

Dental HMO Deluxe

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

Dental Provider Network:

DHMO Network

This Plan uses a specific network of dental care providers, called the DHMO provider network. Dentists in this network are called Participating Dentists. You must select a Participating Dentist from this network to provide your primary dental care and help you access services, but there are some exceptions. Please review your Evidence of Coverage for details about how to access care under this Plan. You can find Participating Dentists in this network at blueshieldca.com.

Calendar Year Deductible (CYD)²

A Calendar Year Deductible (CYD) is the amount a Member pays each Calendar Year before Blue Shield pays for Covered Services under the Plan.

| | | When using a Participating Dentist³ |
|---------------------------------|----------------------------|---|
| Calendar Year Deductible | <i>Individual coverage</i> | \$0 per individual |
| | <i>Family coverage</i> | \$0 |

Calendar Year Benefit Maximum

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

| | When using a Participating Dentist³ |
|--------------------------------------|---|
| Calendar Year Benefit Maximum | No maximum |

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 |
|-----------------------|-------------------|

No Lifetime Dollar Limit

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

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

| ADA Code | Services | When using a Participating ³ Dentist |
|----------|--|---|
| | Diagnostic services (exams and x-rays) | |
| D0120 | Periodic oral evaluation | \$0 |
| D0140 | Limited oral evaluation – problem focused | \$0 |
| D0145 | Oral evaluation for a patient under three years of age | \$0 |
| D0150 | Comprehensive oral evaluation | \$0 |
| D0160 | Detailed and extensive oral evaluation – problem focused | \$0 |
| D0170 | Re-evaluation – limited, problem focused (not post-operative visit) | \$0 |
| D0180 | Comprehensive periodontal evaluation | \$0 |
| D0190 | Screening of a patient | \$0 |
| D0191 | Assessment of a patient | \$0 |
| D0210 | Intraoral comprehensive series radiographs - includes bitewings (once every 36 months) | \$0 |
| D0220 | Intraoral periapical radiograph – first film | \$0 |
| D0230 | Intraoral periapical radiograph – each additional film | \$0 |
| D0240 | Intraoral occlusal radiograph | \$0 |
| D0270 | Bitewing radiograph – single film | \$0 |
| D0272 | Bitewing radiograph – two films | \$0 |
| D0273 | Bitewing radiograph – three films | \$0 |
| D0274 | Bitewing radiograph – four films | \$0 |
| D0330 | Panoramic radiograph film (once every 36 months) | \$0 |
| D0372 | Intraoral tomosynthesis – comprehensive series of radiographic images | \$0 |
| D0373 | Intraoral tomosynthesis – bitewing radiographic image | \$0 |
| D0374 | Intraoral tomosynthesis – periapical radiographic image | \$0 |
| D0387 | Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only | \$0 |
| D0388 | Intraoral tomosynthesis – bitewing radiographic image – image capture only | \$0 |
| D0389 | Intraoral tomosynthesis – periapical radiographic image – image capture only | \$0 |
| D0460 | Pulp vitality tests | \$0 |
| D0470 | Diagnostic casts | \$0 |
| D0480 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | \$0 |
| D0601 | Caries risk assessment and documentation, with a finding of low risk | \$0 |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk | \$0 |
| D0603 | Caries risk assessment and documentation, with a finding of high risk | \$0 |
| D0701 | Panoramic radiographic - image capture only | \$0 |
| D0702 | 2-D cephalometric radiographic image – image capture only | \$0 |

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|----------|--|---|
| D0706 | Intraoral – occlusal radiographic image – image capture only | \$0 |
| D0707 | Intraoral – periapical radiographic image – image capture only | \$0 |
| D0708 | Intraoral – bitewing radiographic image – image capture only Image axis may be horizontal or vertical | \$0 |
| D0709 | Intraoral – comprehensive series of radiographic images – image capture only | \$0 |
| | Preventive services (cleanings and fluoride) | |
| D1110 | Prophylaxis – adult (twice every consecutive 12 months) | \$0 |
| D1110 | Prophylaxis – adult (additional within the consecutive 12-month period) | \$45 |
| D1110 | Enhanced dental cleaning for pregnant women | \$0 |
| D1120 | Prophylaxis – child (twice every consecutive 12 months) | \$0 |
| D1120 | Prophylaxis – child (additional within the consecutive 12-month period) | \$35 |
| D1206 | Topical application of fluoride varnish | \$0 |
| D1208 | Topical application of fluoride – excluding varnish | \$0 |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use | \$0 |
| D1330 | Oral hygiene instructions | \$0 |
| D1351 | Sealant – per tooth | \$0 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient – permanent tooth – child through age 18 | \$0 |
| D1354 | Application of caries arresting medicament – per tooth. | \$0 |
| D1510 | Space maintainer – fixed - unilateral - per quadrant | \$5 |
| D1516 | Space maintainer – fixed – bilateral, maxillary | \$5 |
| D1517 | Space maintainer – fixed – bilateral, mandibular | \$5 |
| D1520 | Space maintainer – removable - unilateral - per quadrant | \$5 |
| D1526 | Space maintainer – removable – bilateral, maxillary | \$5 |
| D1527 | Space maintainer – removable – bilateral, mandibular | \$5 |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | \$5 |
| D1552 | Re-cement or re-bond bilateral space maintainer – mandibular | \$5 |
| D1553 | Re-cement or re-bond unilateral space maintainer – per quadrant | \$5 |
| D1556 | Removal of fixed unilateral space maintainer – per quadrant | \$0 |
| D1557 | Removal of fixed bilateral space maintainer – maxillary | \$0 |
| D1558 | Removal of fixed bilateral space maintainer – mandibular | \$0 |
| D1575 | Distal shoe space maintainer – fixed – unilateral – per quadrant -under age 6 (once per lifetime) | \$5 |
| | Minor Restorative services (fillings) | |
| D2140 | Amalgam – one surface, primary or permanent | \$0 |
| D2150 | Amalgam – two surfaces, primary or permanent | \$0 |

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| ADA Code | Services | When using a Participating ³ Dentist |
|----------|--|---|
| D2160 | Amalgam – three surfaces, primary or permanent | \$0 |
| D2161 | Amalgam – four or more surfaces, primary or permanent | \$0 |
| D2330 | Resin-based composite – one surface, anterior | \$0 |
| D2331 | Resin-based composite – two surfaces, anterior | \$0 |
| D2332 | Resin-based composite – three surfaces, anterior | \$0 |
| D2335 | Resin-based composite – four or more surfaces, anterior | \$0 |
| D2390 | Resin-based composite – crown, anterior | \$150 |
| D2391 | Resin-based composite – one surface, posterior | \$61/tooth |
| D2392 | Resin-based composite – two surfaces, posterior | \$72 |
| D2393 | Resin-based composite – three surfaces, posterior | \$93 |
| D2394 | Resin-based composite – four or more surfaces, posterior | \$114 |
| | Major Restorative services (crowns) | |
| D2542 | Onlay – metallic – two surfaces | \$125 |
| D2543 | Onlay – metallic – three surfaces | \$125 |
| D2544 | Onlay – metallic – four or more surfaces | \$125 |
| D2642 | Onlay – porcelain/ceramic – two surfaces | \$250 |
| D2643 | Onlay – porcelain/ceramic – three surfaces | \$260 |
| D2644 | Onlay – porcelain/ceramic – four or more surfaces | \$275 |
| D2662 | Onlay – resin-based composite – two surfaces | \$215 |
| D2663 | Onlay – resin-based composite – three surfaces | \$225 |
| D2664 | Onlay – resin-based composite – four or more surfaces | \$245 |
| D2710 | Crown – resin-based composite – indirect | \$165/crown |
| D2720 | Crown – resin with high noble metal | \$260/crown ⁶ |
| D2721 | Crown – resin with predominantly base metal | \$195/crown ⁶ |
| D2722 | Crown – resin with noble metal | \$225/crown ⁶ |
| D2740 | Crown – porcelain/ceramic | \$125/crown ⁶ |
| D2750 | Crown – porcelain fused to high noble metal | \$125/crown ⁶ |
| D2751 | Crown – porcelain fused to predominantly base metal | \$125/crown ⁶ |
| D2752 | Crown – porcelain fused to noble metal | \$125/crown ⁶ |
| D2753 | Crown – porcelain fused to titanium and titanium alloys | \$125/crown ⁶ |
| D2780 | Crown – 3/4 cast high noble metal | \$125/crown ⁶ |
| D2781 | Crown – 3/4 cast predominantly base metal | \$125/crown ⁶ |
| D2782 | Crown – 3/4 cast noble metal | \$125/crown ⁶ |
| D2783 | Crown – 3/4 porcelain/ceramic | \$125/crown ⁶ |
| D2790 | Crown – full cast high noble metal | \$125/crown ⁶ |

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|----------|---|---|
| D2791 | Crown – full cast predominantly base metal | \$125/crown ⁶ |
| D2792 | Crown – full cast noble metal | \$125/crown ⁶ |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$9 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$10 |
| D2920 | Re-cement or re-bond crown | \$5 |
| D2928 | Prefabricated porcelain/ceramic crown – permanent tooth | \$15 |
| D2930 | Prefabricated stainless steel crown – primary tooth | \$5 |
| D2931 | Prefabricated stainless steel crown – permanent tooth | \$15 |
| D2932 | Prefabricated resin crown | \$25 |
| D2933 | Prefabricated stainless steel crown with resin window | \$20 |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth | \$20 |
| D2940 | Protective restoration | \$10 |
| D2950 | Core buildup, including any pins when required | \$24 |
| D2951 | Pin retention – per tooth, in addition to restoration | \$5/tooth |
| D2952 | Post and core in addition to crown – indirectly fabricated | \$36 |
| D2953 | Each additional indirectly fabricated post – same tooth | \$25 |
| D2954 | Prefabricated post and core in addition to crown | \$30 |
| D2955 | Post removal | \$0 |
| D2957 | Each additional prefabricated post – same tooth | \$16 |
| D2980 | Crown repair necessitated by restorative material failure | \$25 |
| D2981 | Inlay repair necessitated by restorative material failure | \$10 |
| D2982 | Onlay repair necessitated by restorative material failure | \$15 |
| D2989 | Excavation of a tooth resulting in the determination of non-restorability | \$0 |
| | Endodontic services (root canals) | |
| D3110 | Pulp cap – direct (excluding final restoration) | \$0 |
| D3120 | Pulp cap – indirect (excluding final restoration) | \$0 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament | \$5 |
| D3221 | Pulpal debridement – primary and permanent tooth | \$10 |
| D3310 | Endodontic therapy – anterior tooth (excluding final restoration) | \$50 |
| D3320 | Endodontic therapy – premolar tooth (excluding final restoration) | \$80 |
| D3330 | Endodontic therapy – molar tooth (excluding final restoration) | \$145 |
| D3331 | Treatment of root canal obstruction – non-surgical access | \$25 |
| D3332 | Incomplete endodontic therapy – inoperable, unrestorable or fractured tooth | \$40 |
| D3346 | Retreatment of previous root canal therapy – anterior | \$50 |
| D3347 | Retreatment of previous root canal therapy – bicuspid | \$70 |

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| ADA Code | Services | When using a Participating ³ Dentist |
|----------|--|---|
| D3348 | Retreatment of previous root canal therapy – molar | \$90 |
| D3410 | Apicoectomy – anterior – first root | \$20 |
| D3421 | Apicoectomy – premolar – first root | \$20 |
| D3425 | Apicoectomy – molar – first root | \$20 |
| D3426 | Apicoectomy – each additional root | \$20 |
| D3430 | Retrograde filling – per root | \$23 |
| D3450 | Root amputation – per root | \$100 |
| D3471 | Surgical repair of a root resorption – anterior – first root | \$20 |
| D3472 | Surgical repair of a root resorption – molar – for surgery on root of premolar tooth – first root. Does not include placement of restoration. | \$20 |
| D3473 | Surgical repair of a root resorption – molar – for surgery on root of molar tooth – first root. Does not include placement of restoration. | \$20 |
| D3911 | Intraorifice barrier | \$61 |
| D3920 | Hemisection, including any root removal (not including root canal therapy) | \$25 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$0 |
| | Periodontic services (gum disease) | |
| D4210 | Gingivectomy/gingivoplasty – four or more contiguous teeth or tooth bounded spaces – per quadrant | \$75 |
| D4211 | Gingivectomy/gingivoplasty – one to three contiguous teeth or tooth bounded spaces – per quadrant | \$15 |
| D4212 | Gingivectomy/gingivoplasty – to allow access for restorative procedure – per tooth | \$0 |
| D4240 | Gingival flap procedure, including root planing – four or more teeth – per quadrant | \$125 |
| D4241 | Gingival flap procedure, including root planing – one to three teeth – per quadrant | \$63 |
| D4260 | Osseous surgery, including elevation of a full thickness flap and closure – four or more contiguous teeth or tooth bounded spaces – per quadrant | \$125 |
| D4261 | Osseous surgery, including elevation of full thickness flap and closure – one to three contiguous teeth or tooth bounded spaces – per quadrant | \$63 |
| D4263 | Bone replacement graft – retained natural tooth – first site in quadrant | \$58 |
| D4264 | Bone replacement graft – retained natural tooth – each additional site in quadrant | \$43 |
| D4266 | Guided tissue regeneration, natural teeth – resorbable barrier – per site | \$72 |
| D4267 | Guided tissue regeneration, natural teeth – non-resorbable barrier – per site, includes membrane removal | \$83 |
| D4270 | Pedicle soft tissue graft procedure | \$70 |
| D4273 | Autogenous connective tissue graft procedure, including donor and recipient surgical sites – first tooth – implant or edentulous tooth position in graft | \$90 |

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

| ADA Code | Services | When using a Participating ³ Dentist |
|----------|---|---|
| D4277 | Free soft tissue graft procedure, including recipient and donor surgical sites –first tooth, implant, or edentulous tooth position in graft | \$75 |
| D4278 | Free soft tissue graft procedure, including recipient and donor surgical sites – each additional contiguous tooth, implant, or edentulous tooth position in same graft site | \$45 |
| D4286 | Removal of non-resorbable barrier | \$83 |
| D4341 | Periodontal scaling and root planing – four or more teeth – per quadrant | \$10 |
| D4342 | Periodontal scaling and root planing – one to three teeth – per quadrant | \$5 |
| 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) | \$5 |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | \$10 |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue – per tooth | \$6 |
| D4910 | Periodontal maintenance | \$5 |
| | Removable prosthetic services (dentures) | |
| D5110 | Complete denture – maxillary | \$100/denture |
| D5120 | Complete denture – mandibular | \$100/denture |
| D5130 | Immediate denture – maxillary | \$100/denture |
| D5140 | Immediate denture – mandibular | \$100/denture |
| D5211 | Maxillary partial denture – resin base, including retentive/clasping materials, rests and teeth | \$175/denture |
| D5212 | Mandibular partial denture – resin base, including retentive/clasping materials, rests and teeth | \$175/denture |
| D5213 | Maxillary partial denture – cast metal framework with resin denture bases, including retentive/clasping materials, rests and teeth | \$175/denture ⁶ |
| D5214 | Mandibular partial denture – cast metal framework with resin denture bases, including retentive/clasping materials, rests and teeth | \$175/denture ⁶ |
| D5225 | Maxillary partial denture – flexible base, including retentive/clasping materials, rests and teeth | \$175/denture |
| D5226 | Mandibular partial denture – flexible base, including retentive/clasping materials, rests and teeth | \$175/denture |
| D5282 | Removable unilateral partial denture – one-piece cast metal, including retentive /clasping materials and teeth, maxillary | \$175/denture ⁶ |
| D5283 | Removable unilateral partial denture – one-piece cast metal, including retentive/clasping materials and teeth, mandibular | \$175/denture ⁶ |
| D5284 | Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials and teeth) – per quadrant | \$175/denture |
| D5286 | Removable unilateral partial denture – one piece resin (including retentive/clasping materials and teeth) – per quadrant | \$175/site |

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

| ADA Code | Services | When using a Participating ³ Dentist |
|----------|--|---|
| D5410 | Adjust complete denture – maxillary | \$25 |
| D5411 | Adjust complete denture – mandibular | \$25 |
| D5421 | Adjust partial denture – maxillary | \$25 |
| D5422 | Adjust partial denture – mandibular | \$25 |
| D5511 | Repair broken complete denture base – mandibular | \$25 ⁷ |
| D5512 | Repair broken complete denture base – maxillary | \$25 ⁷ |
| D5520 | Replace missing or broken teeth – complete denture – each tooth | \$25 ⁷ |
| D5611 | Repair resin partial denture base – mandibular | \$25 ⁷ |
| D5612 | Repair resin partial denture base – maxillary | \$25 ⁷ |
| D5621 | Repair cast partial framework – mandibular | \$25 ⁷ |
| D5622 | Repair cast partial framework – maxillary | \$25 ⁷ |
| D5630 | Repair or replace broken retentive/clasping materials – per tooth | \$25 ⁷ |
| D5640 | Replace broken teeth – per tooth | \$25 ⁷ |
| D5650 | Add tooth to existing partial denture | \$25 ⁷ |
| D5660 | Add clasp to existing partial denture – per tooth | \$25 ⁷ |
| D5670 | Replace all teeth and acrylic on cast metal framework – maxillary | \$105 ⁷ |
| D5671 | Replace all teeth and acrylic on cast metal framework – mandibular | \$105 ⁷ |
| D5710 | Rebase – complete maxillary denture | \$25 |
| D5711 | Rebase – complete mandibular denture | \$25 |
| D5720 | Rebase – partial maxillary denture | \$25 |
| D5721 | Rebase – partial mandibular denture | \$25 |
| D5725 | Rebase – hybrid prosthesis | \$25 |
| D5730 | Reline complete maxillary denture – direct | \$25/denture ⁸ |
| D5731 | Reline complete mandibular denture – direct | \$25/denture ⁸ |
| D5740 | Reline maxillary partial denture – direct | \$25/denture ⁸ |
| D5741 | Reline mandibular partial denture – direct | \$25/denture ⁸ |
| D5750 | Reline complete maxillary denture – indirect | \$50/denture ⁸ |
| D5751 | Reline complete mandibular denture – indirect | \$50/denture ⁸ |
| D5760 | Reline maxillary partial denture – indirect | \$50/denture ⁸ |
| D5761 | Reline mandibular partial denture – indirect | \$50/denture ⁸ |
| D5765 | Soft liner for complete or partial removable denture – indirect | \$5 |
| D5850 | Tissue conditioning – maxillary | \$5/denture unit |
| D5851 | Tissue conditioning – mandibular | \$5/denture unit |
| | Bridges, abutments or pontic services | |
| D6205 | Pontic – indirect resin-based composite | \$125/tooth ⁶ |

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

| ADA Code | Services | When using a Participating ³ Dentist |
|----------|--|---|
| D6210 | Pontic – cast high noble metal | \$125 ⁶ |
| D6211 | Pontic – cast predominantly base metal | \$125 ⁶ |
| D6212 | Pontic – cast noble metal | \$125 ⁶ |
| D6240 | Pontic – porcelain fused to high noble metal | \$125 ⁶ |
| D6241 | Pontic – porcelain fused to predominantly base metal | \$125 ⁶ |
| D6242 | Pontic – porcelain fused to noble metal | \$125 ⁶ |
| D6243 | Pontic – porcelain fused to titanium and titanium alloys | \$125 ⁶ |
| D6245 | Pontic – porcelain/ceramic | \$125 ⁶ |
| D6250 | Pontic – resin with high noble metal | \$125 ⁶ |
| D6251 | Pontic – resin with predominantly base metal | \$125 ⁶ |
| D6252 | Pontic – resin with noble metal | \$125 ⁶ |
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis | \$125 ⁶ |
| D6548 | Retainer – porcelain/ceramic for resin bonded fixed prosthesis | \$125 ⁶ |
| D6608 | Retainer onlay – porcelain/ceramic – two surfaces | \$125 ⁶ |
| D6609 | Retainer onlay – porcelain/ceramic – three or more surfaces | \$125 ⁶ |
| D6610 | Retainer onlay – cast high noble metal – two surfaces | \$125 ⁶ |
| D6611 | Retainer onlay – cast high noble metal – three or more surfaces | \$125 ⁶ |
| D6612 | Retainer onlay – cast predominantly base metal – two surfaces | \$125 ⁶ |
| D6613 | Retainer onlay – cast predominantly base metal – three or more surfaces | \$125 ⁶ |
| D6614 | Retainer onlay – cast noble metal – two surfaces | \$125 ⁶ |
| D6615 | Retainer onlay – cast noble metal – three or more surfaces | \$125 ⁶ |
| D6710 | Retainer crown – indirect resin-based composite | \$125 ⁶ |
| D6720 | Retainer crown – resin with high noble metal | \$125 ⁶ |
| D6721 | Retainer crown – resin with predominantly base metal | \$125 ⁶ |
| D6722 | Retainer crown – resin with noble metal | \$125 ⁶ |
| D6740 | Retainer crown – porcelain/ceramic | \$125 ⁶ |
| D6750 | Retainer crown – porcelain fused to high noble metal | \$125 ⁶ |
| D6751 | Retainer crown – porcelain fused to predominantly base metal | \$125 ⁶ |
| D6752 | Retainer crown – porcelain fused to noble metal (anterior and premolar teeth only) | \$125 ⁶ |
| D6753 | Retainer crown – porcelain fused to titanium and titanium alloys | \$125 ⁶ |
| D6780 | Retainer crown – 3/4 cast high noble metal | \$125 ⁶ |
| D6781 | Retainer crown – 3/4 cast predominantly base metal | \$125 ⁶ |
| D6782 | Retainer crown – 3/4 cast noble metal | \$125 ⁶ |
| D6783 | Retainer crown – 3/4 porcelain/ceramic (anterior and premolar teeth only) | \$125 ⁶ |

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|----------|--|---|
| D6784 | Retainer crown – 3/4 titanium and titanium alloys | \$125 ⁶ |
| D6790 | Retainer crown – full cast high noble metal | \$125 ⁶ |
| D6791 | Retainer crown – full cast predominantly base metal | \$125 ⁶ |
| D6792 | Retainer crown – full cast noble metal | \$125 ⁶ |
| D6930 | Re-cement or re-bond fixed partial denture | \$0 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | \$5 ⁷ |
| | Oral surgery services | |
| D7111 | Extraction – coronal remnants – primary tooth | \$3/tooth |
| D7140 | Extraction – erupted tooth or exposed root, including elevation and/or forceps removal | \$6/tooth |
| D7210 | Extraction – erupted tooth requiring removal of bone and/or sectioning of tooth, including elevation of mucoperiosteal flap if indicated | \$15/tooth |
| D7220 | Removal of impacted tooth – soft tissue | \$20/tooth |
| D7230 | Removal of impacted tooth – partially bony | \$40/tooth |
| D7240 | Removal of impacted tooth – completely bony | \$65/tooth |
| D7241 | Removal of impacted tooth – completely bony with unusual surgical complications | \$65 |
| D7250 | Removal of residual tooth roots – cutting procedure | \$30 |
| D7251 | Coronectomy – intentional partial tooth removal, impacted teeth only | \$38 |
| D7260 | Oroantral fistula closure | \$70 |
| D7285 | Incisional biopsy of oral tissue – hard – bone or tooth | \$13 ⁷ |
| D7286 | Incisional biopsy of oral tissue – soft | \$10 ⁷ |
| D7287 | Exfoliative cytological sample collection | \$10 |
| D7288 | Brush biopsy – transepithelial sample collection | \$5 |
| D7310 | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces – per quadrant | \$38 |
| D7311 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces – per quadrant | \$10 |
| D7320 | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces – per quadrant | \$30 |
| D7321 | Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces – per quadrant | \$15 |
| D7471 | Removal of lateral exostosis – maxilla or mandible | \$53 |
| D7472 | Removal of torus palatinus | \$63 |
| D7473 | Removal of torus mandibularis | \$60 |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | \$20 |
| D7511 | Incision and drainage of abscess – intraoral soft tissue – complicated, includes drainage of multiple facial spaces | \$28 |

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| ADA Code | Services | When using a Participating ³ Dentist |
|----------|---|---|
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | \$44 |
| D7961 | Buccal/labial frenectomy (frenulectomy) | \$38 |
| D7962 | Lingual frenectomy (frenulectomy) | \$38/visit |
| D7963 | Frenuloplasty | \$41 |
| D7970 | Excision of hyperplastic tissue – per arch | \$43 |
| D7971 | Excision of pericoronal gingiva | \$20 |
| D7972 | Surgical reduction of fibrous tuberosity | \$60 |
| | Orthodontic services | |
| D8070 | Comprehensive Orthodontic treatment of the transitional dentition – (child through age 13) | \$1,200 ⁹ |
| D8080 | Comprehensive Orthodontic treatment of the adolescent dentition | \$1,200 ⁹ |
| D8090 | Comprehensive Orthodontic treatment of the adult dentition | \$1,500 ⁹ |
| D8210 | Removable appliance therapy | \$360 ⁹ |
| D8220 | Fixed appliance therapy | \$406 ⁹ |
| D8660 | Pre-Orthodontic treatment examination to monitor growth and development | \$250 ⁹ |
| D8670 | Periodic Orthodontic treatment visit | \$0 ⁹ |
| D8680 | Orthodontic retention, including removal of appliances, construction and placement of retainer(s) | \$250/retainer ⁹ |
| D8696 | Repair of Orthodontic appliance – maxillary | \$88 ⁹ |
| D8697 | Repair of orthodontic appliance – mandibular | \$88 ⁹ |
| | Adjunctive general services | |
| D9110 | Palliative treatment of dental pain – per visit | \$20/visit ¹⁰ |
| D9120 | Fixed partial denture sectioning | \$37 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$0 |
| D9211 | Regional block anesthesia | \$0 |
| D9212 | Trigeminal division block anesthesia | \$0 |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | \$0 |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | \$0 |
| D9223 | Deep sedation/general anesthesia – each subsequent 15 minute increment | \$0 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes | \$0 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | \$0 |
| D9310 | Consultation – diagnostic consultation provided by dentist or physician other than requesting dentist or physician (as necessary) | \$0 |
| D9430 | Office visit for observation during regularly scheduled hours – no other services performed | \$6 |
| D9440 | Office visit – after regularly scheduled hours | \$40 |

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

| ADA Code | Services | When using a Participating ³ Dentist |
|----------|--|---|
| D9910 | Application of desensitizing medicament | \$10 |
| D9942 | Repair and/or relines of occlusal guard | \$40 |
| D9943 | Occlusal guards adjustment – coverage is limited to only soft guards that are a Plan covered benefit | \$0 |
| D9944 | Occlusal guards – hard appliance, full arch | \$80 |
| D9945 | Occlusal guards – soft appliance, full arch | \$80 |
| D9946 | Occlusal guards – hard appliance, partial arch | \$80 |
| D9951 | Occlusal adjustment – limited | \$25 |
| D9952 | Occlusal adjustment – complete | \$25 |
| D9995 | Teledentistry – synchronous; real-time encounter | \$0/visit |
| D9996 | Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review | \$0/visit |
| | Other services | |
| D9999 | Failed Appointment without 24-hour notice – per 15 minutes of appointment time | \$20/visit |

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.

3 Using Participating Dentists:

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

4 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.

Notes

5 Dental Care Services:

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

Dental Care Covered Services. All Covered Services must be Medically Necessary and must be provided by the Member's Dental Center or other Participating Dentist when referred by the Member's Dental Center and Authorized by the contracted Dental Plan Administrator.

6 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 \$150 per unit.

Porcelain on molar crowns is subject to an additional cost of \$150 per unit.

7 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.

8 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.

9 Orthodontic Services:

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 as long as the Member remains enrolled in the Plan.

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.

10 Palliative Emergency Treatment:

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

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



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. 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. 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。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)**。