

## Smile<sup>SM</sup> Plus Gold 50/1500/Ortho/U85

### Benefit summary

Effective January 1, 2016

**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

### Finding a network dentist

It's easy to choose a dentist. With a broad network of PPO dentists to pick from, you should be able to find one near you. The dental PPO directory is available online in the *Find a Provider* section at [blueshieldca.com](http://blueshieldca.com), or by calling Customer Service at **(888) 702-4171**. When you receive care from a network dentist, you pay only the applicable deductibles and copayments, and there are no claim forms to file.

### Using a dentist that's not in the network

Select any licensed dentist. If you use a dentist that's not in the network, your total out-of-pocket expenses may be higher. You pay at the time of service, and afterwards you can file a claim with Blue Shield to receive reimbursement for covered services or you can choose to have the reimbursement sent to your non-network dentist.

| Plan Features  | In-network providers | Non-network providers |
|--|----------------------|-----------------------|
| <b>Calendar Year Deductible</b><br>(applies to covered services other than diagnostic and preventive services, orthodontic services and enhanced dental benefits for pregnant women) | \$50 (\$150/family)  | \$50 (\$150/family)   |
| <b>Maximum Calendar Year Benefit</b><br>(charges for services above the maximum are your responsibility)   | \$1,500              | \$1,000               |
| <b>Calendar Year Orthodontic Services Benefit Maximum Payment</b><br>(benefit is separate from and in addition to the calendar year maximum payment)                                 | \$1,000              | \$1,000               |

| Covered Services   | Coverage when provided by network providers | Maximum payment when provided by non-network providers <sup>1</sup> |
|--|---|---|
| <b>Diagnostic and Preventive Services</b> (includes routine oral exams, X-rays, cleanings, and oral cancer screening, and caries risk management (CAMBRA) procedures <sup>2</sup> )                    | 100%  | 80% UCR   |
| <b>Basic Services</b> (includes anesthesia, emergency treatment to relieve pain, restorative dentistry, sealants, and space maintainers)   | 80%   | 70% UCR   |
| <b>Major Services</b> (includes crown buildups, crowns, prosthetics, onlays, jackets, posts and cores, oral surgery, endodontics, and periodontics)  | 50%   | 50% UCR   |
| <b>Orthodontic Services</b> - all ages   | 50%   | 50% UCR   |
| <b>Enhanced Dental Benefits for Pregnant Women</b> (includes routine prophylaxis - including prophylaxis for pregnancy gingivitis - periodontal scaling and root planing, and periodontal maintenance) | 100%  | 100% UCR  |

| Dental Smile Rollover Rewards <sup>3, 4</sup> |                        |                      |                       |  |                              |  |
|---|------------------------|----------------------|-----------------------|--|------------------------------|--|
| Maximum Calendar Year Benefit                 | Annual Claim Threshold | Annual Account Award | Annual Network Reward | Annual Account Award + Annual Network Reward | Total Reward Account Maximum | Total Calendar Year Benefit + Reward Account Maximum |
| \$1,000                                       | \$500                  | \$250                | \$100                 | \$350  | \$1,000                      | \$2,000  |

<sup>1</sup> The non-participating dentist reimbursement amount is the usual customary and reasonable rate or UCR rate. The UCR rate is the cost for a typical service

within a specified region. The UCR rates differ depending on where you receive services. When you go to a non-participating dentist, you pay any amount above the UCR rate. Non-participating dentist allowable amount is based off of the 85th percentile of UCR.

- 2 Caries Risk Management - CAMBRA (Caries Management by Risk Assessment) is an evaluation of a child's risk level for caries (decay). Children assessed as having a "high risk" for caries (decay) will be allowed up to 4 fluoride varnish treatments during the calendar year along with their biannual cleanings; "medium risk" children will be allowed up to 3 fluoride varnish treatments in addition to their biannual cleanings; and "low risk" children will be allowed up to 2 fluoride varnish treatments in addition to biannual cleanings. When requesting additional fluoride varnish treatments, the provider must provide a copy of the completed American Dental Association (ADA) CAMBRA form (available on the ADA website).
- 3 With the Dental Smile Rollover Rewards Program, Blue Shield rewards you for getting diagnostic and preventative care from your Dentist during the year. Your reward accumulates, can be carried over each year and is readily available when you need them (see Dental Smile Rollover Rewards section of the Evidence of Coverage section for details on how the program works).
- 4 Annual Account Award will be based on the Non-Participating Maximum Calendar Year Benefit amount.

Many benefits have pre-determined annual schedules and frequency limitations based on last delivery date and dental necessity. If you are unsure about the frequency of when a benefit can be accessed, you can call **(888) 702-4171**.

This plan is pending regulatory approval.