

Blue Shield of California

Dental PPO Plans

Effective June 1, 2008

California Association of Realtors

Plan benefits

	Option A Dental PPO Smile Spectrum 50/1500/Ortho/MAC Plan		Option B Dental PPO Smile Spectrum Premier 50/1500/Ortho/U90 Plan†	
	Participating dentist	Non-participating dentist	Participating dentist	Non-participating dentist
Annual calendar-year deductible	\$50/person, \$150/family		\$50/person, \$150/family	
Annual maximum benefit*	\$1,500 (\$750 may be used for non-participating dentists)		\$1,500 (may be used for both participating and non-participating dentists)	

Benefits for participating dentists are based on Blue Shield negotiated rates. Visit blueshieldca.com for a listing of preferred dentists. Benefits for non-participating dentists are based on Usual, Customary and Reasonable charges as determined by Blue Shield.†

Diagnostic and preventive care (Not subject to plan deductibles when using participating dentists) routine oral exams and X-rays, cleanings	100%	80%	100%	90% (not subject to plan deductibles)
Basic services Anesthesia, emergency treatment to relieve pain, oral surgery, restorative dentistry, sealants, space maintainers	80%	70%	80%	70%
Endodontics and periodontics	80%	70%	80%	70%
Major services Crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts and cores, and veneers	50%	50%	50%	50%
Orthodontics – All ages* (Up to \$1,000 per calendar year)	50%	50%	50%	50%
Enhanced dental benefits for pregnant women** (not subject to plan deductibles with participating dentists for Smile Spectrum plans and participating or non-participating for Smile Spectrum Premier plans. These plans include routine prophylaxis [including prophylaxis for pregnancy gingivitis], periodontal scaling and root planing, and periodontal maintenance)	100%	100%	100%	100%

* Annual maximum for orthodontia is in addition to annual maximum for other covered services.

** For more information about dental services for pregnant women, including the separate address used to process all dental pregnancy service claims, call Customer Service at **(888) 702-4171**.

† Smile Spectrum Premier plan provides for higher reimbursement amounts for non-participating dentists than the Smile Spectrum plan. Pre-certification of benefits should be made prior to any service where treatment is expected to cost over \$250. By following this process, both the member and dentist will know in advance which services are covered and the benefits that are payable.

This is only a summary of the Blue Shield Dental PPO Smile Spectrum 50/1500/Ortho/MAC and Dental PPO Smile Spectrum Premier 50/1500/Ortho/U90 plans. Please refer to the plan contract and the *Evidence of Coverage* for a detailed description of covered benefits and limitations.

The non-participating reimbursement amount for the Smile Spectrum Premier Plan is the usual customary and reasonable rate or UCR rate. The UCR rate is the cost for a typical service within a specified region. The UCR rates differ depending on where you receive services. When you go to a non-participating dentist, you pay the amount above the UCR rate.

The reimbursement amount for the Smile Spectrum Plan is a percentage of the maximum allowable charge or MAC. When you go to a non-participating dentist, you pay the amount above the MAC percentage.

General Limitations

Benefits provided are subject to the following limitations:

- Implants (artificial materials, including synthetic bone-grafting materials which are implanted into, onto or under bone or soft tissue) or the removal of implants (surgically or otherwise).
- Crowns, inlays, or onlays, laminate veneers, or other cast- or laboratory-prepared restorations if the tooth can be restored with a filling material (e.g., amalgam, composite resin, or silicate cement).
- Benefits are not provided for general anesthesia or intravenous sedation, except as administered by a licensed dentist in connection with a covered oral surgical procedure.

General Exclusions

Benefits are not provided with respect to:

- Charges for services in connection with any treatment to the gums for tumors, cysts or neoplasms.
- Services or supplies provided in connection with a congenital anomaly or development malformation.
- Services incident to any injury or disease arising out of, or in the course of, any employment for salary, wage or profit if such injury or disease is covered by any workers' compensation law, occupational disease law or similar legislation.
- Charges for vestibuloplasty and for any procedure, services, or supply including office visits, examination, and diagnosis provided directly or indirectly to treat a muscular, neural or skeletal disorder, dysfunction or disease of the temporomandibular joint and its associated structures including but not limited to myofascial pain dysfunction syndrome.
- Charges for services performed by a close relative or by a person who ordinarily resides in the subscriber's or dependent's home.
- Charges related to prescribed or locally delivered drugs, pre-medication, analgesia, local anesthetics, sedatives or periodontal pocket irrigation.

- Services, procedures or supplies which are not reasonably necessary for the care of the person's dental condition according to broadly accepted standards of professional care or which are investigative in nature or which do not have uniform professional endorsement.
- Appliances, restorations or services, including but not limited to equilibration required solely to change, maintain, or restore vertical dimension or occlusion or solely for the purpose of splinting.
- Services, procedures or supplies that are purely cosmetic in nature.
- The replacement of an appliance that has been either lost or stolen.
- Myofunctional therapy; biofeedback procedures; athletic mouthguards; precision or semi-precision attachments; denture duplication; oral hygiene instruction; treatment of jaw fractures; sealants; charges for acid etching.
- Orthognathic surgery; including but not limited to osteotomy; ostectomy and other services or supplies to augment or reduce the upper or lower jaw.
- Charges for services in connection with orthodontia, except those listed under orthodontics services.
- Temporary dental services.
- Extra-oral grafts.
- Hospital costs and any additional fees charged by the dentist for hospital treatment.
- Any service, procedure or supply for which the prognosis for long-term success is not reasonably favorable as determined by the dental plan administrator and its dental consultants.

Any service, procedure or supply that is received or started prior to the patient's effective date of coverage. For the purpose of this limitation, the date on which a procedure shall be considered to have started is defined as follows:

- For full dentures or partial dentures: on the date the final impression is taken.
- For fixed bridges, crowns, inlays, onlays: on the date the teeth are first prepared.
- For root canal therapy: on the later date the pulp chamber opened or the date canals are explored to the apex.
- For all periodontal surgery: on the date the surgery is actually performed.
- For all other services: on the date the service is performed.

Many benefits have pre-determined annual schedules and frequency limitations based on last delivery date and dental necessity. If you are unsure about the frequency of when a benefit can be accessed, you can call **(888) 702-4171**.

For exact terms and conditions of coverage, please refer to the *Evidence of Coverage* and the *Group Health Service Agreement*.