



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

**Group Dental Plan**  
**DINO Plan**

**Smile<sup>SM</sup> D&P In-Network Only Dental PPO**

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 must receive services from a Participating Dentist, but there are some exceptions. 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.

|                                 | <b>When using a Participating Dentist<sup>3</sup></b> |     |
|---------------------------------|---|-----|
| <b>Calendar Year Deductible</b> | <i>Individual coverage</i>                            | \$0 |
|                                 | <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.

|                                      | <b>When using a Participating Dentist<sup>3</sup></b> |
|--------------------------------------|---|
| <b>Calendar Year Benefit Maximum</b> | No maximum  |

**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> | No waiting period |
|-----------------------|-------------------|

**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.

Blue Shield of California Life & Health Insurance Company is an independent member of the Blue Shield Association

## Benefits<sup>4</sup>

## Your payment

|   | When using a Participating Dentist <sup>3</sup> | CYD <sup>2</sup> applies |
|---|---|--------------------------|
| <b>Diagnostic and preventive services</b>   |   |                          |
| Oral exam                                   | \$0   |                          |
| Preventive – cleaning                       | \$0   |                          |
| Preventive – x-ray                          | \$0   |                          |
| Topical fluoride application                | \$0   |                          |
| Periodontal maintenance                     | \$0   |                          |
| Enhanced dental benefits for pregnant women | \$0   |                          |
| <b>Basic services</b>                       |   |                          |
| Sealants per tooth                          | Not covered                                     |                          |
| Space maintainers – fixed                   | Not covered                                     |                          |
| Restorative procedures                      | Not covered                                     |                          |
| Oral Surgery                                | Not covered                                     |                          |
| Endodontics                                 | Not covered                                     |                          |
| Periodontics (other than maintenance)       | Not covered                                     |                          |
| <b>Major services</b>                       |   |                          |
| Crowns and casts                            | Not covered                                     |                          |
| Prosthodontics                              | Not covered                                     |                          |
| Implants                                    | Not covered                                     |                          |
| <b>Orthodontics</b>                         |   |                          |
|   | Not covered                                     |                          |

## Notes

### 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.

### 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.

### 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 Calendar Year Deductible has been met. All Covered Services must be provided by Participating Dentists. No Benefits are provided

## Notes

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when you receive services from a Non-Participating Dentist, except for Medically Necessary Covered Services received for emergency care.

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### **4 Dental Care Services:**

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

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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](https://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](https://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](https://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)**。