### Benefit Summary

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The policy contract should be consulted for a detailed description of coverage benefits and limitations.

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 Life to receive reimbursement for covered services or you can choose to have the reimbursement sent to your out-of-network dentist.

### Covered Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive Services</strong></td>
<td>Member Pays</td>
<td>Max. Plan Payment:</td>
</tr>
<tr>
<td>Comprehensive oral evaluation</td>
<td>$0</td>
<td>$40</td>
</tr>
<tr>
<td>Periodic oral evaluation</td>
<td>$0</td>
<td>$16</td>
</tr>
<tr>
<td>Intraoral radiographs - complete series (including bitewings) (x-rays)</td>
<td>$0</td>
<td>$56</td>
</tr>
<tr>
<td>Prophylaxis (adult) every 6 months</td>
<td>$0</td>
<td>$48</td>
</tr>
<tr>
<td>Caries risk management</td>
<td>$0</td>
<td>$16</td>
</tr>
<tr>
<td>Sealant - per tooth (covered to age 15)</td>
<td>$0</td>
<td>$22</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>$37 per tooth</td>
<td>$30 per tooth</td>
</tr>
<tr>
<td>Anterior root canal</td>
<td>$156 per tooth</td>
<td>$125 per tooth</td>
</tr>
<tr>
<td>Molar root canal</td>
<td>$234 per tooth</td>
<td>$187 per tooth</td>
</tr>
<tr>
<td>Periodontal scaling and root planing - four or more teeth per quadrant</td>
<td>$65 per quadrant</td>
<td>$52 per quadrant</td>
</tr>
<tr>
<td>Extraction of erupted tooth or exposed root</td>
<td>$40 per tooth</td>
<td>$32 per tooth</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>$265 each crown</td>
<td>$212 each crown</td>
</tr>
<tr>
<td>Crown - porcelain/ceramic substrate</td>
<td>$320 each crown</td>
<td>$256 each crown</td>
</tr>
<tr>
<td>Crown - Full cast high noble metal</td>
<td>$263 per quadrant</td>
<td>$210 per quadrant</td>
</tr>
<tr>
<td>Osseous surgery (four or more teeth)</td>
<td>$293 each tooth replaced</td>
<td>$234 each tooth replaced</td>
</tr>
<tr>
<td>Pontic - porcelain fused to high noble metal</td>
<td>$612</td>
<td>Not covered</td>
</tr>
<tr>
<td>Surgical placement of implant body: endosteal implant</td>
<td>$388 per denture</td>
<td>$310 per denture</td>
</tr>
<tr>
<td>Denture (full upper or lower)</td>
<td>$113 per tooth</td>
<td>$90 per tooth</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td>$2,350</td>
<td>Not covered</td>
</tr>
<tr>
<td>Fully banded (two year) case - child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fully banded (two year) case - adult</td>
<td>$2,650</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

1 Subject to a waiting period.

1 Diagnostic and Preventive services do not apply towards the Maximum Calendar Year Payment. Enhanced Dental Benefits for Pregnant women do not apply towards the Maximum Calendar Year Payment.
Caries Risk Management - CAMBRA (Caries Management by Risk Assessment) is an evaluation of a child’s risk level for caries (decay). Children assessed as having a “high risk” for caries (decay) will be allowed up to 4 fluoride varnish treatments during the calendar year along with their biannual cleanings; “medium risk” children will be allowed up to 3 fluoride varnish treatments in addition to their biannual cleanings; and “low risk” children will be allowed up to 2 fluoride varnish treatments in addition to biannual cleanings. When requesting additional fluoride varnish treatments, the provider must provide a copy of the completed American Dental Association (ADA) CAMBRA form (available on the ADA website).

Precious metals, if used will be charged to the member at the dentist’s cost.

There is a 12 month waiting period for orthodontic services. In order to be covered, orthodontic treatment must be received in one continuous course of treatment; and must be received in consecutive months. Orthodontic treatment must not exceed 24 consecutive months.

Many benefits have pre-determined annual schedules and frequency limitations based on last delivery date and medical 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 Specialty DuoSM Dental PPO Plan. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the Policy.
Discrimination is against the law
Blue Shield of California Life & Health Insurance Company complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California Life & Health Insurance Company does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield Life:
• Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats, and other formats)
• Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield Life Civil Rights Coordinator.

If you believe that Blue Shield Life has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Blue Shield of California Life & Health Insurance Company
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

Blue Shield of California Life & Health Insurance Company
50 Beale Street, San Francisco, CA 94105

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You may also contact the California Department of Insurance if you believe that Blue Shield of California Life & Health Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

If you believe that you have not been provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

If you believe that you have not been provided these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

California Department of Insurance
Consumer Communications Bureau
300 S. Spring Street, South Tower
Los Angeles, CA 90013
Phone: 1-800-927-HELP (4357) or TDD 1-800-482-4833
Complaint forms are available at www.insurance.ca.gov/01-consumers/101-help
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envien algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese


Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Անվճար Լեզվական Ծառայություններ։ Դուք կարող եք թարգման ծառայություններ ստանալ և փաստաթղթերը ընթերցել ձեզ համար հայերեն լեզվով։ Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տեղեկությունները տված 1-866-346-7198 համարով։ Լրացուցիչ օգնություն տեղեկագիր 1-800-927-4357 համարով։ Հայերեն

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или по 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、I D カード記載の番号または1-866-346-7198までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese
Services
You can receive services in your primary language and have documents translated and read aloud in your language. You can have documents sent in your language.

For help,
- call the number on your ID card
- or 1-866-346-7198

For additional help,
- call the California Department of Insurance at 1-800-927-4357.