3/4 cast predominantly base metal  | \$313 <sup>8</sup>                              | All charges above \$250 <sup>8</sup>                |
| D6782    | Retainer crown – 3/4 cast noble metal   | \$313 <sup>8</sup>                              | All charges above \$250 <sup>8</sup>                |

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

| ADA Code | Services   | When using a Participating <sup>3</sup> Dentist | When using a Non-Participating <sup>4</sup> Dentist |
|----------|--|---|---|
| D6784    | Retainer crown – 3/4 titanium and titanium alloys  | \$313 <sup>8</sup>                              | All charges above \$250 <sup>8</sup>                |
| D6790    | Retainer crown – full cast high noble metal  | \$313 <sup>8</sup>                              | All charges above \$250 <sup>8</sup>                |
| D6791    | Retainer crown – full cast predominantly base metal  | \$298 <sup>8</sup>                              | All charges above \$233 <sup>8</sup>                |
| D6792    | Retainer crown – full cast noble metal   | \$305 <sup>8</sup>                              | All charges above \$244 <sup>8</sup>                |
| D6930    | Re-cement or re-bond fixed partial denture   | \$38  | All charges above \$30                              |
|          | <b>Oral surgery services</b>   |   |   |
| 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, impacted teeth only   | \$98  | All charges above \$77                              |
| D7260    | Oroantral fistula closure  | \$70  | All charges above \$56                              |
| D7286    | Incisional biopsy of oral tissue – soft  | \$63 <sup>9</sup>                               | All charges above \$50 <sup>9</sup>                 |
| D7287    | Exfoliative cytological sample collection  | \$38  | All charges above \$30                              |
| D7288    | Brush biopsy – transepithelial sample collection   | \$32  | All charges above \$44                              |
| D7310    | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces – per quadrant  | \$57  | All charges above \$46                              |
| D7311    | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces – per quadrant  | \$36  | All charges above \$30                              |
| D7320    | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces – per quadrant                                    | \$63  | All charges above \$50                              |
| D7321    | Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces – per quadrant                                    | \$42  | All charges above \$35                              |
| 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                              |

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

| ADA Code | Services  | When using a Participating <sup>3</sup> Dentist | When using a Non-Participating <sup>4</sup> Dentist |
|----------|---|---|---|
| D7550    | Partial ostectomy/sequestrectomy for removal of non-vital bone  | \$100   | All charges above \$80                              |
| D7956    | Guided tissue regeneration, edentulous area – resorbable barrier, per site  | \$240/site                                      | All charges above \$192                             |
| D7957    | Guided tissue regeneration, edentulous area – non-resorbable barrier, per site  | \$240/site                                      | All charges above \$192                             |
| 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                              |
|          | <b>Orthodontic services</b>   |   |   |
| D8080    | Comprehensive Orthodontic treatment of the adolescent dentition   | \$2,350 <sup>7</sup>                            | Not covered   |
| D8090    | Comprehensive Orthodontic treatment of the adult dentition  | \$2,650 <sup>7</sup>                            | Not covered   |
|          | <b>Adjunctive general services</b>  |   |   |
| D9110    | Palliative treatment of dental pain – per visit   | \$25 <sup>11</sup>                              | All charges above \$20 <sup>11</sup>                |
| 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   |
| 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   |
| 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 guards – hard appliance, full arch   | \$113   | All charges above \$90                              |
| D9945    | Occlusal guards – soft appliance, full arch   | \$113   | All charges above \$90                              |
| D9946    | Occlusal guards – 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

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### 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.

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### 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.

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### 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.

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### 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.
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### 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 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.

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### 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.

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## Notes

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### 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 one course of treatment per lifetime. The course of treatment must be received in a 24 consecutive month period. 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.

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### 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.

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### 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.

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### 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.

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### 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.

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



## NOTICES AVAILABLE ONLINE

### Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: [blueshieldca.com/notices](https://blueshieldca.com/notices). You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

### Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en [blueshieldca.com/notices](https://blueshieldca.com/notices). Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

### 非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 [blueshieldca.com/notices](https://blueshieldca.com/notices)。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。