



BlueCross
of California



SM

SUMMARY OF FEATURES

Blue Cross Small Group **Dental SelectHMOSM**

This is an overview of coverage. Please refer to the exclusions and limitations in the Dental Plans Comparison brochure for additional plan provisions. Please review the exclusions and limitations prior to applying for coverage. 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	
	Participating Dental Office Only	Participating Specialty Offices
All Office Visits	\$5 each visit	n/a
Diagnostic		
Oral examinations	No charge	\$30
X-rays	No charge	Vary by procedure
Preventive		
Prophylaxis: adult	No charge**	\$50
Prophylaxis: child	No charge**	\$44
Topical Fluoride: child	No charge	\$24
Restorative		
Fillings: amalgams and anterior composites	No charge	Vary by procedure
Stainless steel crowns: primary teeth	\$106	\$136
Endodontics		
Pulp cap: direct	\$32	\$47
Root canal: anterior (excluding final restoration)	\$289	\$404
Root canal: bicuspid (excluding final restoration)	\$341	\$460
Root canal: molar (excluding final restoration)	\$459	\$566
Pulpotomy	\$62	\$85
Periodontics		
Gingivectomy: per tooth	\$72	\$114
Gingivectomy: per quadrant	\$194	\$380
Scaling/root planing: per quadrant	\$101	\$135
Osseous surgery: per quadrant	\$520	\$735
Oral Surgery		
Single extraction	\$60	\$79
Impaction: soft tissue	\$136	\$161
Impaction: partial bony	\$176	\$197
Impaction: full bony	\$200	\$231
Prosthodontics		
Crown: porcelain fused to high noble metal	\$432	\$486
Post/core prefabrication	\$121	\$164
Complete denture	\$577	\$721
Partial denture	\$430	\$766
Denture reline: chairside	\$103	\$182
Denture: broken tooth repair	\$57	\$95
Other Services		
Out-of-area emergency care Maximum payment: \$50	All charges over \$50 including applicable copay(s)	All charges over \$50 including applicable copay(s)
Office visit: after hours	\$56	\$56
Local anesthesia	\$14	\$14
Orthodontics	Participating Orthodontist	
24 months of standard orthodontic care, exclusive of records fees		
Adult (age 18 and over)		\$3,045
Child (through age 17)		\$2,870
Retention		\$210

**First two treatments in 12 consecutive months. All additional treatments in 12 consecutive months require a copayment.

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 Blue Cross Dental SelectHMO Plan. Blue Cross Dental SelectHMO offers affordable dental health maintenance.

When you enroll in Blue Cross Dental SelectHMO, you choose a dentist from our network provider directory. Any covered family members must also use the same Blue Cross Dental 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 \$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, prosthodontics, orthodontics and oral surgery require additional fees. Please refer to your Combined Evidence of Coverage and Disclosure Form for details.

With Blue Cross Dental 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 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 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.



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