



Blue Shield Dental HMO Plans



What the Plans Cover

We offer four dental HMO plans that are available to groups with or without the purchase of a Blue Shield health plan. Our DHMO Basic, Plus and Deluxe Plans require a 50 percent employer contribution and 75 percent employee participation, while the DHMO Voluntary Plan has no employer contribution or employee participation requirements.

BENEFIT	Basic Plan	Voluntary Plan	Plus Plan	Deluxe Plan
All Office Visits	\$5	\$5	\$5	\$5
Diagnostic and Preventive Services (includes routine dental exams and X-rays, cleaning, sealants)	No charge	No charge	No charge	No charge
Restorative				
Amalgam (per surface)	\$20	\$15	\$10	No charge
Porcelain crowns (each)	\$350	\$250	\$150	\$125
Oral Surgery				
Routine extraction (per tooth)	\$40	\$20	\$10	\$5
Removal of tooth (complete bony impaction, per tooth)	\$225	\$95	\$75	\$65
Periodontics				
Scaling and root planing	\$75	\$40	\$20	\$10
Osseous surgery (both per quadrant)	\$275	\$225	\$150	\$125
Prosthetics				
Full upper or lower denture	\$400	\$250	\$175	\$100
Denture repair (office)	\$100	\$75	\$50	\$25
Endodontics				
Root canal filling (one canal)	\$175	\$125	\$75	\$50
Orthodontics (one 2-year course of treatment)				
Child through age 18	\$2,350	\$1,800	\$1,400	\$1,200
Adult 19 years or older	\$2,650	\$2,650	\$1,700	\$1,500
Retainers (per retainer)	\$125	\$125	\$75	\$50
Emergency Treatment				
During/after office hours	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40

- Extensive statewide network of dental centers
- No waiting periods, deductibles, maximums or claim forms
- Low \$5 office visit copayment
- Diagnostic and preventive services at no charge
- Fixed copayments for comprehensive dental services
- Voluntary Plan has no contribution or participation requirements
- Orthodontic benefits for children and adults with every plan.
- Dental HMO Dental Center Directory is available online at www.mylifepath.com
- Toll-free customer service number

All dental HMO plans may be purchased in conjunction with Blue Shield health plans. Please contact your Blue Shield representative for more information.

How the Plans Work

Quality dental care is accessed through our network of dental centers. At enrollment time, members choose a Blue Shield network dental center from the *Dental HMO Center Directory*, available in print or online at mylifepath.com. The selected primary dental center will provide and coordinate all covered general, specialty and emergency dental care. Members have the option to change dental centers during the year.

Visit us at mylifepath.com

General Exclusions and Limitations

A. General Exclusions

Unless otherwise specifically mentioned elsewhere in the Contract, this Plan does not provide benefits with respect to:

1. Dental services not appearing on the Schedule of Benefits;
2. Dental treatment that has been previously started by another dentist prior to the participant's eligibility to receive Benefits under this Plan;
3. Dental services for cosmetic purposes;
4. Dental services performed in a hospital or any related hospital fee;
5. Treatment to correct congenital and developmental malformations including but not limited to cleft palate, anodontia and mandibular prognathism, and enamel hypoplasia;
6. Treatments which, in the professional judgment of the attending Dentist, have a poor prognosis when an alternative treatment with a more favorable prognosis is available;
7. The placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
8. Reimbursement to the Member or another dental office for the cost of services secured from Dentists, other than the Dental Center or other Plan Authorized Provider, except:
 - a. When such reimbursement is expressly authorized by the Plan; or
 - b. As cited under EMERGENCY SERVICES PROVISION;
9. Treatment for any condition for which benefits could be recovered under any workers' compensation or occupational disease law, if no claim is made for such benefits;
10. Treatment for which payment is made by any governmental agency, including any foreign government;
11. TMJ (Temporal Mandibular Joint) disorder or dysfunction;
12. Dental implants, transplants or ridge augmentations or removal of implants;
13. General anesthesia; including intravenous and inhalation sedation, except when Medically Necessary;
14. Charges for broken or missed appointments;
15. Prophylaxis more than twice per calendar year;
16. Precious metals (if used, will be charged to the patient at the Dentist's cost);
17. A prosthetic appliance solely for the purpose of replacement will be limited to once in every five-year period;
18. Removal of 3rd molar (wisdom teeth) other than for Dental Necessity;

19. Referral of a dependent child age 6 and over to a Pedodontist (specialist in children's dentistry);
20. Treatment as a result of accidental injury shall only be covered secondary to medical insurance or any other primary insurance with accidental coverage.

B. Orthodontic Exclusions

1. Treatment in progress (after banding) at inception of eligibility;
2. Surgical orthodontics incidental to orthodontic treatment;
3. Treatment of myofunctional therapy;
4. Changes in treatment necessitated by an accident;
5. Retreatment of orthodontic cases; when Plan concurs with the professional judgment of attending Dentist that there is a poor prognosis;
6. Treatment of TMJ (Temporal Mandibular Joint Disorder);
7. Special orthodontic appliances, including but not limited to lingual or invisible braces, sapphire or clear braces, or ceramic braces which are considered to be cosmetic;
8. X-rays for orthodontic purposes (to include full mouth screen and cephalometrics);
9. Replacement of lost or stolen appliance, or repair of same if broken through no fault of orthodontist;
10. Charges for records fee – to include but not limited to cephalometric tracing, photos, models and radiographs (initial, progressive and final, as deemed necessary);
11. Charges for broken or missed appointment;
12. Treatment exceeding twenty-four (24) months.

C. Dental Necessity Exclusion

All services must be a Dental Necessity. The fact that a Dentist or other Plan Provider may prescribe, order, recommend, or approve a service or supply does not, in itself, determine Dental Necessity even though it is not specifically listed as an exclusion or limitation. Blue Shield may limit or exclude Benefits for services which are not of Dental Necessity.

Limitations

All Benefits are subject to the following limitations:

A. Prosthodontics

A prosthetic appliance solely for the purpose of replacing an existing, lost or stolen appliance will be provided once in a five-year period unless of dental necessity. A five-year period will be measured from the date the existing appliance was last supplied, whether under the Contract or under any prior dental care policy.

Partial Dentures. If a satisfactory result can be achieved by a cast chrome or acrylic partial denture, but the Member and Dentist select a more complicated precision case, the obligation of the Plan will be any of the Benefits appropriate to those procedures necessary to eliminate oral disease and restore missing teeth. The balance of the cost will remain the responsibility of the Member.

Complete Dentures. If a satisfactory result can be achieved through the utilization of standard procedures and materials, and if the Member and the Dental Center select a personalized appliance or one involving specialized techniques, the obligation of the Plan will be any of the procedures necessary to eliminate oral disease and restore missing teeth. The balance of the cost will remain the responsibility of the Member.

B. Restorative

Metal, baked porcelain restorations, crowns and jackets; Amalgam, composite or plastic (anterior only) will be the materials used to restore the tooth. Judgment for materials used will be solely that of the Dental Center providing the Covered Service. For crowns, a five-year period will be measured from the date the existing crown was last supplied, whether under this Contract or under any prior dental care policy.

C. Mouth Rehabilitation

If the Member and the Dental Center select a course of mouth rehabilitation, the obligation of the Plan will be to cover only those Benefits appropriate to those procedures necessary to eliminate oral disease and replace missing teeth. The balance of the treatment, including costs to increase vertical dimension of the occlusion or to restore tooth loss by attrition or erosion, will remain the responsibility of the Member.

D. Pedodontics

Referral of dependent children to a Pedodontist will be covered by the Plan for children through age 5 with prior approval of the Plan. Benefits are not applicable for Pedodontic care provided by a Plan Specialist for children age 6 and over unless of dental necessity, or the child will not allow the general dentist to treat after two attempts. All such exceptions must be approved by the Plan.