



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

Group Dental Plan
DINO Plan

SmileSM In-Network Only Dental Plan 50/1500/Endo-Perio 80%/Ortho

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)¹. 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.

Calendar Year Deductible (CYD)²

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.

		When using a Participating Dentist³
Calendar Year Deductible	<i>Individual coverage</i>	\$50
	<i>Family coverage</i>	\$150

Calendar Year Benefit Maximum⁴

This Plan pays up to the maximum payment amount as listed for Covered Services and supplies per year.

	When using a Participating Dentist³
Calendar Year Benefit Maximum	\$1,500 per individual

Calendar Year Benefit Maximum (Orthodontic Services)⁴

This maximum for covered Orthodontic Services is separate and in addition to the Calendar Year Benefit maximum listed above. Orthodontic Benefits are covered for adults and children.

	When using a Participating Dentist³
Calendar Year Benefit Maximum	\$1,000 per individual

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.

Waiting period	No waiting period
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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^{5,6,7}

Your payment

	When using a Participating Dentist³	CYD² applies
Diagnostic and preventive services		
Oral exam	\$0	
Preventive – cleaning	\$0	
Preventive – x-ray	\$0	
Topical fluoride application	\$0	
Periodontal maintenance	\$0	
Enhanced dental benefits for pregnant women	\$0	
Basic services		
Sealants per tooth	20%	✓
Space maintainers – fixed	20%	✓
Restorative procedures	20%	✓
Oral Surgery	20%	✓
Endodontics (non-surgical or non-complex)	20%	✓
Endodontics (surgical or complex)	20%	✓
Periodontics (other than maintenance) - (non-surgical or non-complex)	20%	✓
Periodontics (surgical or complex)	20%	✓
Major services		
Crowns and casts	50%	✓
Prostodontics	50%	✓
Implants	Not covered	
Orthodontics		
	50%	
<i>Orthodontic Benefits are covered for adults and children.</i>		

Dental Smile Rollover Rewards⁸

Initial Maximum Calendar Year Benefit	Annual Claim Threshold	Annual Account Reward	Annual Network Reward	Total Annual Reward	Total Reward Account Maximum	Potential Maximum Calendar Year Benefit (Initial Maximum Calendar Year Benefit + Total Reward Account Maximum)
\$1,500	\$750	\$400	\$100	\$500	\$1,500	\$3,000

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.

If this Plan has any Calendar Year Deductible(s), Covered Services subject to that Deductible are identified with a check mark (✓) in the Benefits chart above.

Covered Services not subject to the Calendar Year Deductible. Some Covered Services are paid by Blue Shield Life before you meet any Calendar Year Deductible. These Covered Services do not have a check mark (✓) next to them in the "CYD applies" column in the Benefits chart above.

Family coverage has an individual Deductible within the Family Deductible. This means that the Deductible will be met for an individual with Family coverage who meets the individual Deductible prior to the Family meeting the Family Deductible within a Calendar Year. Any amount you have paid toward the Deductible for your individual plan will be applied to both the individual Deductible and the Family Deductible for your new 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 when you receive services from a Non-Participating Dentist, except for Medically Necessary Covered Services received for emergency care.

4 Benefit Maximum(s):

Your payment after you reach any Benefit maximum. You will pay 100% of all charges after you reach a Benefit maximum.

All Covered Services count towards the Calendar Year Benefit maximum except for Orthodontic services. The Plan pays up to the maximum payment amount as listed for Covered Services and supplies.

All Orthodontic Covered Services count towards the Calendar Year Orthodontic Benefit maximum. The Plan pays up to the maximum payment amount as listed for Covered Services and supplies.

Enhanced dental benefits for pregnant women do not apply towards the Calendar Year Benefit Maximum.

5 Dental Care Services:

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

Orthodontic Covered Services. The Copayment or Coinsurance for Orthodontic Covered Services applies to a course of treatment even if it extends beyond a Calendar Year. This applies only if the Insured remains enrolled in the Plan. All procedures performed in connection with Orthodontic treatment are payable as Orthodontic Covered Services.

Endodontic (non-surgical or non-complex). The most common forms of root canal treatment, which involve accessing the inner aspects of the tooth through an "access cavity" that extends through the crown portion of the tooth to its pulp chamber.

Endodontic (surgical/complex). Root canal treatment involving some type of surgical procedure that is needed as a means to gain access to that portion of a tooth receiving treatment. The most common type of surgical endodontic procedure is "apicoectomy."

Periodontics (non-surgical/non-complex). The first step in the treatment of periodontitis, which involves removal of plaque and calculus to support periodontal health (e.g. scaling and root planing).

Periodontic (surgical/complex). Gum and/or bone treatment involving some type of surgical procedure that is needed to stop progressive bone and tissue loss and regenerate lost bone where possible (e.g. tissue grafts, osseous surgery).

Notes

6 Separate Insured 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.

7 Prior Authorization:

Prior Authorization or precertification for Covered Services. Before any course of treatment expected to cost more than \$250 is started, you should obtain prior authorization of Benefits, except in an emergency.

8 Dental Smile Rewards Program:

With the Dental Smile Rollover Rewards Program, Blue Shield Life rewards you for getting diagnostic and preventive care from your Dentist during the year. Your reward accumulates, will be carried over each year, and is available for use beginning in the next benefit period (see the Dental Smile Rollover Rewards section of the Certificate of Insurance for details on how the program works).

If the Insured's Plan has different Participating and Non-Participating Initial Maximum Calendar Year Benefits, the Annual Account Reward amount will be determined by the Non-Participating Initial Maximum Calendar Year Benefit amount.

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 Care 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 Atención 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)**。