blue of california

Summary of Benefits

Group Dental Plan
DHMO Plan

Dental HMO Elite 75

This Summary of Benefits shows the amount you will pay for Covered Services under this Blue Shield of California Plan. It is only a summary and it is included as part of the Evidence of Coverage (EOC)[1]. Please read both documents carefully for details.

Dental Provider Network: DHMO Network

This Plan uses a specific network of dental care providers, called the DHMO provider network. Dentists in this network are called Participating Dentists. You must select a Participating Dentist from this network to provide your primary dental care and help you access services, but there are some exceptions. Please review your Evidence of Coverage 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 a Member pays each Calendar Year before Blue Shield pays for Covered Services under the Plan.

		When using a Participating Dentist[3]
Calendar Year Deductible	*Individual coverage*	$0 per individual
	Family coverage	$0

Calendar Year Benefit Maximum

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

	When using a Participating Dentist[3]
Calendar Year Benefit Maximum	No maximum

Waiting Period

A waiting period is the length of time you must be covered under the Plan before Blue Shield will pay for Covered Services.

Waiting period	No waiting period

No Lifetime Dollar Limit

Under this Plan there is no dollar limit on the total amount Blue Shield will pay for Covered Services in a Member's lifetime.

Blue Shield of California is an independent member of the Blue Shield Association

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
	Diagnostic services (exams and x-rays)	
D0120	Periodic oral evaluation	$0
D0140	Limited oral evaluation – problem focused	$0
D0145	Oral evaluation for a patient under three years of age	$0
D0150	Comprehensive oral evaluation	$0
D0170	Re-evaluation – limited, problem focused (not post-operative visit)	$0
D0171	Re-evaluation – post operative visit	$0
D0180	Comprehensive periodontal evaluation	$0
D0210	Intraoral comprehensive series radiographs - includes bitewings (once every 36 months)	$0
D0220	Intraoral periapical radiograph – first film	$0
D0230	Intraoral periapical radiograph – each additional film	$0
D0240	Intraoral occlusal radiograph	$0
D0250	Extraoral – first 2D projection radiographic image created using a stationary radiation source, and detector	$0
D0270	Bitewing radiograph – single film	$0
D0272	Bitewing radiograph – two films	$0
D0273	Bitewing radiograph – three films	$0
D0274	Bitewing radiograph – four films	$0
D0277	Vertical bitewings – 7 to 8 images	$0
D0330	Panoramic radiograph film (once every 36 months)	$0
D0350	2D oral/facial photographic images, non-orthodontic, obtained intraorally or extraorally	$0
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	$0
D0373	Intraoral tomosynthesis – bitewing radiographic image	$0
D0374	Intraoral tomosynthesis – periapical radiographic image	$0
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	$0
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	$0
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	$0
D0460	Pulp vitality tests	$0
D0470	Diagnostic casts	$0
D0601	Caries risk assessment and documentation, with a finding of low risk	$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	$0
D0603	Caries risk assessment and documentation, with a finding of high risk	$0
D0701	Panoramic radiographic - image capture only	$0
D0702	2-D cephalometric radiographic image – image capture only	$0

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	$0
D0706	Intraoral – occlusal radiographic image – image capture only	$0
D0707	Intraoral – periapical radiographic image – image capture only	$0
D0708	Intraoral – bitewing radiographic image – image capture only Image axis may be horizontal or vertical	$0
D0709	Intraoral – comprehensive series of radiographic images – image capture only	$0
	Preventive services	
D1110	Prophylaxis – adult (twice every consecutive 12 months) – covered only by your primary care provider	$0
D1110	Prophylaxis – adult (additional within the consecutive 12-month period) – covered only by your primary care provider	$45
D1110	Enhanced dental cleaning for pregnant women	$0
D1120	Prophylaxis – child (twice every consecutive 12 months) – covered only by your primary care provider	$0
D1120	Prophylaxis – child (additional within the consecutive 12-month period) – covered only by your primary care provider	$35
D1206	Topical application of fluoride varnish – three applications every 12 months when used as a therapeutic application in patients with a moderate-to-high-risk	$5
D1208	Topical application of fluoride – excluding varnish – once every 6 months	$0
D1310	Nutritional counseling for control of dental disease	$0
D1320	Tobacco counseling for the control and prevention of oral disease	$0
D1330	Oral hygiene instructions	$0
D1351	Sealant – per tooth	$0
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth – child through age 18	$0
D1353	Sealant repair-per-tooth. May not be charged by placing provider within 18 months of initial placement.	$0
D1354	Application of caries arresting medicament – per tooth	$0
D1355	Caries preventive medicament application – per tooth for primary prevention or remineralization. Medicaments applied do not include topical fluorides.	$0
D1510	Space maintainer – fixed - unilateral - per quadrant	$35
D1516	Space maintainer – fixed – bilateral, maxillary	$45
D1517	Space maintainer – fixed – bilateral, mandibular	$45
D1520	Space maintainer – removable - unilateral - per quadrant	$35
D1526	Space maintainer – removable – bilateral, maxillary	$55
D1527	Space maintainer – removable – bilateral, mandibular	$55
D1575	Distal shoe space maintainer – fixed – unilateral – per quadrant	$35

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
	Restorative services	
D2140	Amalgam – one surface, primary or permanent	$0
D2150	Amalgam – two surfaces, primary or permanent	$0
D2160	Amalgam – three surfaces, primary or permanent	$0
D2161	Amalgam – four or more surfaces, primary or permanent	$0
D2330	Resin-based composite – one surface, anterior	$0
D2331	Resin-based composite – two surfaces, anterior	$0
D2332	Resin-based composite – three surfaces, anterior	$0
D2335	Resin-based composite – four or more surfaces, anterior	$0
D2390	Resin-based composite – crown, anterior	$50
D2391	Resin-based composite – one surface, posterior	$65/tooth
D2392	Resin-based composite – two surfaces, posterior	$85
D2393	Resin-based composite – three surfaces, posterior	$100
D2394	Resin-based composite – four or more surfaces, posterior	$120
	Inlays/Onlays	
D2510	Inlay – metallic – one surface	$80
D2520	Inlay – metallic – two surfaces	$85
D2530	Inlay – metallic – three or more surfaces	$90
D2542	Onlay – metallic – two surfaces	$85
D2543	Onlay – metallic – three surfaces	$90
D2544	Onlay – metallic – four or more surfaces	$95
D2610	Inlay – porcelain/ceramic – one surface	$175
D2620	Inlay – porcelain/ceramic – two surfaces	$195
D2630	Inlay – porcelain/ceramic – three or more surfaces	$210
D2642	Onlay – porcelain/ceramic – two surfaces	$195
D2643	Onlay – porcelain/ceramic – three surfaces	$205
D2644	Onlay – porcelain/ceramic – four or more surfaces	$210
D2650	Inlay – resin-based composite – one surface	$70
D2651	Inlay – resin-based composite – two surfaces	$75
D2652	Inlay – resin-based composite – three or more surfaces	$80
D2662	Onlay – resin-based composite – two surfaces	$75
D2663	Onlay – resin-based composite – three surfaces	$80
D2664	Onlay – resin-based composite – four or more surfaces	$85
	Crowns	
D2740	Crown – porcelain/ceramic	$225/crown
D2750	Crown – porcelain fused to high noble metal	$225/crown

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D2751	Crown – porcelain fused to predominantly base metal	$75/crown
D2752	Crown – porcelain fused to noble metal	$175/crown
D2780	Crown – 3/4 cast high noble metal	$225/crown
D2781	Crown – 3/4 cast predominantly base metal	$75/crown
D2782	Crown – 3/4 cast noble metal	$175/crown
D2783	Crown – 3/4 porcelain/ceramic	$225/crown
D2790	Crown – full cast high noble metal	$225/crown
D2791	Crown – full cast predominantly base metal	$75/crown
D2792	Crown – full cast noble metal	$175/crown
D2794	Crown – titanium and titanium alloys	$225/crown
D2794	Crown – titanium, includes full titanium and porcelain fused to titanium for molars	Add $75 nonmolar copayment fee for porcelain fused to titanium crowns
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	$0
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$0
D2920	Re-cement or re-bond crown	$0
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	$0
D2929	Prefabricated porcelain/ceramic crown – primary tooth (1 x per primary tooth)	$100
D2930	Prefabricated stainless steel crown – primary tooth	$0
D2931	Prefabricated stainless steel crown – permanent tooth	$0
D2932	Prefabricated resin crown	$50
D2933	Prefabricated stainless steel crown with resin window	$50
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	$55
D2940	Placement of interim direct restoration	$0
D2949	Restorative foundation for an indirect restoration	$0
D2950	Core buildup, including any pins when required	$0
D2951	Pin retention – per tooth, in addition to restoration	$0
D2952	Post and core in addition to crown – indirectly fabricated	$50
D2953	Each additional indirectly fabricated post – same tooth	$0
D2954	Prefabricated post and core in addition to crown	$30
D2955	Post removal	$15
D2957	Each additional prefabricated post – same tooth	$0
D2980	Crown repair necessitated by restorative material failure	$50

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D2981	Inlay repair necessitated by restorative material failure	$25
D2982	Onlay repair necessitated by restorative material failure	$35
D2990	Resin infiltration of incipient smooth surface lesions	$0
	Labial Veneers (replaced once every 5 years when Dentally Necessary)	
D2961	Labial veneer (resin laminate) – laboratory	$250
D2962	Labial veneer (porcelain laminate) – laboratory	$250
D2983	Veneer repair due to restorative material failure – not allowed to be charged by same provider within 24 months of the original restoration	$50
D2989	Excavation of a tooth resulting in the determination of non-restorability	$0
	Alternative Crowns	
	Premium materials are frequently offered by dentists as alternatives to the standard porcelain/ceramic substrate and porcelain-fused-to-metal materials for dental restorations. These materials are marketed under different brand names and may be available through your Blue Shield of California Participating Provider at the copayments listed below.Crowns, bridges, Inlays, and Onlays, fabricated in these premium material alternatives and prepared and delivered on the same day are subject to an additional $250.00 in-office lab fee.	
	Porcelain/ceramic substrate crown	
	CEREC, Full-Z, Bruxzir, Lava, Prismatik	$645
	CEREC Blue Block, e.Max, Procera	$845
	Lava (layered), e.Max (layered), Procera (Layered)	$900
	PORCELAIN FUSED TO HIGH NOBLE CROWN	
	Captek, Bio-2000	$675
	Occlusal Gold, Design, Synspar	$675
	Endodontics (excluding final restorations)	
D3110	Pulp cap – direct (excluding final restoration)	$0
D3120	Pulp cap – indirect (excluding final restoration)	$0
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	$0
D3221	Pulpal debridement – primary and permanent tooth	$15
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth	$10
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth	$15
D3310	Endodontic therapy – anterior tooth (excluding final restoration)	$50
D3320	Endodontic therapy – premolar tooth (excluding final restoration)	$70
D3330	Endodontic therapy – molar tooth (excluding final restoration)	$150
D3331	Treatment of root canal obstruction – non-surgical access	$150
D3332	Incomplete endodontic therapy – inoperable, unrestorable or fractured tooth	$50
D3346	Retreatment of previous root canal therapy – anterior	$70

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D3347	Retreatment of previous root canal therapy – bicuspid	$100
D3348	Retreatment of previous root canal therapy – molar	$190
D3351	Apexification/recalcification – initial visit	$55
D3352	Apexification/recalcification – interim medication replacement	$45
D3353	Apexification/recalcification – final visit (includes completed root canal)	$55
D3355	Pulpal regeneration – initial visit	$55
D3356	Pulpal regeneration – interim medication replacement	$45
D3357	Pulpal regeneration – completion of treatment	$55
D3410	Apicoectomy – anterior – first root	$150
D3421	Apicoectomy – premolar – first root	$150
D3425	Apicoectomy – molar – first root	$200
D3426	Apicoectomy – each additional root	$100
D3430	Retrograde filling – per root	$100
D3450	Root amputation – per root	$75
D3471	Surgical repair of a root resorption – anterior – first root	$150
D3472	Surgical repair of a root resorption – molar – for surgery on root of premolar tooth – first root. Does not include placement of restoration.	$150
D3473	Surgical repair of a root resorption – molar – for surgery on root of molar tooth – first root. Does not include placement of restoration.	$150
D3911	Intraorifice barrier	$65
D3920	Hemisection, including any root removal (not including root canal therapy)	$100
D3950	Canal preparation and fitting of preformed dowel or post	$0
	Periodontics	
D4210	Gingivectomy/gingivoplasty – four or more contiguous teeth or tooth bounded spaces – per quadrant	$40
D4211	Gingivectomy/gingivoplasty – one to three contiguous teeth or tooth bounded spaces – per quadrant	$35
D4212	Gingivectomy/gingivoplasty – to allow access for restorative procedure – per tooth	$20
D4240	Gingival flap procedure, including root planing – four or more teeth – per quadrant	$275
D4241	Gingival flap procedure, including root planing – one to three teeth – per quadrant	$195
D4249	Clinical crown lengthening – hard tissue. D4249, when performed the same day as impression will be considered to be D4212 – covered only when performed by the member's primary general dentist	$100
D4260	Osseous surgery, including elevation of a full thickness flap and closure – four or more contiguous teeth or tooth bounded spaces – per quadrant	$250

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D4261	Osseous surgery, including elevation of full thickness flap and closure – one to three contiguous teeth or tooth bounded spaces – per quadrant	$200
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	$200
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	$125
D4341	Periodontal scaling and root planing – four or more teeth – per quadrant	$20
D4342	Periodontal scaling and root planing – one to three teeth – per quadrant	$20
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)	$0
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation, each additional	$45/entire mouth
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	$20
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue – per tooth	$60
D4910	Periodontal maintenance (once every 6 months)	$25
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	$0
	Removable prosthodontics	
D5110	Complete denture – maxillary	$90/denture
D5120	Complete denture – mandibular	$90/denture
D5130	Immediate denture – maxillary	$90/denture
D5140	Immediate denture – mandibular	$90/denture
D5211	Maxillary partial denture – resin base, including retentive/clasping materials, rests and teeth	$125/denture
D5212	Mandibular partial denture – resin base, including retentive/clasping materials, rests and teeth	$125/denture
D5213	Maxillary partial denture – cast metal framework with resin denture bases, including retentive/clasping materials, rests and teeth	$125/denture
D5214	Mandibular partial denture – cast metal framework with resin denture bases, including retentive/clasping materials, rests and teeth	$125/denture
D5221	Immediate maxillary partial denture – resin base	$125
D5222	Immediate mandibular partial denture – resin base	$125
D5223	Immediate maxillary partial denture – metal framework	$125
D5224	Immediate mandibular partial denture – metal framework	$125
D5225	Maxillary partial denture – flexible base, including retentive/clasping materials, rests and teeth	$125/denture
D5226	Mandibular partial denture – flexible base, including retentive/clasping materials, rests and teeth	$125/denture

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	$125
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	$125
D5410	Adjust complete denture – maxillary	$0
D5411	Adjust complete denture – mandibular	$0
D5421	Adjust partial denture – maxillary	$0
D5422	Adjust partial denture – mandibular	$0
D5511	Repair broken complete denture base – mandibular	$10[6]
D5512	Repair broken complete denture base – maxillary	$10[6]
D5520	Replace missing or broken teeth – complete denture – per tooth	$10[6]
D5611	Repair resin partial denture base – mandibular	$10[6]
D5612	Repair resin partial denture base – maxillary	$10[6]
D5621	Repair cast partial framework – mandibular	$10[6]
D5622	Repair cast partial framework – maxillary	$10[6]
D5630	Repair or replace broken retentive/clasping materials – per tooth	$10[6]
D5640	Replace missing or broken teeth – partial denture – per tooth	$10[6]
D5650	Add tooth to existing partial denture – per tooth	$10[6]
D5660	Add clasp to existing partial denture – per tooth	$10[6]
D5670	Replace all teeth and acrylic on cast metal framework – maxillary	$100[6]
D5671	Replace all teeth and acrylic on cast metal framework – mandibular	$100[6]
D5710	Rebase – complete maxillary denture	$40
D5711	Rebase – complete mandibular denture	$40
D5720	Rebase – partial maxillary denture	$40
D5721	Rebase – partial mandibular denture	$40
D5725	Rebase –hybrid prosthesis	$40
D5730	Reline complete maxillary denture – direct	$25/denture[7]
D5731	Reline complete mandibular denture – direct	$25/denture[7]
D5740	Reline maxillary partial denture – direct	$25/denture[7]
D5741	Reline mandibular partial denture – direct	$25/denture[7]
D5750	Reline complete maxillary denture – indirect	$25/denture[7]
D5751	Reline complete mandibular denture – indirect	$25/denture[7]
D5760	Reline maxillary partial denture – indirect	$25/denture[7]
D5761	Reline mandibular partial denture – indirect	$25/denture[7]
D5765	Soft liner for complete or partial removable denture – indirect	$10

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	$40
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	$40
D5850	Tissue conditioning – maxillary	$10/denture unit
D5851	Tissue conditioning – mandibular	$10/denture unit
D5876	Add metal substructure to new acrylic full denture (per arch) – use of metal substructure in removable complete dentures without a framework	$200
	Alternative dentures, full + partial, & relines	
	Dental offices may offer alternatives to standard complete and partial Dentures and relines. These alternatives are marketed under their specific brand names and may be available through your Blue Shield of California Participating Provider for the following copayments.	
	Complete Denture	
	Comfort Flex – Complete Upper Denture	$550
	Comfort Flex – Complete Lower Denture	$550
	Geneva – Complete Upper Denture	$550
	Geneva – Complete Lower Denture	$550
	Partial Denture – Resin Base	
	Simply Natural/Comfort Flex – Upper Partial	$600
	Simply Natural/Comfort Flex – Lower Partial	$600
	Geneva – Upper Partial	$600
	Geneva – Lower Partial	$600
	EstheticClasp – Upper Partial	$600
	EstheticClasp – Lower Partial	$600
	CuSil – Upper Partial	$600
	CuSil – Lower Partial	$600
	Valplast – Upper Partial	$600
	Valplast – Lower Partial	$600
	Partial Denture – Cast Metal Base with Resin Saddles	
	Comfort Flex – Upper Partial	$600
	Comfort Flex – Lower Partial	$600
	Valplast – Upper Partial	$600
	Valplast – Lower Partial	$600
	Denture Relines	
	PermaSoft – Complete Upper Denture (Laboratory)	$100
	PermaSoft – Complete Lower Denture (Laboratory)	$100

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
	PermaSoft – Partial Upper Denture (Laboratory)	$100
	PermaSoft – Partial Lower Denture (Laboratory)	$100
	Implant services	
D6010	Surgical placement of implant body – endosteal implant	$1,500
D6056	Prefabricated abutment – includes modifications and placement	$450
D6058	Abutment supported porcelain/ceramic crown	$1,055
D6059	Abutment supported porcelain fused to metal crown – high noble metal	$1,050
D6060	Abutment supported porcelain fused to metal crown – predominately base metal	$1,000
D6061	Abutment supported porcelain fused to metal crown – noble metal	$1,050
D6062	Abutment supported cast metal crown – high noble metal	$1,050
D6063	Abutment supported cast metal crown – predominately base metal	$900
D6064	Abutment supported cast metal crown – noble metal	$950
D6065	Implant supported porcelain/ceramic crown	$990
D6066	Implant supported crown – porcelain fused to high noble alloys	$970
D6067	Implant supported crown – high noble alloys	$935
D6068	Abutment supported retainer, porcelain/ceramic FPD	$1,055
D6069	Abutment supported retainer, metal FPD, high noble	$1,040
D6070	Abutment supported retainer, porcelain/metal FPD, base metal	$985
D6071	Abutment supported retainer, porcelain/metal FPD, noble	$1,000
D6072	Abutment supported retainer, cast metal FPD, high noble	$980
D6073	Abutment supported retainer, cast metal FPD, base metal	$885
D6074	Abutment supported retainer, cast metal FPD, noble	$955
D6075	Implant supported retainer for ceramic FPD	$1,040
D6076	Implant supported retainer for porcelain/metal FPD	$1,015
D6077	Implant supported retainer for cast metal FPD	$935
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure. This procedure is not to be performed on the same day as D1110, D4346, or D4910.	$25
D6085	Provisional implant crown	$0
D6092	Re-cement or re-bond implant/abutment supported crown	$45
D6093	Re-cement implant/abutment supported FPD	$65
D6094	Abutment supported crown – titanium and titanium alloys	$640
D6194	Abutment supported retainer crown, FPD, titanium	$640
	Fixed prosthodontics	
D6210	Pontic – cast high noble metal	$225

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

ADA Code	Services	When using a Participating[3] Dentist
D6211	Pontic – cast predominantly base metal	$75
D6212	Pontic – cast noble metal	$175
D6214	Pontic – titanium and titanium alloys	$225
D6240	Pontic – porcelain fused to high noble metal	$225
D6241	Pontic – porcelain fused to predominantly base metal	$75
D6242	Pontic – porcelain fused to noble metal	$175
D6242	Pontic – porcelain fused to any metal for molars	Add $75 to nonmolar copayment fee
D6245	Pontic – porcelain/ceramic	$250
D6253	Provisional Pontic – further treatment or completion of diagnosis necessary prior to final impression. Not to be used as a temporary pontic for routine prosthetic fixed partial dentures.	$15
D6600	Retainer inlay – porcelain/ceramic – two surfaces	$195
D6601	Retainer inlay – porcelain/ceramic – three or more surfaces	$210
D6602	Retainer inlay – cast high noble metal – two surfaces	$225
D6603	Retainer inlay – cast high noble metal – three or more surfaces	$275
D6604	Retainer inlay – cast predominantly base metal – two surfaces	$125
D6605	Retainer inlay – cast predominantly base metal – three or more surfaces	$175
D6606	Retainer inlay – cast noble metal – two surfaces	$175
D6607	Retainer inlay – cast noble metal – three or more surfaces	$225
D6608	Retainer onlay – porcelain/ceramic – two surfaces	$195
D6609	Retainer onlay – porcelain/ceramic – three or more surfaces	$210
D6610	Retainer onlay – cast high noble metal – two surfaces	$225
D6611	Retainer onlay – cast high noble metal – three or more surfaces	$275
D6612	Retainer onlay – cast predominantly base metal – two surfaces	$125
D6613	Retainer onlay – cast predominantly base metal – three or more surfaces	$175
D6614	Retainer onlay – cast noble metal – two surfaces	$175
D6615	Retainer onlay – cast noble metal – three or more surfaces	$225
D6624	Inlay – titanium	$225
D6634	Onlay – titanium	$225
D6740	Retainer crown – porcelain/ceramic	$225
D6750	Retainer crown – porcelain fused to high noble metal	$225
D6751	Retainer crown – porcelain fused to predominantly base metal	$75
D6752	Retainer crown – porcelain fused to noble metal (anterior and premolar teeth only)	$175
D6752	Crown – porcelain fused to any metal for molars	Add $75

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D6780	Retainer crown – 3/4 cast high noble metal	$225
D6781	Retainer crown – 3/4 cast predominantly base metal	$75
D6782	Retainer crown – 3/4 cast noble metal	$175
D6783	Retainer crown – 3/4 porcelain/ceramic (anterior and premolar teeth only)	$225
D6784	Retainer crown – 3/4 titanium and titanium alloys	$225
D6790	Retainer crown – full cast high noble metal	$75
D6791	Retainer crown – full cast predominantly base metal	$175
D6793	Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression. Not to be used as a temporary retainer crown for a routine prosthetic restoration.	$15
D6794	Retainer crown – titanium and titanium alloys	$225
D6930	Re-cement or re-bond fixed partial denture	$0
D6980	Fixed partial denture repair necessitated by restorative material failure	$50[6]
D6985	Pediatric partial denture – fixed, temporary	$180
	Alternative bridge materials	
	Premium materials are frequently offered by dentists as alternatives to the standard porcelain/ceramic substrate and porcelain-fused-to-metal materials for dental restorations. These materials are marketed under different brand names and may be available through your Blue Shield of California Participating Provider at the coypayments listed below. Crowns, bridges, inlays, and onlays, fabricated im these premium material alternatives and prepared and delivered on the same day are subject to an additional $250.00 in-office lab fee.	
	CEREC, Full-Z, Bruxzir, Lava, Prismatik	$645
	CEREC Blue Block, e.Max, Procera	$845
	Lava (layered), e.Max (layered), Procera (Layered)	$900
	Porcelain fused to high noble crown	
	Captek, Bio-2000	$675
	Occlusal Gold, Design, Synspar	$675
	Oral surgery	
D7111	Extraction – coronal remnants – primary tooth	$0/tooth
D7140	Extraction – erupted tooth or exposed root, including elevation and/or forceps removal	$0/tooth
D7210	Extraction – erupted tooth requiring removal of bone and/or sectioning of tooth, including elevation of mucoperiosteal flap if indicated	$0
D7220	Removal of impacted tooth – soft tissue	$0
D7230	Removal of impacted tooth – partially bony	$0
D7240	Removal of impacted tooth – completely bony	$0
D7241	Removal of impacted tooth – completely bony with unusual surgical complications	$0

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D7250	Removal of residual tooth roots – cutting procedure	$0
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	$100
D7270	Tooth reimplantation and/or stabilization of accidentally displaced tooth	$0
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces – per quadrant	$0
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces – per quadrant	$0
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces – per quadrant	$0
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces – per quadrant	$0
D7510	Incision and drainage of abscess – intraoral soft tissue	$0
	Orthodontics	
D8020	Limited Orthodontic treatment of the transitional dentition (up to 24 months of active treatment)	$1,000
D8030	Limited Orthodontic treatment of the adolescent dentition (up to 24 months of active treatment)	$1,000
D8040	Limited Orthodontic treatment of the adult dentition (up to 24 months of active treatment)	$1,000
D8050	Interceptive Orthodontic treatment of the primary dentition (up to 24 months of active treatment)	$1,150
D8060	Interceptive Orthodontic treatment of the transitional dentition (up to 24 months of active treatment)	$1,150
D8070	Comprehensive Orthodontic treatment of the transitional dentition – (child through age 13)	$1,775[8]
D8080	Comprehensive Orthodontic treatment of the adolescent dentition	$1,775[8]
D8090	Comprehensive Orthodontic treatment of the adult dentition	$1,975[8]
D8091	Comprehensive orthodontic treatment with orthognathic surgery	$1,975[8]
D8660	Pre-Orthodontic treatment examination to monitor growth and development	$0[8]
D8670	Periodic Orthodontic treatment visit	$0/visit[8]
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	$0[8]
D8680	Orthodontic retention, including removal of appliances, construction and placement of retainer(s)	$125/retainer[8]
D8681	Removable Orthodontic retainer adjustment	$0
D8695	Removal of fixed Orthodontic appliances for reasons other than completion of treatment	$25
D8999	Orthodontic treatment plan and records(pre/post x-rays, photos, study models)	$250
D8999	Active Orthodontic treatment beyond 24 months – per visit.	$75
	Adjunctive general services	

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D9110	Palliative treatment of dental pain – per visit	$0/visit[9]
D9120	Fixed partial denture sectioning	$25
D9210	Local anesthesia not in conjunction with operative or surgical procedures	$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	$0
D9222	Deep sedation/general anesthesia – first 15 minutes	$117
D9223	Deep sedation/general anesthesia – each subsequent 15 minutes (only for removal of impacted wisdom teeth (1,16, 17, and 32) age 17 and older)	$85
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide (only for removal of impacted wisdom teeth (1,16, 17, and 32) age 17 and older)	$15
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	$100
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minutes (only for removal of impacted wisdom teeth (1, 16, 17, and 32) age 17 and older)	$65
D9310	Consultation – diagnostic consultation provided by dentist or physician other than requesting dentist or physician (as necessary)	$25
D9311	Consultation with a medical health care professional	$0
D9430	Office visit for observation during regularly scheduled hours – no other services performed	$0/visit
D9440	Office visit – after regularly scheduled hours	$25/visit
D9450	Case presentation, detailed and extensive treatment planning	$0
D9630	Other drugs and/or medicaments dispensed in the office for home use	$15
D9910	Application of desensitizing medicament	$15
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth (not to be used under restorations)	$15
D9930	Treatment of complication (post-surgical), unusual circumstances, by report	$0
D9932	In office cleaning and inspection of removable complete upper denture (once every 6 months)	$10
D9933	In office cleaning and inspection of removable complete lower denture (once every 6 months)	$10
D9934	In office cleaning and inspection of removable partial upper denture (once every 6 months)	$10
D9935	In office cleaning and inspection of removable partial lower denture (once every 6 months)	$10
D9942	Repair and/or reline of occlusal guard	$40
D9943	Occlusal guards adjustment	$10
D9944	Occlusal guards – hard appliance, full arch	$250
D9945	Occlusal guards – soft appliance, full arch	$150
D9946	Occlusal guards – hard appliance, partial arch	$200
D9951	Occlusal adjustment – limited	$15

Benefits[4,5]	Your payment

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

ADA Code	Services	When using a Participating[3] Dentist
D9961	Duplicate/copy patient's records	$25
D9972	External bleaching – per arch, performed in office	$250
D9973	External bleaching – per tooth	$25
D9975	External bleaching for home application – per arch	$125
D9986	Missed appointment	$25
D9987	Cancelled appointment	$25
D9990	Certified translation or sign-language services per charge to member or provider	$0
D9995	Teledentistry – synchronous; real-time encounter	$0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	$0

Notes

1 Evidence of Coverage (EOC):

The Evidence of Coverage (EOC) describes the Benefits, limitations, and exclusions that apply to coverage under this Plan. Please review the EOC for more details of coverage outlined in this Summary of Benefits. You can request a copy of the EOC at any time.

Capitalized terms are defined in the EOC. Refer to the EOC 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 pays for Covered Services under the Plan.

3 Using Participating Dentists:

Participating Dentists have a contract to provide Dental Care Services to Members. When you receive Covered Services from a Participating Dentist, you are only responsible for the Copayment or Coinsurance, once any Calendar Year Deductible has been met.

4 Separate Member 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.

5 Dental Care Services:

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

Dental Care Covered Services. All Covered Services must be Medically Necessary and must be provided by the Member's Dental Center or other Participating Dentist when referred by the Member's Dental Center and Authorized by the contracted Dental Plan Administrator.

Notes

6 Laboratory Fees:

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

7 Denture Reline Services:

The Copayment or Coinsurance for Covered Services applies if done within six (6) months of the initial insertion of a denture.

8 Orthodontic Services:

Orthodontic Covered Services. The Copayment or Coinsurance for Orthodontic Covered Services applies to one course of treatment per lifetime. The course of treatment must be received in a 24 consecutive month period. This applies as long as the Member remains enrolled in the Plan.

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

9 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.

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)**。