Carrier Name: Blue Shield of California

Plan Name: Bronze DPPO/$1500/MAC/Child Only Ortho

In-Network Single Deductible: $50

In-Network Family Deductible: $150

Out-of-Network Single Deductible: $50

Out-of-Network Family Deductible: $150

In-Network Annual Maximum: $1,500

Out-of-Network Annual Maximum: $1,500

Frequencies Cleaning:

Frequencies Exam:

In-Network Cleanings: $0

Out-of-Network Cleanings: 20%

In-Network Exams: $0

Out-of-Network Exams: 20%

In-Network X-Rays: $0

Out-of-Network X-Rays: 20%

In-Network Sealants: 20%

Out-of-Network Sealants: 40%

In-Network Fillings:

Out-of-Network Fillings:

In-Network Simple Extractions:

Out-of-Network Simple Extractions:

In-Network Root Canal: 20%

Out-of-Network Root Canal: 40%

In-Network Periodontal Gum Disease: 20%

Out-of-Network Periodontal Gum Disease: 40%

In-Network Oral Surgery: 50%

Out-of-Network Oral Surgery: 50%

In-Network Crowns: 50%

Out-of-Network Crowns: 50%

In-Network Dentures:

Out-of-Network Dentures:

In-Network Bridges:

Out-of-Network Bridges:

In-Network Implants: Not covered

Out-of-Network Implants: Not covered

In-Network Orthodontia: 50%

Out-of-Network Orthodontia: 50%

Orthodontia Lifetime Maximum: $1,000

Orthodontia Maximum Age: Orthodontic Benefits are covered for children only through the age of 19.

Out of Network Explanation: When you go to a Non-Participating Dentist, you pay the amount above the MAC percentage.

Waiting Period for Major Services: No waiting period

Plan Year: 1/24

Network Type: DPPO

Network Name: DPPO Network

Member Website: [blueshieldca.com](http://www.blueshieldca.com)

Customer Service Phone Number: