

Blue Shield Dental PPO Custom Smile Spectrum Premier 50/2500/Ortho/U90 Indian Health Council

Effective March 1, 2011

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.

blueshieldca.com

[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, 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 of covered service or you can choose to have the reimbursement sent to your non-network dentist.

[Your cost for services](#)

- You pay a \$50 deductible (\$150/family) each calendar year for services other than diagnostic and preventive services at a network dentist.
- After the deductible is met, Blue Shield pays a set percentage of the charges up to the maximum amount depending on the service received.
- Blue Shield will pay up to \$2,500 for dental services from network or non-network dentists during the calendar year. Charges for services above the maximum are your responsibility.
- There is an additional \$2,000 orthodontic calendar-year maximum. Blue Shield pays 50 percent of covered orthodontic procedures up to \$2,000.
- You pay any amount above covered benefits.

[Benefit summary](#)

Dental PPO Custom SmileSM Spectrum Premier 50/2500/Ortho/U90 Plan Blue Shield pays

Network provider Non-network provider*

Diagnostic and preventive care (not subject to plan deductibles with network dentists; includes routine oral exams, X-rays, and cleanings) 100% 100%

Basic services (includes anesthesia, emergency treatment to relieve pain, restorative dentistry, sealants, space maintainers, oral surgery, endodontics, and periodontics)
80% 80%

Major services (includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts and cores, and veneers) 50% 50%

Orthodontics – all ages (up to \$2,000 per calendar year) 50% 50%

Enhanced dental benefits for pregnant women

(not subject to plan deductibles with network dentists; includes routine prophylaxis [including prophylaxis for pregnancy gingivitis], periodontal scaling and root planing, and periodontal maintenance)
100% 100%

* The non-network 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-network provider, you pay any amount above the UCR rate. Non-network provider allowable amount is based off of 90th percentile of UCR.

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 is only a summary of the Blue Shield Custom Dental PPO Smile Spectrum Premier 50/2500/Ortho/U90 Plan. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the *Evidence of Coverage* and the Plan Contract

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