blue of california

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

Individual and Family Dental Plan
DUO Plan

Specialty Duo℠ Dental Plan

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 pay less for Covered Services when you use a Participating Dentist than when you use a Non-Participating Dentist. 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. Blue Shield Life pays for some Covered Services before the Calendar Year Deductible is met, as noted in the Benefits chart below.

		When using a Participating[3] or Non-Participating[4] Dentist
Calendar Year Deductible	*Individual coverage*	$50
	Family coverage	$0

Calendar Year Benefit Maximum[5]

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

	When using any combination of Participating[3] and Non-Participating[4] Dentists	When Using a Non-Participating Dentist[4]
Calendar Year Benefit Maximum	$1,000 per individual	$500 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	3 months for basic services 12 months for major services 12 months for orthodontic services

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.

Benefits[6,7]	Your payment

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating[3] Dentist	When using a Non-Participating[4] Dentist
	Diagnostic services (exams and x-rays)		
D0120	Periodic oral evaluation	$0	All charges above $16
D0140	Limited oral evaluation – problem focused	$0	All charges above $24
D0145	Oral evaluation for a patient under three years of age	$0	All charges above $16
D0150	Comprehensive oral evaluation	$0	All charges above $40
D0160	Detailed and extensive oral evaluation – problem focused	$0	All charges above $16
D0170	Re-evaluation – limited, problem focused (not post-operative visit)	$0	All charges above $16
D0180	Comprehensive periodontal evaluation	$0	All charges above $48
D0190	Screening of a patient	$0	All charges above $16
D0191	Assessment of a patient	$0	All charges above $16
D0210	Intraoral complete series radiographs - includes bitewings (once every 36 months)	$0	All charges above $56
D0220	Intraoral periapical radiograph – first film	$0	All charges above $16
D0230	Intraoral periapical radiograph – each additional film	$0	All charges above $8
D0240	Intraoral occlusal radiograph	$0	All charges above $28
D0270	Bitewing radiograph – single film	$0	All charges above $14
D0272	Bitewing radiograph – two films	$0	All charges above $20
D0273	Bitewing radiograph – three films	$0	All charges above $22
D0274	Bitewing radiograph – four films (one series every 6 months)	$0	All charges above $24
D0330	Panoramic radiograph film (once every 36 months)	$0	All charges above $40
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium	$0/site	Not covered
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities, including premalignant and malignant lesions (not to include cytology or biopsy procedures)	$0	All charges above $25
D0460	Pulp vitality tests	$0	All charges above $18
D0470	Diagnostic casts	$0	All charges above $40
D0601	Caries risk assessment and documentation, with a finding of low risk	$0	All charges above $16
D0602	Caries risk assessment and documentation, with a finding of moderate risk	$0	All charges above $16
D0603	Caries risk assessment and documentation, with a finding of high risk	$0	All charges above $16
D0701	Panoramic radiographic - image capture only	$0	All charges above $40
D0702	2-D cephalometric radiographic image – image capture only	$0	All charges above $40
D0706	Intraoral – occlusal radiographic image – image capture only	$0	All charges above $28

Benefits[6,7]	Your payment

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating[3] Dentist	When using a Non-Participating[4] Dentist
D0707	Intraoral – periapical radiographic image – image capture only	$0	All charges above $16
D0708	Intraoral – bitewing radiographic image – image capture only Image axis may be horizontal or vertical	$0	All charges above $14
D0709	Intraoral – complete series of radiographic images – image capture only	$0	All charges above $56
	Preventive services (cleanings and fluoride)		
D1110	Prophylaxis – adult (once every 6 months)	$0	All charges above $48
D1110	Enhanced Dental Benefits for Pregnant Women only - Prophylaxis - adult age 17 and older - (one additional prophylaxis including periodontal prophylaxis for gingivitis for women during pregnancy)	$0	Not covered
D1120	Prophylaxis – child (once every 6 months)	$0	All charges above $34
D1206	Topical application of fluoride varnish	$0	All charges above $19
D1208	Topical application of fluoride – excluding varnish – child through the age of 15	$0	All charges above $15
D1351	Sealant – per tooth	$0	All charges above $22
D1355	Caries preventive medicament application – per tooth for primary prevention or remineralization. Medicaments applied do not include topical fluorides.	$10/tooth	All charges above $8
D1510	Space maintainer – fixed - unilateral - per quadrant	$0	All charges above $148
D1516	Space maintainer – fixed – bilateral, maxillary	$0	All charges above $228
D1517	Space maintainer – fixed – bilateral, mandibular	$0	All charges above $228
D1520	Space maintainer – removable - unilateral - per quadrant	$0	All charges above $200
D1526	Space maintainer – removable – bilateral, maxillary	$0	All charges above $228
D1527	Space maintainer – removable – bilateral, mandibular	$0	All charges above $228
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	$0	All charges above $25
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	$0	All charges above $25
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	$0	All charges above $25
D1556	Removal of fixed unilateral space maintainer – per quadrant	$0	All charges above $25
D1557	Removal of fixed bilateral space maintainer – maxillary	$0	All charges above $25
D1558	Removal of fixed bilateral space maintainer – mandibular	$0	All charges above $25
D1575	Distal shoe space maintainer – fixed – unilateral – per quadrant -under age 6 (once per lifetime)	$0	All charges above $148
	Minor Restorative services (fillings)		
D2140	Amalgam – one surface, primary or permanent	$35	All charges above $28

Benefits[6,7]	Your payment

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating[3] Dentist	When using a Non-Participating[4] Dentist
D2150	Amalgam – two surfaces, primary or permanent	$43	All charges above $34
D2160	Amalgam – three surfaces, primary or permanent	$53	All charges above $42
D2161	Amalgam – four or more surfaces, primary or permanent	$68	All charges above $54
D2330	Resin-based composite – one surface, anterior	$37	All charges above $30
D2331	Resin-based composite – two surfaces, anterior	$56	All charges above $44
D2332	Resin-based composite – three surfaces, anterior	$68	All charges above $54
D2335	Resin-based composite – four or more surfaces or involving incisal angle, anterior	$68	All charges above $54
D2391	Resin-based composite – one surface, posterior	$41	All charges above $32
D2392	Resin-based composite – two surfaces, posterior	$53	All charges above $41
D2393	Resin-based composite – three surfaces, posterior	$74	All charges above $58
D2394	Resin-based composite – four or more surfaces, posterior	$100	All charges above $79
	Major Restorative services (crowns)		
D2542	Onlay – metallic – two surfaces	$142	All charges above $112
D2543	Onlay – metallic – three surfaces	$158	All charges above $124
D2544	Onlay – metallic – four or more surfaces	$175	All charges above $138
D2642	Onlay – porcelain/ceramic – two surfaces	$128	All charges above $101
D2643	Onlay – porcelain/ceramic – three surfaces	$150	All charges above $118
D2644	Onlay – porcelain/ceramic – four or more surfaces	$165	All charges above $130
D2710	Crown – resin-based composite – indirect	$160	All charges above $128
D2740	Crown – porcelain/ceramic	$265[8]	All charges above $212[8]
D2750	Crown – porcelain fused to high noble metal	$320[8]	All charges above $256[8]
D2751	Crown – porcelain fused to predominantly base metal	$315[8]	All charges above $252[8]
D2752	Crown – porcelain fused to noble metal	$320[8]	All charges above $256[8]
D2753	Crown - porcelain fused to titanium and titanium alloys	$320[8]	All charges above $256[8]
D2780	Crown – 3/4 cast high noble metal	$298[8]	All charges above $238[8]
D2781	Crown – 3/4 cast predominantly base metal	$298[8]	All charges above $238[8]
D2782	Crown – 3/4 cast noble metal	$298[8]	All charges above $238[8]
D2790	Crown – full cast high noble metal	$320[8]	All charges above $256[8]
D2791	Crown – full cast predominantly base metal	$320[8]	All charges above $252[8]
D2792	Crown – full cast noble metal	$320[8]	All charges above $252[8]
D2794	Crown – titanium and titanium alloys	$320[8]	All charges above $371[8]
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$22	All charges above $17
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$22	All charges above $22

Benefits[6,7]	Your payment

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating[3] Dentist	When using a Non-Participating[4] Dentist
D2920	Re-cement or re-bond crown	$25	All charges above $20
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	$59	All charges above $47
D2930	Prefabricated stainless steel crown – primary tooth	$53	All charges above $42
D2931	Prefabricated stainless steel crown – permanent tooth	$59	All charges above $47
D2932	Prefabricated resin crown	$51	All charges above $41
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	$53	All charges above $53
D2940	Protective restoration	$21	All charges above $16
D2950	Core buildup, including any pins when required	$54	All charges above $43
D2951	Pin retention – per tooth, in addition to restoration	$28	All charges above $22
D2952	Post and core in addition to crown – indirectly fabricated	$86	All charges above $69
D2953	Each additional indirectly fabricated post – same tooth	$43	All charges above $33
D2954	Prefabricated post and core in addition to crown	$81	All charges above $64
D2957	Each additional prefabricated post – same tooth	$40	All charges above $31
D2980	Crown repair necessitated by restorative material failure	$50	All charges above $40
	Endodontic services (root canals)		
D3110	Pulp cap – direct (excluding final restoration)	$18	All charges above $14
D3120	Pulp cap – indirect (excluding final restoration)	$26	All charges above $21
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	$33	All charges above $26
D3310	Endodontic therapy – anterior tooth (excluding final restoration)	$156	All charges above $125
D3320	Endodontic therapy – premolar tooth (excluding final restoration)	$188	All charges above $150
D3330	Endodontic therapy – molar tooth (excluding final restoration)	$234	All charges above $187
D3346	Retreatment of previous root canal therapy – anterior	$156	All charges above $145
D3347	Retreatment of previous root canal therapy – bicuspid	$188	All charges above $180
D3348	Retreatment of previous root canal therapy – molar	$234	All charges above $227
D3351	Apexification/recalcification – initial visit	$73	All charges above $58
D3352	Apexification/recalcification – interim	$73	All charges above $58
D3353	Apexification/recalcification – final visit	$73	All charges above $58
D3410	Apicoectomy – anterior – first root	$200	All charges above $160
D3421	Apicoectomy – premolar – first root	$200	All charges above $160
D3425	Apicoectomy – molar – first root	$218	All charges above $174
D3426	Apicoectomy – each additional root	$100	All charges above $80

Benefits[6,7]	Your payment

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating[3] Dentist	When using a Non-Participating[4] Dentist
D3430	Retrograde filling – per root	$101	All charges above $80
D3450	Root amputation – per root	$71	All charges above $56
D3471	Surgical repair of a root resorption – anterior – first root	50%	50%
D3472	Surgical repair of a root resorption – molar – for surgery on root of premolar tooth – first root. Does not include placement of restoration.	50%	50%
D3473	Surgical repair of a root resorption – molar – for surgery on root of molar tooth – first root. Does not include placement of restoration.	50%	50%
D3920	Hemisection, including any root removal (not including root canal therapy)	$100	All charges above $80
	Periodontic services (gum disease)		
D4210	Gingivectomy/gingivoplasty – four or more contiguous teeth or tooth bounded spaces – per quadrant	$161	All charges above $128
D4211	Gingivectomy/gingivoplasty – one to three contiguous teeth or tooth bounded spaces – per quadrant	$59	All charges above $46
D4240	Gingival flap procedure, including root planing – four or more teeth – per quadrant	$115	All charges above $92
D4241	Gingival flap procedure, including root planing – one to three teeth – per quadrant	$69	All charges above $54
D4249	Clinical crown lengthening – hard tissue	$138	All charges above $110
D4260	Osseous surgery, including elevation of a full thickness flap and closure – four or more contiguous teeth or tooth bounded spaces – per quadrant	$263	All charges above $210
D4261	Osseous surgery, including elevation of full thickness flap and closure – one to three contiguous teeth or tooth bounded spaces – per quadrant	$158	All charges above $124
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	$160/site	All charges above $128
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	$203/site	All charges above $162
D4266	Guided tissue regeneration – resorbable barrier – per site	$240	All charges above $192
D4267	Guided tissue regeneration – non-resorbable barrier – per site, includes membrane removal	$240	All charges above $192
D4270	Pedicle soft tissue graft procedure	$132	All charges above $105
D4273	Autogenous connective tissue graft procedure, including donor and recipient surgical sites – first tooth – implant or edentulous tooth position in graft	$259	All charges above $207
D4276	Combination connective tissue and double pedicle graft – per tooth	$132	All charges above $170

Benefits[6,7]	Your payment

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating[3] Dentist	When using a Non-Participating[4] Dentist
D4341	Periodontal scaling and root planing – four or more teeth – per quadrant	$65	All charges above $52
D4341	*Enhanced Dental Benefits for Pregnant Women only* - Periodontal scaling and root planing - four or more teeth - per quadrant - *(one course (up to 4 quadrants) of periodontal scaling and root planing for women during pregnancy with a documented existing periodontal condition)*	$0	Not covered
D4342	Periodontal scaling and root planing – one to three teeth – per quadrant	$32	All charges above $25
D4342	*Enhanced Dental Benefits for Pregnant Women only* - Periodontal scaling and root planing - one to three teeth - per quadrant - *(one course (up to 4 quadrants) of periodontal scaling and root planing for women during pregnancy with a documented existing periodontal condition)*	$0	Not covered
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (11 years of age and older; once per 12 months)	$33	All charges above $35
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	$53	All charges above $42
D4910	Periodontal maintenance	$33	All charges above $35
D4910	*Enhanced Dental Benefits for Pregnant Women only* - Periodontal maintenance - *(one periodontal maintenance visit for women during pregnancy if warranted by a history of periodontal treatment*	$33	All charges above $35
	Removable prosthetic services (dentures)		
D5110	Complete denture – maxillary	$388	All charges above $310
D5120	Complete denture – mandibular	$388	All charges above $310
D5130	Immediate denture – maxillary	$388	All charges above $310
D5140	Immediate denture – mandibular	$388	All charges above $310
D5211	Maxillary partial denture – resin base, including retentive/clasping materials, rests and teeth	$375	All charges above $300
D5212	Mandibular partial denture – resin base, including retentive/clasping materials, rests and teeth	$375	All charges above $300
D5213	Maxillary partial denture – cast metal framework with resin denture bases, including retentive/clasping materials, rests and teeth	$450[8]	All charges above $360[8]
D5214	Mandibular partial denture – cast metal framework with resin denture bases, including retentive/clasping materials, rests and teeth	$450[8]	All charges above $360[8]
D5225	Maxillary partial denture – flexible base, including retentive/clasping materials, rests and teeth	$450	All charges above $495

Benefits[6,7]	Your payment

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating[3] Dentist	When using a Non-Participating[4] Dentist
D5226	Mandibular partial denture – flexible base, including retentive/clasping materials, rests and teeth	$450	All charges above $495
D5410	Adjust complete denture – maxillary	$28	All charges above $22
D5411	Adjust complete denture – mandibular	$28	All charges above $22
D5421	Adjust partial denture – maxillary	$28	All charges above $22
D5422	Adjust partial denture – mandibular	$28	All charges above $22
D5511	Repair broken complete denture base – mandibular	$53[9]	All charges above $42[9]
D5512	Repair broken complete denture base – maxillary	$53[9]	All charges above $42[9]
D5520	Replace missing or broken teeth – complete denture – each tooth	$53[9]	All charges above $42[9]
D5611	Repair resin partial denture base – mandibular	$53[9]	All charges above $42[9]
D5612	Repair resin partial denture base – maxillary	$53[9]	All charges above $42[9]
D5621	Repair cast partial framework – mandibular	$53[9]	All charges above $42[9]
D5622	Repair cast partial framework – maxillary	$53[9]	All charges above $42[9]
D5630	Repair or replace broken retentive/clasping materials – per tooth	$69[9]	All charges above $55[9]
D5640	Replace broken teeth – per tooth	$43[9]	All charges above $34[9]
D5650	Add tooth to existing partial denture	$43[9]	All charges above $34[9]
D5660	Add clasp to existing partial denture – per tooth	$75[9]	All charges above $60[9]
D5670	Replace all teeth and acrylic on cast metal framework – maxillary	$236[9]	All charges above $186[9]
D5671	Replace all teeth and acrylic on cast metal framework – mandibular	$236[9]	All charges above $186[9]
D5710	Rebase – complete maxillary denture	$140	All charges above $112
D5711	Rebase – complete mandibular denture	$140	All charges above $112
D5720	Rebase – partial maxillary denture	$140	All charges above $112
D5721	Rebase – partial mandibular denture	$140	All charges above $112
D5730	Reline complete maxillary denture – direct	$80[10]	All charges above $64[10]
D5731	Reline complete mandibular denture – direct	$80[10]	All charges above $64[10]
D5740	Reline maxillary partial denture – direct	$80[10]	All charges above $64[10]
D5741	Reline mandibular partial denture – direct	$80[10]	All charges above $64[10]
D5750	Reline complete maxillary denture – indirect	$135[10]	All charges above $108[10]
D5751	Reline complete mandibular denture – indirect	$135[10]	All charges above $108[10]
D5760	Reline maxillary partial denture – indirect	$135[10]	All charges above $108[10]
D5761	Reline mandibular partial denture – indirect	$135[10]	All charges above $108[10]
D5850	Tissue conditioning – maxillary	$33	All charges above $26

Benefits[6,7]	Your payment

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating[3] Dentist	When using a Non-Participating[4] Dentist
D5851	Tissue conditioning – mandibular	$33	All charges above $26
	Implant services		
D6010	Surgical placement of implant body – endosteal implant	$612	Not covered
D6056	Prefabricated abutment – includes modifications and placement	$172	Not covered
D6057	Custom fabricated abutment – includes placement	$257	Not covered
D6058	Abutment supported porcelain/ceramic crown	$380	Not covered
D6059	Abutment supported porcelain fused to metal crown – high noble metal	$370	Not covered
D6060	Abutment supported porcelain fused to metal crown – predominately base metal	$320	Not covered
D6061	Abutment supported porcelain fused to metal crown – noble metal	$343	Not covered
D6062	Abutment supported cast metal crown – high noble metal	$354	Not covered
D6063	Abutment supported cast metal crown – predominately base metal	$322	Not covered
D6064	Abutment supported cast metal crown – noble metal	$343	Not covered
D6065	Implant supported porcelain/ceramic crown	$415	Not covered
D6066	Implant supported crown – porcelain fused to high noble alloys	$418	Not covered
D6067	Implant supported crown – high noble alloys	$405	Not covered
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	$75	Not covered
D6082	Implant supported crown – porcelain fused to predominantly base alloys	$612	Not covered
D6083	Implant supported crown – porcelain fused to noble alloys	$343	Not covered
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	$320	Not covered
D6086	Implant supported crown – predominantly base alloys	$322	Not covered
D6087	Implant supported crown – noble alloys	$612	Not covered
D6088	Implant supported crown – titanium and titanium alloys	$322	Not covered
D6090	Repair implant supported prosthesis, by report	$211	Not covered
D6092	Re-cement or re-bond implant/abutment supported crown	$27	Not covered
D6094	Abutment supported crown – titanium and titanium alloys	$354	Not covered
D6095	Repair implant abutment, by report	$218	Not covered
D6096	Remove broken implant retaining screw	$0	$0

Benefits[6,7]	Your payment

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating[3] Dentist	When using a Non-Participating[4] Dentist
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	$612	Not covered
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	$612	Not covered
D6100	Implant removal, by report	$228	Not covered
	Bridges, abutments or pontic services		
D6210	Pontic – cast high noble metal	$293[8]	All charges above $234[8]
D6211	Pontic – cast predominantly base metal	$293[8]	All charges above $234[8]
D6212	Pontic – cast noble metal	$293[8]	All charges above $234[8]
D6240	Pontic – porcelain fused to high noble metal	$293[8]	All charges above $234[8]
D6241	Pontic – porcelain fused to predominantly base metal	$293[8]	All charges above $234[8]
D6242	Pontic – porcelain fused to noble metal	$293[8]	All charges above $234[8]
D6243	Pontic – porcelain fused to titanium and titanium alloys	$293[8]	All charges above $234[8]
D6545	Retainer – cast metal for resin bonded fixed prosthesis	$123[8]	All charges above $98[8]
D6608	Retainer onlay – porcelain/ceramic – two surfaces	$128[8]	All charges above $101[8]
D6609	Retainer onlay – porcelain/ceramic – three or more surfaces	$150[8]	All charges above $118[8]
D6610	Retainer onlay – cast high noble metal – two surfaces	$169[8]	All charges above $135[8]
D6611	Retainer onlay – cast high noble metal – three or more surfaces	$185[8]	All charges above $148[8]
D6612	Retainer onlay – cast predominantly base metal – two surfaces	$145[8]	All charges above $116[8]
D6613	Retainer onlay – cast predominantly base metal – three or more surfaces	$161[8]	All charges above $128[8]
D6614	Retainer onlay – cast noble metal – two surfaces	$153[8]	All charges above $122[8]
D6615	Retainer onlay – cast noble metal – three or more surfaces	$169[8]	All charges above $135[8]
D6750	Retainer crown – porcelain fused to high noble metal	$313[8]	All charges above $250[8]
D6751	Retainer crown – porcelain fused to predominantly base metal	$298[8]	All charges above $238[8]
D6752	Retainer crown – porcelain fused to noble metal (anterior and premolar teeth only)	$305[8]	All charges above $244[8]
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	$298[8]	All charges above $238[8]
D6780	Retainer crown – 3/4 cast high noble metal	$313[8]	All charges above $250[8]
D6781	Retainer crown – 3/4 cast predominantly base metal	$313[8]	All charges above $250[8]
D6782	Retainer crown – 3/4 cast noble metal	$313[8]	All charges above $250[8]
D6784	Retainer crown – 3/4 titanium and titanium alloys	$313[8]	All charges above $250[8]

Benefits[6,7]	Your payment

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating[3] Dentist	When using a Non-Participating[4] Dentist
D6790	Retainer crown – full cast high noble metal	$313[8]	All charges above $250[8]
D6791	Retainer crown – full cast predominantly base metal	$298[8]	All charges above $233[8]
D6792	Retainer crown – full cast noble metal	$305[8]	All charges above $244[8]
D6930	Re-cement or re-bond fixed partial denture	$38	All charges above $30
	Oral surgery services		
D7111	Extraction – coronal remnants – primary tooth	$20	All charges above $16
D7140	Extraction – erupted tooth or exposed root, including elevation and/or forceps removal	$40	All charges above $32
D7210	Extraction – erupted tooth requiring removal of bone and/or sectioning of tooth, including elevation of mucoperiosteal flap if indicated	$63	All charges above $50
D7220	Removal of impacted tooth – soft tissue	$68	All charges above $54
D7230	Removal of impacted tooth – partially bony	$104	All charges above $83
D7240	Removal of impacted tooth – completely bony	$113	All charges above $90
D7241	Removal of impacted tooth – completely bony with unusual surgical complications	$113	All charges above $90
D7250	Removal of residual tooth roots – cutting procedure	$55	All charges above $44
D7251	Coronectomy – intentional partial tooth removal	$98	All charges above $77
D7260	Oroantral fistula closure	$70	All charges above $56
D7286	Incisional biopsy of oral tissue – soft	$63[9]	All charges above $50[9]
D7287	Exfoliative cytological sample collection	$38	All charges above $30
D7288	Brush biopsy – transepithelial sample collection	$32	All charges above $44
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces – per quadrant	$57	All charges above $46
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces – per quadrant	$36	All charges above $30
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces – per quadrant	$63	All charges above $50
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces – per quadrant	$42	All charges above $35
D7471	Removal of lateral exostosis – maxilla or mandible	$88	All charges above $70
D7472	Removal of torus palatinus	$88	All charges above $70
D7473	Removal of torus mandibularis	$88	All charges above $70
D7510	Incision and drainage of abscess – intraoral soft tissue	$38	All charges above $30
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated, includes drainage of multiple facial spaces	$48	All charges above $65
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	$100	All charges above $80

Benefits[6,7]	Your payment

Covered Services are listed with the American Dental Association (ADA) procedure code.

ADA Code	Services	When using a Participating[3] Dentist	When using a Non-Participating[4] Dentist
D7963	Frenuloplasty	$88	All charges above $122
D7970	Excision of hyperplastic tissue – per arch	$100	All charges above $80
D7971	Excision of pericoronal gingiva	$43	All charges above $34
	Orthodontic services		
D8080	Comprehensive Orthodontic treatment of the adolescent dentition	$2,350[7]	Not covered
D8090	Comprehensive Orthodontic treatment of the adult dentition	$2,650[7]	Not covered
	Adjunctive general services		
D9110	Palliative emergency treatment of dental pain – minor procedure	$25[11]	All charges above $20[11]
D9210	Local anesthesia not in conjunction with operative or surgical procedures	$0	$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	$0	$0
D9222	Deep sedation/general anesthesia – first 15 minutes	$0	$0
D9230	Analgesia – each 30 minutes	$15	All charges above $12
D9239	Intravenous moderate conscious sedation/anesthesia – first 15 minutes	$0	$0
D9310	Consultation – diagnostic consultation provided by dentist or physician other than requesting dentist or physician (as necessary)	$30	All charges above $24
D9910	Application of desensitizing medicament	$10	All charges above $8
D9942	Repair and/or reline of occlusal guard	$34	All charges above $34
D9944	Occlusal guards – hard appliance, full arch	$113	All charges above $90
D9945	Occlusal guards – soft appliance, full arch	$113	All charges above $90
D9946	Occlusal guards – hard appliance, partial arch	$113	All charges above $90
D9951	Occlusal adjustment – limited	$50	All charges above $40
D9952	Occlusal adjustment – complete	$200	All charges above $160

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. Diagnostic and preventive services and enhanced dental benefits for pregnant women are not subject to the CYD.

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 applicable Calendar Year Deductible has been met.

4 Using Non-Participating Dentists:

Non-Participating Dentists do not have a contract to provide Dental Care Services to Insureds. When you receive Covered Services from a Non-Participating Dentist, you are responsible for:

- any charges above the Allowable Amount (which can be significant).

"Allowable Amount" is defined in the COI. In addition:

- Any charges above the Allowable Amount are not covered, do not count towards any Benefit maximums, and are your responsibility for payment to the provider. This out-of-pocket expense can be significant.

5 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. The Plan pays up to the maximum payment amount as listed for Covered Services and supplies.

*This Plan has a combined Participating Dentist and Non-Participating Dentist Calendar Year Benefit maximum as well as a Non-Participating Dentist Benefit maximum***.** This means that any amount the Plan pays towards Covered Services for Non-Participating Dentists also counts towards the combined Participating and Non-Participating Dental Benefit maximum.

Diagnostic and preventive services and enhanced dental benefits for pregnant women do not apply towards the Calendar Year Benefit Maximum.

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.

Notes

7 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.

Full case fee. The full case fee for Othodontic Covered Services includes a consultation, a treatment plan, tooth movement, and retention limited to $250 per case. Orthodontists may charge Insureds separately for records.

8 Metals and Porcelain:

Precious (high noble) and semi-precious (noble) metals are subject to an additional charge. If these metals are used for fillings, crowns, bridges, or prosthetic devices, they are subject to an additional charge of the cost of the metal.

Porcelain on molar crowns is subject to an additional cost of the cost of the metal.

9 Laboratory Fees:

Denture repair, biopsy, and excision Covered Services are subject to an additional charge for lab fees. The Insured is responsible for paying the lab fees plus any applicable Copayment or Coinsurance for these services.

10 Denture Reline Services:

The Copayment or Coinsurance for Covered Services applies if done within six (6) months of the initial insertion of a denture. Denture relines after six (6) months of the initial insertion of a denture require the additional denture reline Copayment or Coinsurance.

11 Palliative Emergency Treatment:

For an emergency oral exam with palliative treatment, if the treatment includes a listed procedure, then the regular Copayment or Coinsurance applies.

Plans may be modified to ensure compliance with State and Federal requirements.

blue of california

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

Individual and Family Vision Plan

Specialty Duo℠ Vision Plan

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.

Provider Network:

This Plan uses a contracted network of vision care providers. Providers in this network are called Participating Providers. You pay less for Covered Services when you use a Participating Provider than when you use a Non-Participating Provider. You can find Participating Providers in this network at blueshieldca.com.

Benefit Frequency Limits

This Plan pays up to the Allowance and frequency limits as listed for Covered Services.

Comprehensive exam	One every 12 consecutive months
Eyeglass lenses or contact lenses	Once every 24 consecutive months
Eyeglass frame	One every 24 consecutive months
Low vision testing	One every 24 consecutive months
Diabetes management referral	One every Calendar Year

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	90 days

No Deductible

Under this Plan there is no dollar amount an Insured must pay before Blue Shield Life will pay for Covered Services.

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.

Benefits[2]	Your payment	
	When using a Participating Provider[3]	**When using a Non-Participating Provider[4]**
Eye examinations		
Comprehensive exam *One per Insured every 12 months.*		
Ophthalmologic visit	$0	All charges above $60
Optometric visit	$0	All charges above $50
Retinal Imaging *One per Insured every 12 months by a Participating Provider instead of a standard comprehensive exam with dilation.*	$39	Not covered
Standard contact lens fitting and evaluation *One per Insured every 12 months by a Participating Provider if administered at the same time as the comprehensive exam.*	Not covered	Not covered
Eyewear/Materials		
Eyeglass frame *One per Insured every 24 months.*	$25 plus all charges above $100	All charges above $40
Plano (non-prescription) sunglasses *One per Insured every 24 months instead of an eyeglass frame when prescribed by a Participating Provider or surgeon after vision correction surgery.*	$25 plus all charges above $100	Not covered
Eyeglass lenses and lens treatments *One pair of lenses per Insured every 24 months or every 12 months if the examination indicates a Prescription Change. Each pair of eyeglass lenses includes pink or rose tint #1 or #2 in the Allowance and up to 61mm in size.*		
• Single vision	$25	All charges above $43
• Lined bifocal	$25	All charges above $60
• Lined trifocal	$25	All charges above $75
• 7.25 diopter, or more	$25	All charges above $12
• Aphakic monofocal	$25	All charges above $120
• Aphakic multifocal	$25	All charges above $200
• Lenticular monofocal	$25	All charges above $120
• Lenticular multifocal	$25	All charges above $200
• Prism 1 1/2 to 4 diopters	$25	All charges above $10
• Prism 4 1/2 to 10 diopters	$25	All charges above $16
• Slab-off prism (per lens)	$25	All charges above $35
• Polycarbonate lenses (for Dependent children only)	$25 plus all charges above $100	All charges above $75

Benefits[2]	Your payment	
	When using a Participating Provider[3]	**When using a Non-Participating Provider[4]**
• Polycarbonate photochromic single vision lenses (for Dependent children only)	$25 plus all charges above $160	All charges above $115
• Progressive lenses (no-line bifocals)	$25 plus all charges above $140	All charges above $100
• Anti-reflective lens coating	$25 plus all charges above $50	All charges above $35
• Photochromic lenses		
Single vision	$25 plus all charges above $115	All charges above $85
Lined bifocal	$25 plus all charges above $130	All charges above $95
Lined trifocal	$25 plus all charges above $150	All charges above $110
Progressive (no-line bifocals)	$25 plus all charges above $200	All charges above $150
Contact lenses *Elective or Non-Elective Contact Lenses are provided per Insured every 24 months or every 12 months if the examination indicates a Prescription Change. Benefits are provided instead of eyeglass frames and lenses up to the Allowance.*		
• Elective (cosmetic/convenience) - hard or soft	$25 plus all charges above $120	All charges above $120
• Non-Elective (Medically Necessary) - hard *Requires a report from the provider and prior authorization from the VPA.*	Not covered	Not covered
• Non-Elective (Medically Necessary) - soft *Requires a report from the provider and prior authorization from the VPA.*	$25	All charges above $250
Other services		
Low-vision testing and equipment *One per Insured every 24 months by a Participating Provider. Exam must be Medically Necessary, requires a report from the provider and prior authorization from the VPA.*	25% plus all charges above $1,000	Not covered
Diabetes management referral *One per Insured, per Calendar Year to a Participating Provider when you are known to have or be at risk for diabetes.*	$0	Not covered

Notes

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Capitalized terms are defined in the COI. Refer to the COI for an explanation of the terms used in this Summary of Benefits.

2 Vision Care Services:

All vision Benefits are provided through Blue Shield Life's Vision Plan Administrator (VPA).

Contact lenses. The Allowance for contact lenses may be used towards the fitting fees. If you receive Elective or Non-Elective Contact Lenses, no Benefits will be available for eyeglass frames and lenses until you satisfy the Benefit frequency.

3 Using Participating Providers:

Participating Providers have a contract to provide vision care services to Insureds. When you receive Covered Services from a Participating Provider, you are responsible for:

- the Copayment, and
- any charges above the stated Allowance, which is the Benefit maximum.

When the Participating Provider uses wholesale or warehouse pricing, the maximum frame Allowances are:

- wholesale Allowance: $66.04.
- warehouse Allowance: $69.09.

Note: This pricing replaces the frame Allowance shown in the Summary of Benefits. If a more expensive frame is selected at a provider location that uses wholesale or warehouse pricing, the Insured Person is responsible for the additional cost above the wholesale or warehouse Allowance. Participating Providers using wholesale or warehouse pricing are identified in the directory of Participating Providers at blueshieldca.com.

Participating Providers maintain a selection of frames that retail within the Allowance of this plan with lenses that fit an eye size less than 61 millimeters.

4 Using Non-Participating Providers:

Non-Participating Providers do not have a contract to provide vision care services to Insureds. When you receive Covered Services from a Non-Participating Provider, you are responsible for:

- the Copayment, and
- any charges above the stated Allowance, which is the Benefit maximum.

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)**。