

Medicare Supplement Dental Duo For Medicare Supplement Members

Blue Shield of California
Life & Health Insurance Company

Policy

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Medicare Supplement Dental Duo

Policy for Medicare Supplement Members

This dental Policy is issued by Blue Shield of California Life & Health Insurance Company ("Blue Shield Life"), to the Insured whose identification cards are issued with this Policy. In consideration of statements made in the application and timely payment of Premiums, Blue Shield Life agrees to provide the Benefits of this Policy.

NOTICE TO NEW MEMBERS

Please read this Policy carefully. If you have questions, contact Blue Shield Life. You may surrender this Policy by delivering or mailing it with the identification cards, within ten (10) days from the date it is received by you, to BLUE SHIELD LIFE, 601 12TH STREET, OAKLAND, CA 94607. Immediately upon such delivery or mailing, the Policy shall be deemed void from the beginning, and Premiums paid will be refunded.

IMPORTANT!

No Insured has the right to receive the benefits of this Plan for Services or supplies furnished following termination of coverage. Benefits of this Plan are available only for Services and supplies furnished during the term it is in effect and while the individual claiming benefits is actually covered by this Policy. Benefits may be modified during the term of this Plan as specifically provided under the terms of this Policy or upon renewal. If benefits are modified, the revised benefits (including any reduction in benefits or the elimination of benefits) apply for Services or supplies furnished on or after the effective date of the modification. There is no vested right to receive the benefits of this Plan.

IMPORTANT

If you opt to receive dental services that are not covered services under this Plan, a participating dental provide may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment plan that includes each anticipated services to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call customer service at 1-800-431-2809 or your insurance broker. To fully understand your coverage, you may wish to carefully review this Policy.

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The Covered Services listed below are paid as indicated in the following Summary of Benefits. These Covered Services are subject to the sections of the Summary of Benefits entitled Insured Calendar Year Deductible and Maximum Blue Shield Life Calendar Year Payment.

Medicare Supplement Dental Duo for MedSupp Members

Summary of Benefits

Insured Calendar Year Deductible (Dental Plan Deductible)	Deductible Responsibility	
	Participating Dentists	Non-Participating Dentists
The Deductible applies to all Covered Services incurred during a Calendar Year except for diagnostic and preventive services provided by Participating or Non-Participating Dentists.	\$50	

Maximum Calendar Year Payment	Maximum Blue Shield Life Calendar Year Payment
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	Participating Dentists	Non-Participating Dentists
For all Covered Services The Plan pays up to the maximum payment amount as listed for Covered Services and supplies	\$1,500 ¹	\$1,000 ¹

Covered Services and Supplies	Blue Shield Life Payment Percentage	
	Participating Dentists	Non-Participating Dentists
Diagnostic and Preventive Services	100%	80%
Basic Services	80%	70%
Major Services ²	50%	50%

¹ The maximum amount the Plan will pay for covered Services and supplies is \$1,500 in a Calendar Year. Up to \$1,000 of this maximum amount may be used for covered Services and supplies received from Non-Participating Dentists in a Calendar Year. You pay any amount above the \$1,500 Benefit maximum in a Calendar Year.

² A 12-month waiting period applies to all Major Services, except as specifically noted under the Waiting Period Exceptions section.

Introduction to the Medicare Supplement Dental Duo

The Medicare Supplement Dental Duo (Dental + Vision) package consists of a dental plan and a vision plan which is offered at a package rate as an option for Blue Shield of California Medicare Supplement Members. This Policy describes the benefits of the Medicare Supplement Dental Duo, the dental plan in the Medicare Supplement Dental Duo (Dental + Vision) package. Termination of your Medicare Supplement coverage will cause the termination of this Policy.

Blue Shield Life's dental plans are administered by a Dental Plan Administrator (DPA) which is an entity that contracts with Blue Shield Life to administer the delivery of dental services through a network of Participating Dentists.

Before Obtaining Dental Care Services

You are responsible for assuring that the Dentist you choose is a Participating Dentist. Note: A Participating Dentist's status may change. It is your obligation to verify whether the Dentist you choose is currently a Participating Dentist in case there have been any changes to the list of Participating Dentists. A list of Participating Dentists located in your area, can be obtained by contacting a Dental Plan Administrator at 1-888-679-8928. You may also access a list of Participating Dentists through Blue Shield Life's internet site located at <http://www.blueshieldca.com>. You are also responsible for following the Pre-certification of Dental Benefits Program that includes obtaining or assuring that the Dentist obtains Pre-certification of Benefits.

Note: A Dental Plan Administrator will respond to all requests for pre-certification and prior authorization within five (5) business days from receipt of the request. For urgent services in situations in which the routine decision making process might seriously jeopardize the life or health of an Insured or when the Insured is experiencing severe pain, a Dental Plan Administrator will respond within 72 hours from receipt of the request.

Failure to meet these responsibilities may result in denial of benefits. However, by following the pre-certification process both you and your Dentist will know in advance which services are covered and that benefits are payable.

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

Choice of Dentists

The Medicare Supplement Dental Duo is specifically designed for you to use Participating Dentists. Participating Dentists agree to accept a Dental Plan Administrator's payment, plus your payment of any applicable Deductible and Coinsurance, as payment in full for Covered Services. This is not true of Non-Participating Dentists.

Participating Dentists submit claims for payment after Dental Care Services have been rendered. Payments for these claims go directly to the Participating Dentist. You or your Non-Participating Dentists submit claims for reimbursement after services have been rendered. If you receive Dental Care Services from Non-Participating Dentists, you have the option of having payments sent directly to the Non-Participating Dentist or sent directly to you. A Dental Plan Administrator will notify you of its determination within 60 days after receipt of the claim.

Participating Dentists do not receive financial incentives or bonuses from Blue Shield Life.

You may access a Directory of Participating Dentists through Blue Shield Life's Internet site located at <http://www.blueshieldca.com>. The names of Participating Dentists in your area may also be obtained by contacting a Dental Plan Administrator at 1-888-679-8928.

Pre-certification of Dental Benefits

Before any course of treatment expected to cost more than \$250 is started, you should obtain pre-certification of Benefits. Your Dentist should submit the recommended treatment plan and fees together with appropriate diagnostic X-rays to a Dental Plan

Administrator. A Dental Plan Administrator will review the dental treatment plan to determine the benefits payable under the plan. The Benefit determination for the proposed treatment plan will then be promptly returned to the Dentist. When the treatment is completed, your claim form should be submitted to a Dental Plan Administrator for payment determination. A Dental Plan Administrator will notify you of its determination within 30 days after receipt of the claim.

The dental plan provides Benefits for Covered Services at the most cost-effective level of care that is consistent with professionally recognized standards of care. If there are two (2) or more professionally recognized procedures for treatment of a dental condition, this Plan will in most cases provide Benefits based on the most cost-effective procedure. The Benefits provided under this plan are based on these considerations but you and your Dentist make the final decision regarding treatment.

Failure to obtain pre-certification of Benefits may result in a denial of benefits. If the Pre-certification process is not followed, a Dental Plan Administrator will still determine payment by taking into account alternative procedures; services, or materials for the dental condition based on professionally recognized standards of dental practice. However, by following the Pre-certification process both you and your Dentist will know in advance which services are covered and the Benefits that are payable.

The covered dental expense will be limited to the Allowable Amount for the procedure, service, or material which meets professionally recognized standards of quality dental care and is the most cost effective as determined by a Dental Plan Administrator. If you and your Dentist decide on a more costly procedure, service, or material than a Dental Plan Administrator determined is payable under the Plan, then Benefits will be applied to the selected treatment plan up to the benefit maximum for the most cost effective alternative. You will be responsible for any charges in excess of the Benefit amount. A Dental Plan Administrator reserves the right to use the services of dental consultants in the pre-certification review.

Example:

- If a crown is placed on a tooth which can be restored by a filling, benefits will be based on the filling;
- If a semi-precision or precision partial denture is inserted, benefits may be based on a conventional clasp partial denture.
- If a bridge is placed and the patient has multiple unrestored missing teeth, Benefits will be based on a partial denture.

Participating Dentists

When you receive Covered Services from a Participating Dentist, the Participating Dentist will file claims on your behalf and will be reimbursed at the applicable payment percentage as outlined under the Blue Shield Life Payment Percentage section in the Summary of Benefits. Members are responsible for the remaining percentage amount. Coinsurances are based on the Allowable Amount.

Services rendered for diagnostic and preventive care will be paid at 100%, subject to certain limitations as specified in the section entitled Covered Services and Supplies.

Participating Dentists will be paid directly by the Plan, and have agreed to accept a Dental Plan Administrator's payment, plus your payment of any applicable Deductible or Coinsurance, as payment in full for Covered Services.

If the Insured recovers from a third party the reasonable value of Covered Services rendered by a Participating Dentist, the Participating Dentist who rendered these services is not required to accept the fees paid by a Dental Plan Administrator as payment in full, but may collect from the Insured the difference, if any, between the fees paid by a Dental Plan Administrator and the amount collected by the covered Insured for these services.

Non-Participating Dentists

When you receive Covered Services from a Non-Participating Dentist, you will be reimbursed up to the applicable payment percentage as specified in the Blue Shield Life Payment Percentage section in the Summary of Benefits. Coinsurances are based on the Allowable Amount. You will be responsible for the remaining percentage amount plus the remainder

of the Dentist's billed charges. You should discuss this beforehand with your Dentist if he is not a Participating Dentist. Any difference between a Dental Plan Administrator's or Blue Shield Life's payment and the Non-Participating Dentist's charges are your responsibility. Insureds are expected to follow the billing procedures of the dental office.

If you receive Covered Services from a Non-Participating Dentist, either you or your Dentist may file a claim using the dental claim form which may be obtained by calling Dental Insured Services at:

1-888-679-8928

Claims for all Covered Services rendered by Non-Participating Dentists, should be sent to:

Blue Shield Life

P. O. Box 272590

Chico, CA 95927-2590

Continuity of Care by a Terminated Dentist

Insureds who are being treated for acute dental conditions, serious chronic dental conditions, or who have received authorization from a now-terminated Dentist for dental surgery or another dental procedure as part of a documented course of treatment can request completion of care in certain situations with a Dentist who is leaving a Dental Plan Administrator's network of Participating Dentists. Contact Customer Service to receive information regarding eligibility criteria and the policy and procedure for requesting continuity of care from a terminated Dentist.

Financial Responsibility for Continuity of Care Services

If an Insured is entitled to receive Covered Services from a terminated Dentist under the preceding Continuity of Care provision, the responsibility of the Insured to that Dentist for Services rendered under the Continuity of Care provision shall be no greater than for the same Covered Services rendered by a Participating Dentist in the same geographic area.

Premiums

Monthly Premiums are as stated in the Appendix. Blue Shield Life offers a variety of options and methods by which you may pay your Premiums.

Please call Customer Service at 1-800-431-2809 to discuss these options or visit the Blue Shield Life internet site at <http://www.blueshieldca.com>.

Payments by mail are to be sent to:

Blue Shield Life

P.O. Box 4700

Whittier, CA 90607-4700

Additional Premiums may be charged in the event that a state or any other taxing authority imposes upon Blue Shield Life a tax or license fee, which is calculated upon, base Premiums or Blue Shield Life's gross receipts or any portion of either. Premiums may increase from time to time as determined by Blue Shield Life. You will receive sixty (60) days written notice of any changes in the monthly Premiums for this Plan.

Conditions of Coverage

Enrollment

1. Enrollment in this Plan is only available to Members in a Blue Shield of California Medicare Supplement Plan.
2. Enrollment of Members is not effective until Blue Shield Life approves an application and accepts the applicable Premiums. Only Blue Shield Life can approve applications.
3. An applicant, upon completion and approval by Blue Shield Life of the application, is entitled to the Benefits of this Policy upon the Effective Date.

By completing an application, the Member agrees to cooperate with Blue Shield Life by providing, or providing access to, documents and other information that the Plan may request to corroborate the information for coverage. If the Member fail or refuse to provide these documents or information to Blue Shield Life, coverage under this Plan may be cancelled.

Limitation on Enrollment

Members must be Residents of California. Upon change of residence to another jurisdiction, this Policy will terminate.

Duration of the Policy

This Policy shall be renewed upon receipt of prepaid Premiums. Renewal is subject to Blue Shield Life's right to amend this Policy. Any change in Premiums or benefits, including but not limited to Covered Services, Deductible, Coinsurance, and Calendar Year Maximum Payment, are effective after 60 days notice to the Member's address of record with Blue Shield Life.

Renewal of the Policy

Blue Shield Life shall renew this Policy, except under the following conditions:

1. Non-payment of Premiums;
2. Fraud, misrepresentation, or omission;
3. Termination of plan type by Blue Shield Life;
4. Member moves out of California or the Member is no longer a Resident of California;
5. If a bona fide association arranged for the Member's coverage under this Policy, when that Member's membership in the association ceases.
6. Termination of the Member's Medicare Supplement coverage.

Termination / Reinstatement of the Policy

This Policy may be terminated or cancelled as follows:

1. Termination by the Member:
A Member desiring to terminate this Policy shall give Blue Shield Life 30 day written notice.
2. Termination by Blue Shield Life through cancellation:

Blue Shield Life may cancel this Policy immediately upon written notice for the following reasons:

- a. Fraud or deception in obtaining, or attempting to obtain, benefits under this Policy;
- b. Knowingly permitting fraud or deception by another person in connection with this Policy, such as, without limitation, permitting someone to seek benefits under this Policy, or improperly seeking payment from Blue Shield Life for benefits provided;

- c. Abusive or disruptive behavior which: (1) threatens the life or well being of Blue Shield Life personnel and providers of Services; or (2) substantially impairs the ability of Blue Shield Life to arrange for Services to the Insured; or (3) substantially impairs the ability of providers of Service to furnish Services to the Insured or to other patients; or
- d. Failure or refusal to provide Blue Shield Life access to documents and other information necessary to determine eligibility or to administer benefits under the Plan.

Cancellation of the Policy under this section will terminate the Policy effective as of the date that written notice of termination is mailed to the Member. It is not retroactive to the original Effective date of the Policy.

3. Termination by Blue Shield Life if Member moves out of California:

Blue Shield Life may cancel this Policy upon thirty (30) days written notice if the Member moves out of California.

Within 30 days of the notice of cancellation under sections 2 or 3 above, Blue Shield Life shall refund the prepaid Premiums, if any, that Blue Shield Life determines will not have been earned as of the termination date. Blue Shield Life reserves the right to subtract from any such Premiums refund any amounts paid by Blue Shield Life for benefits paid or payable by Blue Shield Life prior to the termination date.

4. Termination by Blue Shield Life due to withdrawal of the Policy from the Market:

Blue Shield Life may terminate this Policy together with all like Policies to withdraw it from the market. In such instances you will be given 90 days written notice and the opportunity to enroll in any other individual dental Policy without regard to health status-related factors.

5. Cancellation of the Policy for Nonpayment of Premiums:

Blue Shield Life may cancel this Policy for failure to pay the required Premiums, when due. If the Policy is being cancelled because you failed

to pay the required Premiums when due, the Plan will provide written notice of non-payment and will terminate coverage no sooner than 30 days after the date of the written notice. You will be liable for all Premiums accrued while this Policy continues in force including those accrued during this 30 day grace period.

Within five (5) business days of canceling Policy, the Plan will mail you a Notice Confirming Termination of Coverage, which will inform you of the following:

- a. That the Policy has been cancelled, and the reasons for cancellation; and
 - b. The specific date and time when all coverage under this Policy ended.
6. Reinstatement of the Policy after Termination for Non-Payment:

If the Policy is cancelled for nonpayment of Premiums the Plan will permit reinstatement of the Policy or coverage twice during any twelve-month period, without a change in Premiums and without consideration of your medical condition, if the amounts owed are paid within 15 days of the date the Notice Confirming Termination of Coverage is mailed to you.

If your request for reinstatement and payment of all outstanding amounts is not received within the required 15 days, or if the Policy is cancelled more than twice during the preceding twelve-month period, then the Plan is not required to reinstate you, and you will need to reapply for coverage. In this case, the Plan may impose different Premiums and consider your medical condition.

Calendar Year Deductible

There is a Calendar Year Deductible of \$50 that applies to all Covered Services and supplies furnished by Participating and Non-Participating Dentists ¹. It is the amount that you must pay out of pocket before benefits will be provided for Covered Services. This Deductible applies each Calendar Year. This Deductible applies separately to each covered Insured, each Calendar Year.

¹ The Calendar Year Deductible does not apply to those Dental Services considered by Blue Shield Life to be diagnostic or preventive.

Maximum Blue Shield Life Calendar Year Payment

Your Plan pays up to a maximum of \$1,500 per Insured, per Calendar Year for Covered Services and supplies provided by Participating Dentists.

Your Plan pays a maximum of \$1,000 per Insured, per Calendar Year for Covered Services and supplies provided by Non-Participating Dentists.

The maximum payment per Insured, per Calendar Year for Covered Services and supplies provided by any combination of Participating and Non-Participating Dentists is \$1,000. No Benefits in excess of this amount will be provided to or on behalf of any Insured.

Accrual Balance

You can check your accrual balances toward your Calendar Year Deductible and Maximum Calendar Year Benefit at any time by calling Customer Service at the number on the back of your ID card. Your accrual balance information is updated once a claim is received and processed and may not reflect recent services. Your accrual balances will also be included on the explanation of Benefits you receive once a claim has been processed.

Covered Services and Supplies

Benefits of the Plan are provided for services customarily performed by licensed Dentists for treatment of teeth, jaws and their dependent tissues.

The following services are benefits when provided by a Dentist and when necessary and customary as determined by the standards of generally accepted dental practice.

These benefits are subject to the general limitations and exclusions of the plan. Payments are subject to the dental benefit deductible and to the Blue Shield payment percentages and the maximum calendar year payments indicated in the section entitled Summary of Benefits.

Diagnostic and Preventive Services

Diagnostic and preventive services provided by Participating Dentists will be covered at 100%, subject to the limitations in the General Limitations section and are not subject to the Calendar Year deductible.

Clinical oral examinations - excluding emergency examinations, not more than once in any period of six (6) consecutive months.

Dental prophylaxis - not more than once in any period of four (4) consecutive months. (Prophylaxes performed in conjunction with fluoridation or any other procedure and periodontal prophylaxes shall be considered as being a prophylaxis for the purpose of applying this limitation.)

X-rays - Bitewing films not more than once in any period of twelve (12) consecutive months. Full mouth series (includes 10 to 14 periapical X-rays and supplementary bitewing films) not more than once in any period of thirty-six (36) consecutive months. In applying this thirty-six (36) month limitation, a panoramic X-ray shall be considered a full mouth series. X-rays required to diagnose a specific condition that needs treatment are not subject to the limitations stated above.

Diagnostic casts - not more than once in any period of sixty (60) consecutive months. Working models taken in conjunction with a prosthetic or other appliance are not considered to be diagnostic casts.

Basic Services

Anesthesia - General, intravenous, or inhalation sedation is only a Covered Benefit when provided in conjunction with a covered oral surgical procedure. See General Limitations and Exclusions section for more details.

Palliative - Emergency treatment for relief of pain.

Basic Restorative Services - Amalgam restorations; synthetic restorations (i.e. silicate cement filling, porcelain filling, plastic filling, and composite filling); stainless steel crowns when the tooth cannot be restored with a filling material.

Major Services

These Services are covered after twelve months of continuous coverage under the plan, except as noted under the Waiting Period Exceptions section below.

Refer to the section entitled Summary of Benefits for Blue Shield Life's payment percentage.

Endodontics - Pulp capping; including pulpotomy or other palliative treatment and necessary X-rays and cultures, but excluding final restoration; root canal therapy; apicoectomy (including apical curettage).

Oral Surgery - Extractions; removal of impacted teeth, radical excision of small (to 1.25 cm) non-malignant lesions; other surgical procedures; includes local anesthesia and routine pre and postoperative care.

Periodontics - Emergency treatment including but not limited to periodontal abscess and acute periodontitis; root planing (not prophylaxis); subgingival curettage, debridement, gingival and osseous surgery (including post-surgical visits).

Prosthetics - Bridges, dentures, partials and relining or re-basing dentures, adding teeth to partial denture to replace extracted teeth, full and partial denture repairs, stayplate, and special tissue conditioning per denture (limited to one course of treatment per six (6) month period), and denture duplication (jump case).

Replacement of complete or partial dentures, fixed bridgework or crowns previously covered by the Plan due to loss or theft within sixty (60) months after initial or supplemental placement. This also applies to the damage of any prostheses that is not directly related to faulty lab work. "Prostheses" include retainers, habit appliances and any fixed or removable interceptive orthodontic appliances as well as fixed and removable bridgework.

Replacement of dentures (complete or partial), crowns or fixed bridgework due to provider error. The provider is financially responsible for comparable replacement. If replacement is warranted because of an action by, or the non-compliance of, the patient, that patient is financially liable for replacement of the prosthesis (this includes decay or periodontal disease directly related to patient non-compliance). The Plan will pay for a replacement in this instance after the sixty (60) months waiting period from initial placement has elapsed.

Denture relines (either complete or partial conventional dentures) within six (6) months after insertion of the prosthesis. This service is covered once every twelve months following initial insertion or reline. In the case of immediate full or partial dentures, the final reline must be performed no sooner than eight weeks after tooth extractions and denture insertion. Chair-side tissue conditioners can be used for temporary relief of discomfort and/or to increase retention and be considered palliative treatment. Relines for immediate full and partial dentures will not be covered within two (2) weeks of tooth extraction and prosthesis insertion. One reline for each prosthesis is included in the immediate denture fee between two (2) and six (6) months following insertion.

Cast Restorations - Cast or other laboratory prepared restorations and crowns are covered only when teeth cannot be restored with a filling material. Cast restorations (onlays and other laboratory prepared restorations); crowns (acrylic, composite glass, porcelain and gold); post and cores; crown buildups (on vital or non-vital teeth when functionally necessary). There is no coverage for replacement of an existing crown, onlay, or other cast restoration which is less than five (5) years old. Repair or re-cementing of onlays and crowns, is covered for six (6) months after installation.

Waiting Period Exceptions

When there is documentation that any of the conditions below existed at the time treatment was begun, or emergent conditions existed during preparation of a specific tooth, the applicable 12-month waiting period will be waived, subject to review of documentation by a Plan dental director.

Benefits will be provided for specific dental procedures necessary to treat specified emergent, painful or infective acute dental conditions in a manner consistent with professionally recognized standard of care. The Plan reserves the right to administratively review, by a Plan dental director, the submitted documentation of the above conditions for coverage determination.

Conditions characterized by acute pain or infection include the following:

- Acute pain requiring immediate root canal;

- Acute pain requiring tooth extraction or removal and/or incision and drainage;
- Acute periodontal abscess requiring emergency periodontal procedures.

Emergent restorative conditions include the following:

- A tooth that is undergoing restoration that was begun as a (Basic Restorative) filling, but due to the extent of decay/fracture found during the course of its restoration, is now required to have a (Major Restorative) cast crown placed.

General Exclusions

Unless exceptions to the following general exclusions are specifically made elsewhere under this plan, this plan does not provide benefits with respect to:

1. Charges for services in connection with any treatment to the gums for tumors, cysts and neoplasms;
2. Charges for implants or the removal of implants (surgically or otherwise) and any appliances and/or crown attached to implants;
3. 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. However, if a contracted Dental Plan Administrator or Blue Shield Life provides payment for such services, it shall be entitled to establish a lien upon such other benefits up to the amount paid by a contracted Dental Plan Administrator or Blue Shield Life for the treatment of such injury or disease;
4. Charges for vestibuloplasty (i.e., surgical modification of the jaw, gums and adjacent tissues), and for any procedure, service, or supply including office visits, examination, and diagnosis provided directly or indirectly to treat a muscular, neural, or skeletal disorder, diagnostic services and treatment of jaw joint problems by any method. These jaw joint problems include such conditions as temporomandibular joint syndrome (TMJ) and craniomandibular disorders or

- other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to that joint;
5. Charges for services performed by a close relative or by a person who ordinarily resides in the Member's home;
 6. Congenital mouth malformations or skeletal imbalances, including treatment required as the result of Orthognathic surgery, orthodontic treatment, and oral maxillofacial services, associated hospital and facility fees, anesthesia, and radiographic imaging. Congenital anomalies and developmental malformation include but are not limited to: cleft palate; cleft lip; upper or lower jaw malformations (e.g., prognathism); enamel hypoplasia (defective development); fluorosis (a type of enamel discoloration); treatment involving or required by supernumerary teeth; and anodontia (congenitally missing teeth);
 7. All prescription and non-prescription drugs;
 8. Services, procedures, or supplies which are not reasonably necessary for the care of the Insured's dental condition according to broadly accepted standards of professional care or which are Experimental or Investigational in nature or which do not have uniform professional endorsement;
 9. Services and/or appliances that alter the vertical dimension, including, but not limited to, full mouth rehabilitation, splinting, fillings to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method;
 10. Procedures which are principally cosmetic in nature, including, but not limited to, bleaching, veneer facings, crowns, personalization or characterization of crowns, bridges and/or dentures;
 11. The replacement of an appliance (i.e., a denture, partial denture, space maintainer, crown, inlay or onlay, etc.) which has been either lost or stolen within five (5) years of its installation;
 12. Myofunctional therapy; biofeedback procedures; athletic mouth-guards; precision or semi-precision attachments; denture duplication; treatment of jaw fractures;
 13. Orthognathic surgery, including but not limited to, osteotomy, ostectomy, and other services or supplies to augment or reduce the upper or lower jaw;
 14. Charges for services in connection with orthodontia;
 15. Alloplastic bone grafting materials;
 16. Bone grafting done for socket preservation after tooth extraction or in preparation for implants;
 17. Charges for temporary services are considered an integral part of the final dental service and will not be separately payable;
 18. Any procedure not performed in a dental office setting;
 19. Extra-oral grafts (i.e., the grafting of tissues from outside the mouth to oral tissues);
 20. Dental services performed in a hospital or any related hospital fee;
 21. Any service, procedure, or supply for which the prognosis for long term success is not reasonably favorable as determined by a contracted Dental Plan Administrator and its dental consultants;
 22. Services for which the Insured is not legally obligated to pay, or for Services for which no charge is made;
 23. Treatment as a result of accidental injury including setting of fractures or dislocation;
 24. Treatment for which payment is made by any governmental agency, including any foreign government;
 25. Charges for prosthetic appliances, fixed or removable, which are related to periodontal treatment;
 26. Charges for onlays or crowns installed as multiple abutments;
 27. Charges for dental appointments which are not kept;
 28. Charges for any inlay restoration;
 29. Charges for services incident to any intentionally self-inflicted injury;

30. General anesthesia including intravenous and inhalation sedation, except when of dental necessity.

General anesthesia is considered Dentally Necessary when its use is:

- a. In accordance with generally accepted professional standards; and
- b. Not furnished primarily for the convenience of the patient, the attending Dentist, or other provider;
- c. Due to the existence of a specific medical condition.

Patient apprehension or patient anxiety will not constitute Dental Necessity.

A contracted Dental Plan Administrator reserves the right to review the use of general anesthesia to determine Dental Necessity;

31. Removal of 3rd molar (wisdom) teeth other than for Dental Necessity. Dental Necessity is defined as a pathological condition which includes horizontal, medial or distal impactions, or cystic sequelae. Removal of wisdom teeth due to pericoronitis alone is not dental necessity.
32. Periodontal splinting of teeth by any method including, but not limited to, crowns, fillings, appliances or any other method that splints or connects teeth together;
33. For services provided by an individual or entity that is not licensed or certified by the state to provide health care services, or is not operating within the scope of such license or certification, except as specifically stated herein; and
34. Any service, procedure, or supply which 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:
- a. For full dentures or partial dentures: on the date the final impression is taken,
 - b. For fixed bridges, crowns, inlays, onlays: on the date the teeth are first prepared,

- c. For root canal therapy: on the later of the date the pulp chamber opened or the date canals are explored to the apex,
- d. For periodontal surgery: on the date the surgery is actually performed,
- e. For all other services: on the date the service is performed.

Dental Necessity Exclusion

All services must be of Dental Necessity. The fact that a Dentist or other provider may prescribe, order, recommend, or approve a service or supply does not, in itself, determine Dental Necessity.

Alternate Benefits Provision

If dental standards indicate that a condition can be treated by a less costly alternative to the service proposed by the attending Dentist, the Plan will pay benefits based upon the less costly service.

General Limitations

The following services, if listed on the Schedule of Benefits, will be subject to Limitations as set forth below:

1. One (1) in a four (4) month period
 - a. Routine prophylaxis.
2. One (1) in a six (6) month period:
 - a. Periodic oral exam;
 - b. Recementations if the crown was provided by other than the original dentist; not eligible if the dentist is doing the recementation of a service he/she provided within twelve (12) months.
3. One (1) in twelve (12) month period:
 - a. Denture (complete and partial) relines;
 - b. Oral cancer screening;
 - c. Bitewing x-rays, maximum set of four films(4) per occurrence.
4. One in twenty-four (24) months:
 - a. Gingival flap surgery per quad;
 - b. Scaling and root planing per area (limited to two (2) quadrants per visit);

- c. Occlusal guards.
- 5. One (1) in a thirty-six (36) month period:
 - a. Mucogingival surgery per area;
 - b. Osseous surgery per quad;
 - c. Full mouth debridement;
 - d. Gingivectomy per quad;
 - e. Gingivectomy per tooth;
 - f. Bone replacement grafts for periodontal purposes;
 - g. Guided tissue regeneration for periodontal purposes.
- 6. One (1) in a five (5) year period:
 - a. Full mouth series and panoramic x-rays;
 - b. Single crowns and onlays;
 - c. Single post and core buildups;
 - d. Crown buildup including pins;
 - e. Prefabricated post and core;
 - f. Cast post and core in addition to crown;
 - g. Complete dentures;
 - h. Partial dentures;
 - i. Fixed partial denture (bridge) pontics;
 - j. Fixed partial denture (bridge) abutments;
 - k. Abutment post and core buildups;
 - l. Diagnostic casts.
- 7. Oral surgery services are limited to removal of teeth, bony protuberances and frenectomy;
- 8. The Alternate Benefit Provision (ABP) may be applied if a dental condition can be treated by means of a professionally acceptable procedure, which is less costly than the treatment recommended by the dentist. For example, an alternate benefit of a partial denture will be applied when there are bilaterally missing teeth or more than 3 teeth missing in one quadrant or in the anterior region. The ABP does not commit the Insured to the less costly treatment. However, if the Insured and the dentist choose the more expensive treatment, the Insured is responsible for the

additional charges beyond those allowed for the ABP;

- 9. General, IV or Inhalation Sedation is covered for:
 - a. 3 or more surgical extractions;
 - b. Any number of Dentally Necessary impactions;
 - c. Full mouth or arch alveoloplasty;
 - d. Surgical root recovery from sinus;
 - e. Medical problem contraindicates local anesthesia.

General or IV Sedation is not a covered benefit for dental phobic reasons;
- 10. Restorations, crowns, and onlays – covered only if necessary to treat diseased or accidentally fractured teeth;
- 11. Root canal treatment – one per tooth per lifetime;
- 12. Root canal retreatment – one per tooth per lifetime.

Emergency Services

Emergency Services include Covered Services to alleviate severe pain or other symptoms or for the diagnosis and treatment of an unforeseen illness or injury that a reasonable person under the circumstances would believe if not treated immediately could lead to serious jeopardy of health or impairment. The determination of whether the situation required Emergency Services will be made retrospectively by a contracted Dental Plan Administrator based upon an objective review that is consistent with professionally recognized standards of care.

Based on the Dental Plan Administrator's review, any applicable waiting period will be waived for emergency dental conditions.

If a Member receives emergency care outside of California, you will be reimbursed at the payment percentage listed under the Non-Participating Dentist portion of the Summary of Benefits. The Member will be responsible for the remainder of the Dentist's billed charges. Whenever possible, the Member should ask the Dentist to bill the Plan directly.

Payment or reimbursement of Emergency Services provided to a Member will be made after a contracted Dental Plan Administrator receives documentation of the charges incurred and upon approval by a contracted Dental Plan Administrator of those charges set forth. Except for Emergency care, as noted above, a Member will be responsible for full payment of dental services rendered outside of California. A contracted Dental Plan Administrator will notify the Member of its determination within 30 days from receipt of the claim.

Claims Review

The Plan reserves the right to review all claims to determine if any exclusions or limitations apply, and may use the services of Dentist consultants, peer review committees of professional societies, and other consultants.

Reductions - Third Party Liability

If an Insured is injured or becomes ill due to the act or omission of another person (a "third party"), the Plan shall, with respect to services required as a result of that injury, provide the benefits of this Policy and have an equitable right to restitution, reimbursement, or other available remedy to recover the amounts Blue Shield Life paid for Services provided to the Insured on a fee-for-service basis from any recovery (defined below) obtained by or on behalf of the Insured, from or on behalf of the third party responsible for the injury or illness or from uninsured/underinsured motorist coverage.

Blue Shield Life's right to restitution, reimbursement, or other available remedy is against any recovery the Insured receives as a result of the injury or illness, including any amount awarded to or received by way of court judgment, arbitration award, settlement, or any other arrangement, from any third party or third party insurer, or from uninsured or underinsured motorist coverage, related to the illness or injury (the "Recovery"), without regard to whether the Insured has been "made whole" by the Recovery. Blue Shield Life's right to restitution, reimbursement, or other available remedy is with respect to that portion of the total Recovery that is due Blue Shield for the Benefits paid in connection with such injury or illness, calculated in accordance with California Civil Code section 3040.

The Insured is required to:

1. Notify the Plan in writing of any actual or potential claim or legal action which such Insured expects to bring or has brought against the third party arising from the alleged acts or omissions causing the injury or illness, not later than 30 days after submitting or filing a claim or legal action against the third party; and,
2. Agree to fully cooperate with the Plan to enable Blue Shield Life to enforce its right to restitution, reimbursement, or other available remedies; and,
3. Agree in writing to reimburse Blue Shield Life for Benefits paid by Blue Shield Life for any Recovery when the Recovery is obtained from or on behalf of the third party or the insurer of the third party, or from uninsured or underinsured motorist coverage; and,
4. Provide the Plan with a lien in the amount of Benefits actually paid. The lien may be filed with the third party, the third party's agent or attorney, or the court, unless otherwise prohibited by law; and,
5. Periodically respond to information requests regarding the claim against the third party, and notify Blue Shield Life within ten (10) days after any Recovery has been obtained.

An Insured's failure to comply with 1. through 5. above, shall not in any way act as a waiver, release, or relinquishment of the rights of the Plan.

General Provisions

Assignability

The coverage and Benefits of this Plan are assignable to Participating and Non-Participating Dentists.

Possession of a Blue Shield Life Identification Card confers no right to Services or other benefits of this Policy. To be entitled to Covered Services, the Insured must be a Member who has maintained enrollment under the terms of this Policy.

Plan Interpretation

Blue Shield Life shall have the power and discretionary authority to construe and interpret the provisions of this Policy, to determine the benefits of this Policy and determine eligibility to receive benefits

under this Policy. Blue Shield Life shall exercise this authority for the benefit of all Insureds entitled to receive benefits under this Policy.

Confidentiality of Personal and Health Information

Blue Shield Life protects the confidentiality/privacy of your personal and health information. Personal and health information includes both medical information and individually identifiable information, such as your name, address, telephone number, or Social Security Number. Blue Shield Life will not disclose this information without your authorization, except as permitted by law.

A STATEMENT DESCRIBING BLUE SHIELD LIFE'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Blue Shield Life's policies and procedures regarding our confidentiality/privacy practices are contained in the "Notice of Privacy Practices", which you may obtain either by calling the Customer Service Department at the number listed in the back of this booklet or accessing Blue Shield Life's Internet site located at <http://www.blueshieldca.com> and printing a copy.

If you are concerned that Blue Shield Life may have violated your confidentiality/privacy rights, or you disagree with a decision we made about access to your personal and health information, you may contact us at:

Correspondence Address:
Blue Shield Life Privacy Official
P. O. Box 272540
Chico, CA 95927-2540
Toll-Free Telephone Number:
1-888-266-8080
E-mail Address:
Privacy@blueshieldca.com

Right to Receive Confidential Communications

Blue Shield of California communications may contain your protected health information (PHI). You can ask to have Blue Shield communications with your PHI sent directly to you at to a confidential mailing address, email address, or telephone number. A confidential communications request (CCR) should be submitted in writing to Blue Shield of California at the mailing address, email address, or fax number at the bottom of this section. A CCR request form, available by going to blueshieldca.com/privacy and clicking on "privacy forms," may be used when submitting a CCR in writing, but it is not required.

Notice about confidential communications requests:

Blue Shield of California shall notify subscribers that they may request a confidential communication pursuant to the following and how to make the request.

Blue Shield of California shall permit subscribers to request, and shall accommodate requests for, confidential communication in the form and format requested by the individual, if it is readily producible in the requested form and format, or at alternative locations.

Blue Shield of California may require the subscriber to make a request for a confidential communication in writing or by electronic transmission.

The confidential communications request shall be valid until the subscriber submits a revocation of the request or a new confidential communication request is submitted.

The confidential communications request shall apply to all communications that disclose medical information or provider name and address related to receipt of medical services by the individual requesting the confidential communication.

A confidential communications request may be submitted in writing to Blue Shield of California at the mailing address, email address, or fax number at the bottom of this page. Once in place, a valid CCR prevents Blue Shield from:

1. Requiring the protected individual to obtain the primary subscriber's authorization to receive

sensitive services or submit a claim for sensitive services if the protected individual has the right to consent to care; and

2. Disclosing medical information relating to sensitive health services provided to a protected individual, absent an express written authorization of the protected individual receiving care.

You may return your completed and signed CCR form via one of these options:

Mail: Blue Shield of California Privacy Office,
PO Box 272540, Chico CA, 95927-2540

Email: privacy@blueshieldca.com

Fax: 1-800-201-9020

Access to Information

Blue Shield Life may need information from medical providers, from other carriers or other entities, or from you, in order to administer benefits and eligibility provisions of this Policy. You agree that any provider or entity can disclose to Blue Shield Life that information that is reasonably needed by Blue Shield Life. You agree to assist Blue Shield Life in obtaining this information, if needed, (including signing any necessary authorizations) and to cooperate by providing Blue Shield Life with information in your possession. Failure to assist Blue Shield Life in obtaining necessary information or refusal to provide information reasonably needed may result in the delay or denial of benefits until the necessary information is received. Any information received for this purpose by Blue Shield Life will be maintained as confidential and will not be disclosed without your consent, except as otherwise permitted by law.

Independent Contractors

Providers are neither agents nor employees of the Plan but are independent contractors. In no instance shall the Plan be liable for the negligence, wrongful acts, or omissions of any person receiving or providing services, including any Dentist or their employees.

Entire Policy: Changes

This Policy, including the appendices, constitutes the entire agreement between parties. Any statement made by an Insured shall, in the absence of fraud, be

deemed a representation and not a warranty. No change in this Policy shall be valid unless approved by a corporate officer of Blue Shield Life and a written endorsement issued. No agent has authority to change this Policy or to waive any of its provisions.

Benefits, such as Covered Services, Calendar Year Benefits, Deductible, Coinsurance, or Maximum per Insured Calendar Year Coinsurance Responsibility amounts are subject to change at any time. Blue Shield Life will provide at least 60 days written notice of any such change.

Benefits provided after the Effective Date of any change will be subject to the change. There is no vested right to obtain Benefits.

Time Limit on Certain Defenses

After an Insured has been covered under this Policy for two (2) consecutive years, Blue Shield Life will not use any omission, misrepresentation, or inaccuracy made by the applicant in an individual application to limit, cancel or rescind the Policy, deny a claim, or reduce Premiums.

Grace Period

After payment of the first Premium, the Member is entitled to a grace period of 30 days for the payment of any Premium due. During this grace period, the Policy will remain in force. However, the Member will be liable for payment of Premiums accruing during the period the Policy continues in force.

Notice and Proof of Claim

Notice and Claim Forms

In the event a Dentist does not bill Blue Shield Life directly, you should use a Blue Shield Life Insured's Statement of Claim form in order to receive reimbursement. To receive a claim form, written notice of a claim must be given to Blue Shield Life within 20 days of the date of Service. If this is not possible, Blue Shield Life must be notified as soon as it is reasonably possible to do so.

When Blue Shield Life receives Notice of Claim, Blue Shield Life will send you an Insured's Statement of Claim form for filing proof of a claim. If Blue Shield Life fails to furnish the necessary claim forms within 15 days, you may file a claim without

using a claim form by sending Blue Shield Life written proof of claim as described below.

If you receive Covered Services from a Non-Participating Dentist, either you or your Dentist may file a claim using the dental claim form which may be obtained by calling Dental Insured Services at:

1-888-679-8928

Only claims for Benefits for Enhanced Dental Services for Pregnant Women should be sent to:

Blue Shield Life

Dental Plan Administrator

Coverage for Women during Pregnancy

425 Market Street, 15th Floor

San Francisco, CA 94105

Claims for all other Covered Services rendered by Non-Participating Dentists, should be sent to:

Blue Shield Life

P. O. Box 272590

Chico, CA 95927-2590

Proof of Claim

Blue Shield Life must receive written proof of claim within 90 days after the date of service for which claim is being made from a Participating Dentist and no later than 180 days for claims from a Non-Participating Dentist.

A claim will not be reduced or denied for failure to provide proof within this time if it is shown that it was not reasonably possible to furnish proof, and that proof was provided as soon as it was reasonably possible. However, no claim will be paid if proof is received more than one (1) year after the date of loss, unless the Insured was legally unable to notify Blue Shield Life.

Payment of Benefits

Time and Payment of Claims

Claims will be paid promptly upon receipt of proper written proof and determination that benefits are payable.

Payment of Claims

Participating Dentists are paid directly by Blue Shield Life.

If the Insured receives Covered Services from a Non-Preferred Dentist, payment will be made directly to the Member, and the Insured is responsible for payment to the Non-Participating Dentist.

Legal Actions

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of claim has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of claim is required to be furnished.

Organ and Tissue Donation

Many residents in the state of California are eligible to become organ and tissue donors. By deciding to be an organ and tissue donor, you can affect the well-being of one or more of the estimated 100,000 people in the United States of America who must face death daily while waiting for an organ transplant. One person on this list dies about every three hours – all the while waiting for an organ or tissue donation.

For more information on organ and tissue donation, or to register as a donor, visit the California Transplant Doctor Network's internet site at <http://www.ctdn.org> or Donate Life California's internet site at <http://www.donatelifecalifornia.org>. You may also call the regional organ procurement agency in the city nearest you for additional information on organ and tissue donation.

Endorsements and Appendices

Attached to and incorporated in this Policy by reference are appendices pertaining to deductibles and Premiums. Endorsements may be issued from time to time subject to the notice provisions of the section entitled Duration of the Policy. Nothing contained in any endorsement shall affect this Policy, except as expressly provided in the endorsement.

Notices

Any notice required by this Policy may be delivered by United States mail, postage prepaid. Notices to the Member may be mailed to the address appearing

on the records of Blue Shield Life and notice to Blue Shield Life may be mailed to:

Blue Shield Life
601 12th Street
Oakland, CA 94607

Commencement or Termination of Coverage

Whenever this Policy provides for a date of commencement or termination of any part or all of the coverage herein, such commencement or termination shall be effective at 12:01 a.m. Pacific Time of the commencement date and as of 11:59 p.m. Pacific Time of the termination date.

Identification Cards

Identification cards will be issued by Blue Shield Life to all Insureds.

Legal Process

Legal process or service upon Blue Shield Life must be served upon a corporate officer of Blue Shield Life.

Notice

The Member hereby expressly acknowledges its understanding that this Policy constitutes a contract solely between the Member and Blue Shield Life (hereafter referred to as "the Plan"), which is an independent corporation operating under a license from the Blue Cross and Blue Shield Association ("Association"), an Association of independent Blue Cross and Blue Shield plans, permitting the Plan to use the Blue Shield Service Mark in the State of California and that the Plan is not contracting as the agent of the Association.

The Member further acknowledges and agrees that it has not entered into this Policy based upon representations by any person other than the Plan and that neither the Association nor any person, entity or organization affiliated with the Association, shall be held accountable or liable to the Member for any of the Plan's obligations to the Member created under this Policy. This paragraph shall not create any additional obligations whatsoever on the part of the Plan, other than those obligations created under other provisions of this Policy.

Dental Customer Services

Questions about Covered Services, Dentists, how to use this Plan, or concerns regarding the quality of care or access to care that you have experienced should be directed to your Dental Customer Service at the telephone number or address which appear below:

1-888-679-8928
Blue Shield Life
Dental Plan Administrator
425 Market Street, 15th Floor
San Francisco, CA 94105

Dental Customer Service can answer many questions over the telephone.

If the grievance involves a Non-Participating Dentist, the Member should contact the appropriate Blue Shield Life Customer Service Department shown on the last page of this Policy.

Note: A Dental Plan Administrator has established a procedure for our Members to request an expedited decision. A Member, Physician, or representative of a Member may request an expedited decision when the routine decision making process might seriously jeopardize the life or health of a Member, or when the Member is experiencing severe pain. A Dental Plan Administrator shall make a decision and notify the Member and Dentist within 72 hours following the receipt of the request. If you would like additional information regarding the expedited decision process, or if you believe your particular situation qualifies for an expedited decision, please contact the Dental Customer Service Department at the number listed above.

Grievance Process

Members, a designated representative, or a provider on behalf of the Member, may contact the Dental Customer Service Department by telephone, letter or online to request a review of an initial determination concerning a claim or service. Members may contact the Dental Customer Service Department at the telephone number as noted below. If the telephone inquiry to the Dental Customer Service Department does not resolve the question or issue to the

Member's satisfaction, the Member may request a grievance at that time, which the Dental Customer Service Representative will initiate on the Member's behalf.

The Member, a designated representative, or a provider on behalf of the Member, may also initiate a grievance by submitting a letter or a completed "Grievance Form". The Member may request this Form from the Dental Customer Service Department. If the Member wishes, the Dental Customer Service staff will assist in completing the grievance form. Completed grievance forms must be mailed to a Dental Plan Administrator at the address provided below. The Member may also submit the grievance to the Dental Customer Service Department online by visiting <http://www.blueshieldca.com>.

1-888-679-8928

Blue Shield Life

Dental Plan Administrator

425 Market Street, 15th Floor

San Francisco, CA 94105

A Dental Plan Administrator will acknowledge receipt of a written grievance within five (5) calendar days. Grievances are resolved within 30 days.

The grievance system allows Members to file grievances for at least 180 days following any incident or action that is the subject of the Member's dissatisfaction. See the previous Customer Service section for information on the expedited decision process.

California Department of Insurance Review

The California Department of Insurance is responsible for regulating health insurance. The Department's Consumer Communications Bureau has a toll-free number (1-800-927-HELP (4357) or TDD (711) to receive complaints regarding health insurance from either the Insured or his or her provider.

If you have a complaint against Blue Shield of California Life & Health Insurance Company, you should contact Blue Shield Life first and use their grievance process. If you need the Department's help with a complaint or grievance that has not been satisfactorily resolved by Blue Shield Life, you may call the Department's toll-free telephone number

from 8:00 a.m. to 6:00 p.m., Monday through Friday (excluding holidays). You may also submit a complaint in writing to: California Department of Insurance, Consumer Communications Bureau, 300 S. Spring Street, South Tower, Los Angeles, California 90013 or through the website www.insurance.ca.gov.

Definitions

Whenever the following definitions are capitalized in this booklet, they will have the meaning stated below.

Allowable Amount — the Allowance is:

1. The amount a Dental Plan Administrator has determined is an appropriate payment for the Service(s) rendered in the provider's geographic area, based upon such factors as evaluation of the value of the Service(s) relative to the value of other Services, market considerations, and provider charge patterns; or
2. Such other amount as the Participating Dentist and a Dental Plan Administrator have agreed will be accepted as payment for the Service(s) rendered; or
3. If an amount is not determined as described in either (1.) or (2.) above, the amount a Dental Plan Administrator determines is appropriate considering the particular circumstances and the Services rendered.

Blue Shield Life — Blue Shield of California Life & Health Insurance Company, a California corporation licensed as a life and disability insurer.

Calendar Year — a period beginning on January 1 of any year and terminating on January 1 of the following year.

Copayment — the amount that an Insured is required to pay for certain Covered Services after meeting any applicable deductible.

Coinsurance — the percentage of the Allowable Amount that an Insured is required to pay for specific Covered Services after meeting any applicable Deductible.

Covered Services (Benefits) — only those services which an Insured is entitled to receive pursuant to the terms of this Policy.

Deductible — the Calendar Year amount you must pay for specific Covered Services that are a benefit of this Policy before you become entitled to receive certain Benefit payments from the Plan for those Covered Services.

Dental Care Services — necessary treatment on or to the teeth or gums, including any appliance or device applied to the teeth or gums, and necessary dental supplies furnished incidental to Dental Care Services.

Dental Plan Administrator (DPA) — Blue Shield Life has contracted with a Dental Plan Administrators (DPA), which is an entity that contracts with Blue Shield Life to administer delivery of dental services through a network of Participating Dentists. A DPA also contracts with Blue Shield Life to serve as a claims administrator for the processing of claims for services received from Non-Participating Dentists

Dentist — a duly licensed Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DDM) or other practitioner who is legally entitled to practice dentistry in the state of California.

Dental Necessity — services which are of Dental Necessity include only those which have been established as safe and effective and are furnished in accordance with generally accepted professional standards in California, to treat dental disease or injury, and which are:

1. Consistent with the symptoms or diagnosis; and
2. Not furnished primarily for the convenience of the patient, the attending Dentist or other provider; and
3. Furnished at the most appropriate level which can be provided safely and effectively to the patient.

Effective Date — the date the Insured becomes eligible for Benefits based on our conditions of enrollment.

Elective Dental Procedure — any dental procedures which are unnecessary to the dental health of the patient, as determined by a Dental Plan Administrator.

Emergency Services — services provided for an unexpected dental condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. placing the patient's health in serious jeopardy;
2. serious impairment to bodily functions;
3. serious dysfunction of any bodily organ or part.

Experimental or Investigational in Nature — any treatment, therapy, procedure, drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supplies which are not recognized in accordance with generally accepted professional medical standards as being safe and effective for use in the treatment of the illness, injury, or condition at issue. Services which require approval by the Federal government or any agency thereof, or by any State government agency, prior to use and where such approval has not been granted at the time the services or supplies were rendered, shall be considered Experimental or Investigational in Nature.

Services or supplies which themselves are not approved or recognized in accordance with accepted professional medical standards, but nevertheless are authorized by law or by a government agency for use in testing, trials, or other studies on human patients, shall be considered Experimental or Investigational in Nature.

Insured — a Member.

Member — an individual who satisfies the eligibility requirements of this Policy, and who is enrolled and accepted by the Plan as a Member, and has maintained Plan membership in accord with this Policy.

Non-Participating Dentist — a Doctor of Dental Surgery or a Doctor of Dental Medicine who has not signed a contract with a Dental Plan Administrator to provide dental services to Insureds.

Participating Dentist — a Doctor of Dental Surgery or a Doctor of Dental Medicine who has signed a service contract with a Dental Plan Administrator to provide dental services to Insureds.

Plan — the Medicare Supplement Dental Duo for Medicare Supplement Member or Blue Shield of California Life & Health Insurance Company.

Prosthodontics — Dental Care Services specifically related to necessary procedures for providing artificial replacement for missing natural teeth.

Resident of California — an individual who spends in the aggregate more than 180 days each year within the State of California and has not established a permanent residence in another state or country.

Treatment in Progress — partially completed dental procedures including prepped teeth, root canals in process of treatment, and full and partial denture cases after final impressions have been taken.

Notice of the Availability of Language Assistance Services

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Spanish

免費語言服務。您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打1-866-346-7198與我們聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198 번으로 문의해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Tagalog

Անվճար Լեզվախոս Ծառայություններ: Հոյր կարող էք թարգմանն ձերք բերել և փաստաթղթերը ընթերցել սալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-346-7198までお問い合わせください。Japanese

خدمات جانی مربوط به زبان. مینوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی بر اینان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و با این شماره 1-866-346-7198 تماس بگیرید. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਬਾਰੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਉਛ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអាសន្នការជូនអ្នកជំនាញខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដៃគម្រោង បង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-866-346-7198. Arabic

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Hmong

IN WITNESS WHEREOF, Blue Shield of California Life & Health Insurance Company, through its duly authorized Officers, execute this Policy, to take effect on the Member's Effective Date.

Dental Customer Service Telephone Numbers:

Blue Shield Life
Dental Plan Administrator
1-888-679-8928

Blue Shield Life
1-800-431-2809

Dental Customer Service Correspondence Addresses:

Blue Shield Life
Dental Plan Administrator
Dental Customer Service
425 Market Street, 15th Floor
San Francisco, CA 94105

Claims for all other Covered Services should be sent to:

Blue Shield Life
P. O. Box 272590
Chico, CA 95927-2590

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