blue california

Summary of Benefits

Group Dental Plan
DHMO Plan

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 Dentist[3]
Calendar Year Deductible	*Individual coverage*	$0 per individual
	Family coverage	$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 Dentist[3]
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.

Blue Shield of California is an independent member of the Blue Shield Association

Benefits[4,5]	Your payment

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 – new or established patient	$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
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
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

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
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
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
D1330	Oral hygiene instructions	$0
D1351	Sealant – per tooth	$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	$5
	Minor Restorative services (fillings)	
D2140	Amalgam – one surface, primary or permanent	$0
D2150	Amalgam – two surfaces, primary or permanent	$0

Benefits[4,5]	Your payment

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

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
D2510	Inlay – metallic – one surface	$125
D2520	Inlay – metallic – two surfaces	$125
D2530	Inlay – metallic – three or more surfaces	$125
	Major Restorative services (crowns)	
D2542	Onlay – metallic – two surfaces	$125
D2543	Onlay – metallic – three surfaces	$125
D2544	Onlay – metallic – four or more surfaces	$125
D2610	Inlay – porcelain/ceramic – one surface	$250
D2620	Inlay – porcelain/ceramic – two surfaces	$260
D2630	Inlay – porcelain/ceramic – three or more surfaces	$275
D2642	Onlay – porcelain/ceramic – two surfaces	$250
D2643	Onlay – porcelain/ceramic – three surfaces	$260
D2644	Onlay – porcelain/ceramic – four or more surfaces	$275
D2650	Inlay – resin-based composite – one surface	$215
D2651	Inlay – resin-based composite – two surfaces	$225
D2652	Inlay – resin-based composite – three or more surfaces	$245
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]

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
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]
D2791	Crown – full cast predominantly base metal	$125/crown[6]
D2792	Crown – full cast noble metal	$125/crown[6]
D2794	Crown – titanium and titanium alloys	$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	Placement of interim direct 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)	
	PORCELAIN FUSED TO HIGH NOBLE CROWN	

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
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
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

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
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
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)	$45
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

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
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/denture
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 – per 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 missing or broken teeth – partial denture – per tooth	$25[7]
D5650	Add tooth to existing partial denture – per tooth	$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

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
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
	Partial Denture – Resin Base	
	Implant services	
D6010	Surgical placement of implant body – endosteal implant	$1,375
D6056	Prefabricated abutment – includes modifications and placement	$500
D6057	Custom fabricated abutment – includes placement	$600
D6058	Abutment supported porcelain/ceramic crown	$1,250
D6059	Abutment supported porcelain fused to metal crown – high noble metal	$1,250
D6060	Abutment supported porcelain fused to metal crown – predominately base metal	$1,150
D6061	Abutment supported porcelain fused to metal crown – noble metal	$900
D6062	Abutment supported cast metal crown – high noble metal	$1,000
D6063	Abutment supported cast metal crown – predominately base metal	$962
D6064	Abutment supported cast metal crown – noble metal	$825
D6065	Implant supported porcelain/ceramic crown	$1,250
D6066	Implant supported crown – porcelain fused to high noble alloys	$1,250
D6067	Implant supported crown – high noble alloys	$1,300
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	$225
D6082	Implant supported crown – porcelain fused to predominantly base alloys	$1,150
D6083	Implant supported crown – porcelain fused to noble alloys	$900
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	$1,150
D6086	Implant supported crown – predominantly base alloys	$962
D6087	Implant supported crown – noble alloys	$825
D6088	Implant supported crown – titanium and titanium alloys	$962

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D6089	Accessing and retorquing loose implant screw - per screw	$0
D6090	Repair of implant/abutment supported prosthesis	$288
D6092	Re-cement or re-bond implant/abutment supported crown	$109
D6094	Abutment supported crown – titanium and titanium alloys	$913
D6096	Remove broken implant retaining screw	$0
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	$1,150
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	$1,150
D6100	Implant removal, by report	$500
D6105	Removal of implant body not requiring bone removal nor flap elevation	$500
D6106	Guided tissue regeneration – resorbable barrier, per implant	$72
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	$83
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	$225
D6193	Replacement of an implant screw	$0
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	$0
	Bridges, abutments or pontic services	
D6205	Pontic – indirect resin-based composite	$125/tooth replaced[6]
D6210	Pontic – cast high noble metal	$125[6]
D6211	Pontic – cast predominantly base metal	$125[6]
D6212	Pontic – cast noble metal	$125[6]
D6214	Pontic – titanium and titanium alloys	$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]
D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch	$225
D6545	Retainer – cast metal for resin bonded fixed prosthesis	$125[6]
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	$125[6]

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D6600	Retainer inlay – porcelain/ceramic – two surfaces	$125[6]
D6601	Retainer inlay – porcelain/ceramic – three or more surfaces	$125[6]
D6602	Retainer inlay – cast high noble metal – two surfaces	$125[6]
D6603	Retainer inlay – cast high noble metal – three or more surfaces	$125[6]
D6604	Retainer inlay – cast predominantly base metal – two surfaces	$125[6]
D6605	Retainer inlay – cast predominantly base metal – three or more surfaces	$125[6]
D6606	Retainer inlay – cast noble metal – two surfaces	$125[6]
D6607	Retainer inlay – cast noble metal – three or more surfaces	$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]
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]
D6794	Retainer crown – titanium and titanium alloys	$125

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
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/tooth
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, 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
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	$44
D7961	Buccal/labial frenectomy (frenulectomy)	$38
D7962	Lingual frenectomy (frenulectomy)	$38/visit

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	$72
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	$83
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]
D8091	Comprehensive orthodontic treatment with orthognathic surgery	$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/visit[9]
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	$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
D9220	General anesthesia - first 30 minutes	$0
D9221	General anesthesia - each additional 15 minutes	$0
D9222	Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	$0
D9223	Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	$0
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	$0

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	$0
D9239	Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	$0
D9241	IV sedation – first 30 minutes	$0
D9242	IV sedation – each additional 15 minutes	$0
D9243	Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	$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/visit
D9440	Office visit – after regularly scheduled hours	$40/visit
D9910	Application of desensitizing medicament	$10
D9941	Fabrication of athletic mouthguard (for ages 12 and older)	$34
D9942	Repair and/or reline of occlusal guard	$40
D9943	Occlusal guard adjustment	$0
D9944	Occlusal guard – hard appliance, full arch	$80
D9945	Occlusal guard – soft appliance, full arch	$80
D9946	Occlusal guard – 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.

Notes

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.

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 $200 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 Service 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 Servicio 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)**。