



# Blue Shield of California Life & Health Insurance Company Summary of Benefits

Individual and Family Dental Plan  
DUO Plan

## Specialty Duo<sup>SM</sup> Dental Plan

This Summary of Benefits shows the amount you will pay for Covered Services under this Blue Shield of California Life & Health Insurance Company (Blue Shield Life) Plan. It is only a summary and it is included as part of the Certificate of Insurance (COI)<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. Please review your Certificate of Insurance for details about how to access care under this Plan. 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 an Insured pays each Calendar Year before Blue Shield Life pays for Covered Services under the Plan. Blue Shield Life 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>	\$50
	<i>Family coverage</i> \$0

### 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	\$500 per individual

### Waiting Period

A waiting period is the length of time you must be covered under the Plan before Blue Shield Life will pay for Covered Services.

<b>Waiting period</b>	3 months for basic services 12 months for major services 12 months for orthodontic services
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### No Lifetime Dollar Limit

Under this Plan there is no dollar limit on the total amount Blue Shield Life will pay for Covered Services in an Insured'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 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
D0330	Panoramic radiograph film (once every 36 months)	\$0	All charges above \$40
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium	\$0/site	Not covered
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

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
D0706	Intraoral – occlusal radiographic image – image capture only	\$0	All charges above \$28
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
	<b>Preventive services (cleanings and fluoride)</b>		
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	All charges above \$22
D1355	Caries preventive medicament application – per tooth for primary prevention or remineralization. Medicaments applied do not include topical fluorides.	\$10/tooth	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

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>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
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
<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
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	\$320 <sup>8</sup>	All charges above \$256 <sup>8</sup>
D2780	Crown – 3/4 cast high noble metal	\$298 <sup>8</sup>	All charges above \$238 <sup>8</sup>
D2781	Crown – 3/4 cast predominantly base metal	\$298 <sup>8</sup>	All charges above \$238 <sup>8</sup>
D2782	Crown – 3/4 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>

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
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
	<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

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
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 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
	<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
D4266	Guided tissue regeneration – resorbable barrier – per site	\$240	All charges above \$192
D4267	Guided tissue regeneration – non-resorbable barrier – per site, includes membrane removal	\$240	All charges above \$192

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
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
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
	<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

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
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
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 <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>
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>



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
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
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	\$612	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

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
D6087	Implant supported crown – noble alloys	\$612	Not covered
D6088	Implant supported crown – titanium and titanium alloys	\$322	Not covered
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	\$612	Not covered
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	\$612	Not covered
D6100	Implant removal, by report	\$228	Not covered
	<b>Bridges, abutments or pontic services</b>		
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>

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
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>
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	\$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	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

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
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces – per quadrant	\$42	All charges above \$35
D7471	Removal of lateral exostosis – maxilla or mandible	\$88	All charges above \$70
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
	<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 emergency treatment of dental pain – minor procedure	\$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
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 relines of occlusal guard	\$34	All charges above \$34

**Benefits<sup>6,7</sup>****Your payment**

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

<b>ADA Code</b>	<b>Services</b>	<b>When using a Participating<sup>3</sup> Dentist</b>	<b>When using a Non-Participating<sup>4</sup> Dentist</b>
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 Certificate of Insurance (COI):

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

Capitalized terms are defined in the COI. Refer to the COI 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 Life 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 Insureds. When you receive Covered Services from a Participating Dentist, you are only responsible for the Copayment or Coinsurance, once any applicable 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 Insureds. 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 COI. 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 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 Insured 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 Life'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 Insured 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 Insureds 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 Insured 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.

# Blue Shield of California Life & Health Insurance Company

## Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

### Discrimination is against the law

Blue Shield of California Life & Health Insurance Company 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 Life & Health Insurance Company 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 Life:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats, and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

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

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

**Blue Shield of California Life & Health Insurance  
Company Civil Rights Coordinator**  
P.O. Box 629007  
El Dorado Hills, CA 95762-9007  
**Phone: (844) 831-4133 (TTY: 711)**  
**Fax: (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 may also contact the California Department of Insurance if you believe that Blue Shield of California Life & Health Insurance Company 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:

California Department of Insurance  
Consumer Communications Bureau  
300 S. Spring Street, South Tower  
Los Angeles, CA 90013

Phone: 1-800-927-HELP (4357) or TDD 1-800-482-4833

Complaint forms are available at

**[www.insurance.ca.gov/01-consumers/101-help](http://www.insurance.ca.gov/01-consumers/101-help)**

If you believe that you have not been provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, 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](http://www.hhs.gov/ocr/office/file/index.html)**.



# Notice of the Availability of Language Assistance Services

## Blue Shield of California Life & Health Insurance Company

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

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

**免費語言服務。** 您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

**Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí.** Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

**Walang Gastos na mga Serbisyo sa Wika.** Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

**Անվճար Լեզվական Ծառայություններ:** Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

**Бесплатные услуги перевода.** Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

**無料の言語サービス** 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-346-7198までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

**خدمات مجانی مربوط به زبان.** میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-866-346-7198 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

**ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ:** ਤੁਸੀਂ ਦੁਬਾਰੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

**សេវាកម្មភាសាភាគីតិចថ្លៃ** ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

**خدمات ترجمة بدون تكلفة.** يمكنك الحصول علي مترجم و قراءة الوثائق لك باللغة العربية. للحصول علي المساعدة، اتصل علي الرقم المبين علي بطاقة عضويتك أو علي الرقم 1-866-346-7198. للحصول علي المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا علي الرقم 1-800-927-4357. Arabic

**Cov Kev Pab Txhais Lus Tsis Them Nqi.** Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

บริการทางภาษาอย่างไม่เสียค่าใช้จ่าย คุณสามารถรับบริการจากล่าม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ ที่หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़वा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलीफोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

**Doo bááh ílínígó saad bee yát'i' bee aná'áwo'.** Díí shá ata'halne'dooígí hólóq̄doo nínízingo éí bííghah. Naaltsoos naanínáhájeehígí shich'í' yíidooltah éí doodagó ía' shich'í' ádoolnííł nínízingo bííghah. Shíká a'doowoł nínízingo nihich'í' béesh bee hodiílnih dóo námbóo éí díí ninaaltsoos dootł'ízhígí bee néího'díłzinígí bine'dée' bikáá' éí doodagó éí (866)346-7198jí' hodiílnih. Hózhó shíká anáá'doowoł nínízingo éí díí béeso ách'áah naa'nil bił haz'áají' 1-800-927-4357jí' hodiílnih. Navajo

**ບໍລິການແປພາສາໂດຍບໍ່ເສຍຄ່າ.** ທ່ານສາມາດຂໍເອົາຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງ ແລະ ສົ່ງເອກະສານບາງຢ່າງທີ່ເປັນພາສາຂອງທ່ານ. ສໍາລັບຄວາມຊ່ວຍເຫຼືອ, ໃຫ້ໂທຫາພວກເຮົາຕາມເບີໂທລະສັບທີ່ມີໃນບັດປະຈໍາຕົວຂອງທ່ານ ຫຼື ໂທຫາເບີ1-866-346-7198. ສໍາລັບຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໂທຫາ ພະແນກ ປະກັນໄພຂອງລັດຄາລິຟໍເນຍໄດ້ທີ່ເບີ1-800-927-4357. Laotian