



## Summary of Benefits

Group Dental Plan  
DPPO Plan

### Diamond DPPO/\$3000/U95/Adult+Child Ortho

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](https://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
Calendar Year Deductible	Individual coverage	\$25 per individual
	Family coverage	\$25: individual \$75: Family

#### 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>
Calendar Year Benefit Maximum	\$3,000: individual	\$3,000: individual

#### Lifetime Benefit Maximum (Orthodontic Services)<sup>5</sup>

This maximum for covered Orthodontic services is the total amount that Blue Shield will pay for covered Orthodontic services in a Member's lifetime. Orthodontic Benefits are covered for adults and children.

	When using any combination of Participating <sup>3</sup> and Non-Participating <sup>4</sup> Dentists
Lifetime Benefit Maximum (Orthodontic Services)	\$3,000: 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.

Waiting period	No waiting period
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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 except for Orthodontic services listed above.

## Benefits<sup>6,7,8</sup>

## Your payment

	When using a Participating Dentist <sup>3</sup>	CYD <sup>2</sup> applies	When using a Non-Participating Dentist <sup>4</sup>	CYD <sup>2</sup> applies
<b>Diagnostic and preventive services</b>				
Oral exam	\$0		\$0	
Preventive – cleaning	\$0		\$0	
Preventive – x-ray	\$0		\$0	
Topical fluoride application	\$0		\$0	
Periodontal maintenance	\$0		\$0	
Enhanced dental benefits for pregnant women	\$0		\$0	
<b>Basic services</b>				
Sealants per tooth	\$0	✓	20%	✓
Space maintainers – fixed	\$0	✓	20%	✓
Restorative procedures	\$0	✓	20%	✓
Endodontics	\$0	✓	20%	✓
Periodontics (other than maintenance)	\$0	✓	20%	✓
<b>Major services</b>				
Oral Surgery	20%	✓	50%	✓
Crowns and casts	20%	✓	50%	✓
Prosthodontics	20%	✓	50%	✓
Implants	20%	✓	50%	✓
<b>Orthodontics</b>	40%		40%	
<i>Orthodontic Benefits are covered for adults and children.</i>				

## 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.

If this Plan has any Calendar Year Deductible(s), Covered Services subject to that Deductible are identified with a check mark (✓) in the Benefits chart above.

Covered Services not subject to the Calendar Year Deductible. Some Covered Services are paid by Blue Shield before you meet any Calendar Year Deductible. These Covered Services do not have a check mark (✓) next to them in the "CYD applies" column in the Benefits chart above.

Family coverage has an individual Deductible within the Family Deductible. This means that the Deductible will be met for an individual with Family coverage who meets the individual Deductible prior to the Family meeting the Family Deductible within a Calendar Year. Any amount you have paid toward the Deductible for your individual plan will be applied to both the individual Deductible and the Family Deductible for your new plan.

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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.

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

- Coinsurance is calculated from the Allowable Amount.
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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 both:

- the Copayment or Coinsurance (once any Calendar Year Deductible has been met), and
- any charges above the Allowable Amount (which can be significant).

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

- Coinsurance is calculated from the Allowable Amount.
- 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.

The Non-Participating Dentist reimbursement amount is the usual, customary, and reasonable rate or UCR rate. The UCR rate is the cost for a typical service within a specified region and it may differ depending on where you receive services. When you receive services from a Non-Participating Dentist, you pay any amount above the UCR rate. The Allowable Amount is based off the 95<sup>th</sup> percentile of UCR.

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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 except for Orthodontic services. 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.

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

## Notes

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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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### **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. Benefits for the initial placement will not exceed 20% of the Lifetime Benefit Maximum for Orthodontic Covered Services. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the Orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the Orthodontic treatment, are all subject to the Orthodontics coinsurance level and lifetime Benefit maximum as defined above.

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### **8 Prior Authorization:**

Prior Authorization or precertification for Covered Services. Before any course of treatment expected to cost more than \$250 is started, you should obtain prior authorization of Benefits, except in an emergency.

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