



BlueCross
of California



BC Life & Health
Insurance Company

SUMMARY OF FEATURES

Blue Cross Small Group ***Voluntary*** *Dental Plans*

This is an overview of coverage. A comprehensive description of coverage, benefits and limitations is contained in the Certificate.



Using Your Voluntary Dental Plans

Early diagnosis and preventive care are vital in maintaining good dental hygiene, and regular dental care contributes to your overall health. Blue Cross of California and BC Life & Health Insurance Company (BCL&H) dental plans emphasize routine examinations so that minor dental problems can be treated before more extensive problems develop. By taking advantage of your plan's benefits, you ensure your long-term dental health.

Voluntary HMO Plan

When you enroll in Blue Cross Dental Saver SelectHMO, you choose a dentist from our network provider directory. Any covered family members must also use the same Blue Cross Dental Saver SelectHMO provider. After you select a provider, you will receive an identification card from Blue Cross listing your chosen 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, unless you require out-of-area emergency services.

For each dental office visit, you must pay a low \$5 fee. Your plan covers basic diagnostic and preventive services, as well as basic restorative services at no additional cost to you. Certain other services require payments that are based on the type of service rendered.

Some restorative services, endodontics, periodontics, oral surgery, prosthodontics and orthodontics require additional fees. Please refer to your Combined Evidence of Coverage and Disclosure Form for details.

With Blue Cross Dental Saver SelectHMO, cosmetic services (including, but not limited to, bleaching and resin fillings) are available at a reduced fee. In addition, members have direct access to specialty providers.

There are no claim forms to file, no annual lifetime benefit maximums for many services, and no annual deductibles (amounts you must pay before your coverage begins).

Blue Cross Dental Saver SelectHMO offers orthodontic services at reduced fees, including records' maintenance, retention and corrective interception treatment. These orthodontic services are excluded from coverage in many other plans.

Your Blue Cross Dental Saver SelectHMO costs are limited to your premium payments and required plan copayments. Your premium payments are the monthly fees you pay for Blue Cross Dental SelectHMO coverage. A copayment is your share of the cost for certain services.

Dental Network Availability: The Voluntary Dental Saver SelectHMO Plan has participating dental providers in the following counties: San Diego, Orange, Los Angeles, Santa Barbara, San Luis Obispo, Solano, Sonoma, San Francisco, Marin, Contra Costa, Alameda, Santa Clara, Sacramento and San Joaquin.

Counties with Limited Availability: Ventura, Riverside, El Dorado, San Bernardino, Kern, Fresno, Kings, Monterey, Placer, San Mateo, Santa Cruz and Tulare.

Voluntary PPO Plan

BCL&H Voluntary PPO Dental Plan gives you dental protection at discounted costs from one of the largest provider networks in California. You also have the freedom to choose providers outside of our network. Preventive and diagnostic care begins immediately after you are approved.

Once enrolled in a PPO Dental Plan, you can go to any dentist in our Provider Network and receive complete plan benefits or visit a dentist outside of the network. When you use an in-network dentist, you will benefit from services provided at rates that are substantially less than the dentists' usual billed fees. You may find that our extensive network includes your present dentist.

While it benefits you to use a dentist from our Provider Network, you may choose any dental care professional. Be aware that when you choose a dentist from outside the network, your out-of-pocket costs may be higher.

If you are one of 10 or more employees enrolling in a Small Group Voluntary PPO Dental Plan and/or the Dental Saver SelectHMO Plan, child orthodontic benefits (up to a \$500 lifetime maximum per child) will be added to your Voluntary PPO Dental Plan at no additional cost to you. Refer to your Certificate for more information.

BLUE CROSS SMALL GROUP VOLUNTARY DENTAL PLANS

Features	Member's Copay	Insurance Plan Pays	
	Dental Saver SelectHMO Plan	PPO Dental Plan	
Benefits	Participating Dental Office Only*	Participating Dental Office	Non-Participating Dental Office
Diagnostic Care			
Periodic oral examinations	No charge	100%	\$16
Full mouth X-rays	No charge	100%	\$45
Preventive Care			
Prophylaxis: adult/child	No charge**	100%	\$35/\$22
Topical fluoride: child	No charge	100%	\$15
Restorative: Permanent Filling		6 month waiting period	
1 surface	\$54	\$28	\$28
2 surfaces	\$64	\$37	\$37
3 surfaces	\$75	\$42	\$42
4 or more surfaces	\$89	\$50	\$50
Oral Surgery		6 month waiting period	
Single extraction	\$60	\$60	\$60
Impaction: soft tissue	\$136	\$80	\$80
Impaction: partial bony	\$176	\$95	\$95
Impaction: complete bony	\$200	\$120	\$120
Endodontic Care		12 month waiting period	
Root canal: anterior	\$289	\$120	\$120
Root canal: bicuspid	\$341	\$145	\$145
Root canal: molar	\$459	\$185	\$185
Periodontics		12 month waiting period	
Scaling/root planing: per quadrant	\$101	\$36	\$36
Gingivectomy: one to three contiguous teeth per quadrant	\$72	\$32	\$32
Gingivectomy: four or more contiguous teeth per quadrant	\$194	\$115	\$115
Prosthetic Care		12 month waiting period	
Crown: porcelain with high noble metal	\$432	\$200	\$200
Complete upper or lower dentures	\$577	\$260	\$260
Partial denture	\$430	\$240	\$240
Orthodontic Care			
Child	\$2,870	See below***	See below***
Adult	\$3,045	Not covered	Not covered
Retention	\$300	Not covered	Not covered
Cosmetic Care: Resin Filling			
Permanent, one surface, posterior	\$75	No charge	No charge
Labial veneer (laminate) – chairside	\$187	No charge	No charge
Other Services			
Office visit	\$5	N/A	N/A
Annual deductible	None	\$50 per person, 3-member maximum	
Annual maximum benefit	Unlimited	\$1,000 per member	

On the PPO dental plan, when you use a participating dentist, you will benefit from services provided at rates that are substantially less than the dentists' usual billed fees. See certificate for benefit and frequency limitations.

*These copays apply only when services are rendered by a participating dentist. Specialty services provided by a specialty dentist are included on a separate schedule in your certificate or Evidence of Coverage.

**First two cleanings in 12 consecutive months. All additional cleanings in 12 consecutive months require a copay.

***If a combined total of 10 or more employees enroll in the Small Group Voluntary PPO Dental Plan and/or the Dental Saver SelectHMO Plan, child orthodontic benefits (up to a \$500 lifetime maximum per child) will be added to the Voluntary PPO Dental Plan at no additional cost to you. Please refer to the Certificate for more information.



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*Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA).
The Dental Saver Select HMO Plan is offered by BCC. The PPO Dental Plan is offered by BCL&H.
The Blue Cross name and symbol are registered service marks of the BCA.*