



**BlueCross**  
of California

# Blue Cross Small Group **Dental Net**

This is an overview of coverage. Please refer to the exclusions and limitations for additional plan provisions. A comprehensive description of coverage, benefits, and limitations is contained in the Combined Evidence of Coverage and Disclosure Form.



# Features

All amounts listed are the member's responsibility to pay.

## MEMBER'S COPAYMENT

<b>Diagnostic</b>	
Oral examination	No charge
Full mouth X-rays	No charge
Bitewing X-rays	No charge
<b>Preventive</b>	
Prophylaxis: adult	No charge
Prophylaxis: child	No charge
Topical Fluoride: child	No charge
<b>Restorative</b>	
Fillings: amalgams and 1-3 surface anterior composites	No charge
Stainless steel crowns	\$30
<b>Endodontics</b>	
Pulp cap	No charge
Root canal: 1 canal	\$110
Root canal: 2 canals	\$145
Root canal: 3 canals	\$240
Pulpotomy	\$28
<b>Periodontics</b>	
Scaling/root planing: per quadrant	\$50
Gingivectomy: per tooth	\$22
Gingivectomy: per quadrant	\$85
Osseous surgery: per quadrant	\$225
<b>Oral Surgery</b>	
Single extraction	No charge
Impaction: soft tissue	\$50
Impaction: partial bony	\$80
Impaction: full bony	\$95
<b>Prosthodontics: dentures, crowns and bridges</b> Member is responsible for the cost of precious metals, if applicable	
Crown: porcelain with high noble metal	\$230
Post/core prefabrication	\$50
Complete denture	\$250
Partial denture	\$300
Denture reline: chairside	\$35
Denture: broken tooth repair	\$25
<b>Other Services</b>	
Out-of-area emergency care Maximum payment: \$50	All charges over \$50 including applicable copays
Office visit: after hours	\$45
Office visit: after hours	No charge
<b>Orthodontics: 24 months of usual and customary orthodontic care, exclusive of records/retention fees</b>	Adult: \$1,850 Child: \$1,850

See Certificate of Coverage for benefit frequency limitations.

## Using Your Dental Plan

Blue Cross of California knows that early diagnosis and routine preventive care are vital in maintaining good dental hygiene, and regular dental care contributes to your overall health. With the goal of making this care available to more Californians, we've formed a network of dedicated dental professionals throughout the state to provide a full range of dental services at reduced costs. These dentists belong to our Dental Net Plan.

When you enroll in Dental Net, you choose a dentist from our Network Provider Directory. After you select a provider, you will receive an identification card from Blue Cross listing this provider and your specific benefits package. This dental professional will provide all of your dental care or refer you to other dentists for specialized care. Your plan covers basic diagnostic and preventive services with no copayments required from you.

Certain other services require copayments, such as oral surgery, endodontics, periodontics, prosthodontics, and orthodontics. Please refer to your Dental Net Combined Evidence of Coverage and Disclosure Form for details.

With your Blue Cross Dental Net Plan, there are no claim forms to file and no annual lifetime benefit maximums for many services. You must use network providers to receive these benefits. There are no out-of-network benefits, except for emergency dental care.

Your Dental Net costs include premium payments and copayments. Your premium payments are the monthly fees you pay for Dental Net coverage. A copayment is your share of the cost for certain services. There are no annual deductibles (amounts you must pay before your coverage begins) with our Dental Net Plan.



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