



# Blue Shield Dental PPO Smile Plans

- No waiting periods on covered services
- Extensive statewide network of participating dentists
- A wide range of dental benefits, including payment in full for specified diagnostic and preventive services from participating dentists
- In- and out-of-network benefits provide an unrestricted choice of licensed dentists
- Smile Deluxe Gold provides the highest level of reimbursement when using a non-participating dentist
- Orthodontic benefits for children and adults covered in the Smile Plus, Smile Deluxe and Smile Deluxe Gold Plans
- *Directory of Participating Dentists* available online at [www.mylifepath.com](http://www.mylifepath.com)
- Toll-free customer service

### What the Blue Shield Smile Plans Cover

- **\$50/\$75 Deductible** (\$150/\$225 family) – does not apply to diagnostic and preventive services by participating dentists
- **\$1,000/\$1,500 Calendar Year Maximum** (Smile Basic, Smile and Smile Plus – \$750 may be used for non-participating dentists; Smile Deluxe and Smile Deluxe Gold – \$1,500 may be used for both participating and non-participating dentists)
- **\$1,000 Orthodontic Calendar Year Maximum** – for Smile Plus, Smile Deluxe and Smile Deluxe Gold (in addition to the annual maximum for other covered services)

Benefits are paid based on percentages of Maximum Allowance Charge (MAC) as reported on schedules below.

	SMILE BASIC		SMILE		SMILE PLUS		SMILE DELUXE		SMILE DELUXE GOLD	
	Participating	Non-Participating	Participating	Non-Participating	Participating	Non-Participating	Participating	Non-Participating	Participating	Non-Participating <sup>1</sup>
Deductible	\$75/person \$225/family						\$50/person, \$150/family			
Calendar Year Maximum	\$1,000 (\$750 may be used for non-participating Dentist)		\$1,500 (\$750 may be used for non-participating dentists)				\$1,500 (may be used for both participating and non-participating dentists)			
Orthodontic Calendar Year Maximum	Not Covered		Not Covered		\$1,000 (The annual maximum for Orthodontics is in addition to the annual maximum for other covered services.)					
Diagnostic & Preventive Care (not subject to plan deductibles with participating dentists; includes routine oral exams, X-rays and cleanings)	100%*	50%	100%*	80%	100%*	80%	100%*	100%*	100%*	100%*
Basic Services (includes anesthesia, emergency treatment to relieve pain, oral surgery, restorative dentistry, sealants and space maintainers)	50%	50%	80%	70%	80%	70%	80%	80%	80%	80%
Endodontics & Periodontics	50%	50%	80%	70%	80%	70%	80%	80%	80%	80%
Major Services (includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts and cores and veneers)	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontics – All Ages (up to \$1,000 per calendar year)	Not Covered		Not Covered		50%	50%	50%	50%	50%	50%

<sup>1</sup>Higher reimbursement amounts for non-participating dentists than other plans.

\*not subject to plan deductibles with participating or non-participating dentists.

Dental PPO Smile Plans are offered in combination with Blue Shield of California health plans to groups of two or more eligible employees. Please contact your Blue Shield representative for more information.

Visit us at [mylifepath.com](http://mylifepath.com)

Group

## How the Plans Work

Your Smile Plan covers your dental care when you select any licensed dentist in California. When you choose a participating dentist, you'll know that the dentist has met Blue Shield's credentialing standards and you'll have the lowest out-of-pocket costs. You won't have to bother with claim forms; you'll be responsible only for paying applicable deductibles and copayments. All participating providers agree to accept the Blue Shield allowable amount as payment in full.

When you choose a non-participating dentist, you'll pay the dentist for the entire cost of your care, then file a claim form with Blue Shield. You will be responsible for paying applicable deductibles and copayments plus the difference between the amount Blue Shield allows and the amount billed.

## Exclusions and Limitations

### Benefits are not provided for:

- Crowns, inlays or onlays, laminate veneers, or other cast or laboratory prepared restorations if the tooth can be restored with a filling material (e.g., amalgam, composite resin or silicate cement).
- Implants (artificial materials, including synthetic bone grafting materials which are implanted into, onto or under bone or soft tissue) or the removal of implants (surgically or otherwise).
- General anesthesia except as administered by a licensed dentist in connection with a covered oral surgical procedure. (Intravenous sedation is not general anesthesia and is not covered).
- Charges for services in connection with any treatment to the gums for tumors, cysts and neoplasms.
- Services or supplies provided in connection with a congenital anomaly or development malformation.
- 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.
- Charges for vestibuloplasty and for any procedure, services or supply including office visits, examination and diagnosis provided directly or indirectly to treat a muscular, neural or skeletal disorder, dysfunction or disease of the temporomandibular joint and its associated structures including but not limited to myofascial pain dysfunction syndrome.
- Charges for services performed by a close relative or by a person who ordinarily resides in the subscriber's or dependent's home.
- Prescribed drugs, premedication, analgesia, local anesthetics, sedatives or intravenous sedation.
- Services, procedures or supplies which are not reasonably necessary for the care of the person's dental condition according to broadly accepted standards of professional care or which are investigative in nature or which do not have uniform professional endorsement.
- Appliances, restorations or services, including but not limited to equilibration, required solely to change, maintain or restore vertical dimension or occlusion or solely for the purpose of splinting.
- Services, procedures or supplies that are purely cosmetic in nature.
- The replacement of an appliance that has been either lost or stolen.
- Myofunctional therapy; biofeedback procedures; athletic mouthguards; precision or semi-precision attachments; denture duplication; oral hygiene instruction; treatment of jaw fractures; sealants; charges for acidetching.
- Orthognathic surgery; including but not limited to osteotomy; ostectomy and other services or supplies to augment or reduce the upper or lower jaw.
- Charges for services in connection with orthodontia (Smile Plan only).
- Temporary dental services.
- Extra-oral grafts.
- Hospital costs and any additional fees charged by the dentist for hospital treatment.
- Any service, procedure or supply for which the prognosis for long-term success is not reasonably favorable as determined by Blue Shield and its dental consultants.
- Any service, procedure or supply that 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:

- For full dentures or partial dentures: on the date the final impression is taken.
- For fixed bridges, crowns, inlays, onlays: on the date the teeth are first prepared.
- For root canal therapy: on the later date the pulp chamber opened or the date canals are explored to the apex.
- For all periodontal surgery: on the date the surgery is actually performed.
- For all other services: on the date the service is performed.
- For exact terms and conditions of coverage, please see the applicable group contract.