

SmileSM Deluxe Plus 2000 50/2000/Ortho/MAC/NR

Benefit summary
Effective January 1, 2019

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.

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 for covered services or you can choose to have the reimbursement sent to your non-network dentist.

Plan Features	In-network providers	Non-network providers
Calendar Year Deductible (applies to covered services other than diagnostic and preventive services, orthodontic services and enhanced dental benefits for pregnant women)	\$50 (\$150/family)	\$50 (\$150/family)
Maximum Calendar Year Benefit (charges for services above the maximum are your responsibility)	\$2,000	\$2,000
Calendar Year Orthodontic Services Benefit Maximum Payment (benefit is separate from and in addition to the calendar year maximum payment)	\$1,000	\$1,000
Covered Services	Coverage when provided by network providers	Maximum payment when provided by non-network providers ¹
Diagnostic and Preventive Services^{2, 3, 4} (includes routine oral exams, X-rays, cleanings, and oral cancer screening ⁴ , and caries risk management (CAMBRA) procedures)	100%	100% MAC
Basic Services (includes anesthesia, emergency treatment to relieve pain, restorative dentistry, sealants, space maintainers, oral surgery, endodontics, and periodontics)	80%	80% MAC
Major Services (includes crown buildups, crowns, prosthetics, onlays, jackets, posts and cores, and implants)	50%	50% MAC
Orthodontic Services - all ages	50%	50% MAC
Enhanced Dental Benefits for Pregnant Women³ (includes routine prophylaxis - including prophylaxis for pregnancy gingivitis - periodontal scaling and root planing, and periodontal maintenance)	100%	100% MAC

- The non-participating dentist reimbursement amount is a percentage of the maximum allowable charge or MAC. When you go to a non-participating dentist, you pay the amount above the MAC percentage.
- 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).
- Enhanced dental Benefits for pregnant women do not apply towards the Maximum Calendar Year Benefit.
- Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures.

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**.