

Blue Shield Dental PPO Smile Basic Voluntary Plan



Blue Shield of California's Dental PPO SmileSM Basic Voluntary plan allows you to select any licensed dentist in California. When you use a participating dentist in Blue Shield's dental network, you are responsible only for paying applicable deductibles and copayments. Participating dentists accept Blue Shield's allowable amount as full payment for covered services, and you do not have to file claims forms.

If you choose a non-participating dentist, you are responsible for paying the dentist for the entire cost of your care, then filing a claim form with Blue Shield for reimbursement. Non-participating dentists can charge more than Blue Shield's allowable amount. If you use non-participating dentists, you must pay the applicable deductible and copayments plus any amount that exceeds Blue Shield's allowable amount. It will be your responsibility to pay any difference between the amount Blue Shield allows and the amount billed.

Plan Highlights

- No waiting periods on covered services except for major services
- Extensive statewide network of participating dentists
- Participating dentists accept payment in full for specified diagnostic and preventive services
- You may use any licensed dentist in California
- Dental PPO Directory of Participating Dentists is available online at www.mylifepath.com
- Toll-free customer service number

What the Plan Covers

- **\$75 Deductible** (\$225/family) – does not apply to diagnostic and preventive services by participating dentists. Applies to all other combined services of participating and non-participating dentists.
- **\$1,000 Calendar Year Maximum** (\$750 may be used for non-participating dentists)

DENTAL PPO SMILE BASIC VOLUNTARY PLAN	%MAX. ALLOWABLE CHARGE	
	Participating Dentist	Non-Participating Dentist
Diagnostic and Preventive Care (not subject to plan deductibles with participating dentists; includes routine oral exams and X-rays, cleanings)	100%	50%
Basic Services (includes anesthesia emergency treatment to relieve pain, restorative dentistry, sealants, space maintainers)	50%	50%
Major Services (includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts and cores, veneers, oral surgery, endodontics and periodontics)*	50%	50%
Orthodontics	Not covered	Not covered

*12-month waiting period before Major Services are covered

This is only a summary of the Blue Shield Dental PPO Smile Basic Voluntary Plan. Please refer to the plan contract and Evidence of Coverage for a detailed description of covered benefits and limitations.

Visit us at mylifepath.com

Group

How the Plans Work

Your Smile Plan covers your dental care when you select any licensed dentist in California. When you choose a participating dentist, you'll know that the dentist has met Blue Shield's credentialing standards and you'll have the lowest out-of-pocket costs. You won't have to bother with claim forms; you'll be responsible only for paying applicable deductibles and copayments. All participating providers agree to accept the Blue Shield allowable amount as payment in full.

When you choose a non-participating dentist, you'll pay the dentist for the entire cost of your care, then file a claim form with Blue Shield. You will be responsible for paying applicable deductibles and copayments plus the difference between the amount Blue Shield allows and the amount billed.

Exclusions and Limitations

Benefits are not provided for:

- 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).
- 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).
- General anesthesia except as administered by a licensed dentist in connection with a covered oral surgical procedure. (Intravenous sedation is not general anesthesia and is not covered).
- Charges for services in connection with any treatment to the gums for tumors, cysts and 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.
- Prescribed drugs, premedication, analgesia, local anesthetics, sedatives or intravenous sedation.
- 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.
- 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 Blue Shield 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.

For exact terms and conditions of coverage, please see the applicable group contract.