

**BLUE SHIELD OF CALIFORNIA FAMILY DENTAL DHMO
QUICK REFERENCE GUIDE (QRG)**



Blue Shield of CA DHMO	
Plan:	Blue Shield Family Dental DHMO
Client Name on Capitation Roster:	Blue Shield of California
Website: Offers eligibility verification, claim status and network specialist locations.	www.uhcdental.com
Using our website to locate Dentists including Specialists: Before Log in, select "Provider Search", "State", and "Select A Network".	Blue Shield Family Dental DHMO
Specialty Referral Process:	Pre-Auth
Member ID Cards: The following brand names are found on the member ID cards for your reference.	
Integrated Voice Response (IVR) System: <ul style="list-style-type: none"> • Enables you to access information 24 hours a day • Obtain real-time eligibility, eligibility via fax, and assign members to your office • Obtain claim status and copies of EOB's 	1-877-885-0254
Dedicated Toll Free Customer Service: Issues such as eligibility, claims and dental plan information.	1-877-885-0254
Provider Relations: Questions regarding fee schedules, monthly rosters and contracts	1-877-885-0254
Emergency Specialty Referral Phone Number:	1-877-885-0254
Request for Specialty Referral Form or Provider Manual:	1-877-885-0254
Address: Encounter Data/Minimum Guarantee/Supplemental Claims	Blue Shield of California Claims Unit P.O. Box 30567 Salt Lake City, UT 84130-0567
Address: Specialty Referral and Pre-Treatment Estimates	P.O. Box 30552 Salt Lake City, UT 84130-0552
Address: Written Inquiries and Appeals	P.O. Box 30569 Salt Lake City, UT 84130-0569
Electronic Claims Submission - Payor ID:	52133
California Language Assistance Program: If language assistance is required, contact UHC at the number provided on the back of the member's ID Card. You will be connected with the Language Line, via a customer service representative, where certified interpreters are available to provide telephonic interpretation services.	
Benefits for the Blue Shield of CA DHMO Plans are administered by Dental Benefit Providers of California, Inc. Dental Benefit Providers of California, Inc. is affiliated with UnitedHealthcare.	

All documents regarding the recruitment and contracting of providers, payment arrangements and detailed product information (including but not limited to the application, attachments, contract and supplemental documentation) are confidential proprietary information that may not be disclosed to any other individual and/or third party without the express written consent of Dental Benefit Providers of CA, Inc.

BLUE SHIELD OF CA FAMILY DENTAL DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2



Customer Service Telephone Number 1-877-885-0254		Family Dental - Adult		Family Dental - Child	
Product ID: D0025758		Agreement ID: SCFG00000291		SCFG00000292	
Specialty Referral Process:		Prior Authorization		Prior Authorization	
<i>Due to a system limitation, the capitation roster for Family Dental DHMO members will only list the Adult Agreement ID. Please note, children under the age of 19 have Family Dental DHMO – Child Agreement ID SCFG00000292 for benefits & claims.</i>					
CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
I. DIAGNOSTIC					
D0120	periodic oral evaluation - established patient		0		0
D0140	limited oral evaluation - problem focused		0		0
D0145	oral eval for patient < 3 yrs age - caregiver counseling		NTCV		0
D0150	comprehensive oral evaluation - new or established patient		0		0
D0160	detailed and extensive oral evaluation – prob focused		0		0
D0170	re-evaluation – limited, prob focused (est patient)		0		0
D0171	re-evaluation – post-operative office visit		0		0
D0180	comprehensive periodontal evaluation - new or establ'd pnt		0		0
D0190	screening of a patient		0		NTCV
D0191	assessment of a patient		0		NTCV
D0210	intraoral - complete series of radiographic images		0		0
D0220	intraoral - periapical first radiographic image		0		0
D0230	intraoral - periapical each additional radiographic image		0		0
D0240	intraoral – occlusal radiographic image		0		0
D0250	extra-oral – 2D projection radiographic image		0		0
D0251	extra-oral posterior dental radiographic image		NTCV		0
D0270	bitewing - single radiographic image		0		0
D0272	bitewings - two radiographic images		0		0
D0273	bitewings – three radiographic images		0		0
D0274	bitewings - four radiographic images		0		0
D0277	vertical bitewings – 7 to 8 radiographic images		0		0
D0310	sialography		0		0
D0320	temporomandibular joint arthrogram, inc injection		0		0
D0322	tomographic survey		0		0
D0330	panoramic radiographic image		0		0
D0340	2D cephalometric radiographic image		0		0
D0350	2D oral/facial photographic images - intraoral or extraoral		0		0
D0351	3D photographic image		0		0
D0419	assessment of salivary flow by measurement		0		NTCV
D0431	adj pre-dx test, mucosal abnormalities, not cytology/biopsy		0		NTCV
D0460	pulp vitality tests		0		0
D0470	diagnostic casts		0		0
D0502	other oral pathology procedures, by report		0		0
D0601	caries risk assess/document, finding of low risk		0		0
D0602	caries risk assess/document, finding of moderate risk		0		0
D0603	caries risk assess/document, finding of high risk		0		0
D0701	panoramic radiographic image, capture only		0		NTCV
D0702	2-D ceph. radiographic image, capture only		0		NTCV

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D0703	2-D oral/facial photo. Intra/extra orally, capture only		0		NTCV
D0704	3-D photographic image – image capture only		0		NTCV
D0705	extra-oral post. radiographic image, capture only		NTCV		0
D0706	intraoral – occ. radiographic image, capture only		0		0
D0707	intraoral – periapical radiographic image, capture only		0		0
D0708	intraoral – bitewing radiographic image – image capture only		0		0
D0709	intraoral – complete series of images, capture only		0		0
D0999	unspecified diagnostic procedure, by report		0		0
II. PREVENTIVE					
D1110	prophylaxis - adult		0		0
D1120	prophylaxis - child		NTCV		0
D1206	topical application of fluoride varnish		0		0
D1208	topical application of fluoride - excluding varnish		0		0
D1310	nutritional counseling for control of dental disease		0		0
D1320	tobacco counseling for control/prevention of oral disease		0		0
D1321	counseling associated w/high-risk substance use		0		NTCV
D1330	oral hygiene instructions		0		0
D1351	sealant - per tooth	10	0	10	0
D1352	prevent resin restor/mod-high caries risk pt – perm tth		NTCV		0
D1353	sealant repair – per tooth		0		0
D1354	interim caries arresting medicament application - per tth		0		0
D1355	caries preventive medicament application – per tooth		0		NTCV
D1510	space maintainer – fixed, unilateral		0		0
D1516	space maintainer - fixed - bilateral, maxillary	25	0	25	0
D1517	space maintainer - fixed - bilateral, mandibular	25	0	25	0
D1520	space maintainer – removable – unilateral		0		0
D1526	space maintainer - removable - bilateral, maxillary	50	0	50	0
D1527	space maintainer - removable - bilateral, mandibular	50	0	50	0
D1551	re-cement or re-bond bilateral space maintainer – maxillary		0		0
D1552	re-cement or re-bond bilateral space maintainer – mandblr		0		0
D1553	re-cement or re-bond unilateral space maint – per quad		0		0
D1556	removal of fixed unilateral space maintainer – per quad		0		0
D1557	removal of fixed bilateral space maintainer – maxillary		0		0
D1558	removal of fixed bilateral space maintainer – mandibular		0		0
D1575	distal shoe space maintainer – fixed – unilateral		0		0
III. RESTORATIVE					
Precious metals, if used, will be charged to the patient at the Dentist's cost.					
D2140	amalgam - one surface, primary or permanent		25		25
D2150	amalgam - two surfaces, primary or permanent		30		30

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D2160	amalgam - three surfaces, primary or permanent		40		40
D2161	amalgam - four or more surfaces, primary or permanent		45		45
D2330	resin-based composite - one surface, anterior		30		30
D2331	resin-based composite - two surfaces, anterior	50	45	50	45
D2332	resin-based composite - three surfaces, anterior	70	55	70	55
D2335	resin-based comp - 4 or more surfaces or incisal angle (ant)	85	60	85	60
D2390	resin-based composite crown, anterior		50		50
D2391	resin-based composite - one surface, posterior	50	30	50	30
D2392	resin-based composite - two surfaces, posterior	60	40	60	40
D2393	resin-based composite - three surfaces, posterior	70	50	70	50
D2394	resin-based composite - four or more surfaces, posterior	80	70	80	70
D2542	onlay – metallic – two surfaces		185		NTCV
D2543	onlay – metallic – three surfaces		200		NTCV
D2544	onlay – metallic – four or more surfaces		215		NTCV
D2642	onlay - porcelain/ceramic - two surfaces		250		NTCV
D2643	onlay - porcelain/ceramic - three surfaces		275		NTCV
D2644	onlay - porcelain/ceramic - four or more surfaces		300		NTCV
D2662	onlay – resin-based composite – two surfaces		160		NTCV
D2663	onlay – resin-based composite – three surfaces		180		NTCV
D2664	onlay – resin-based composite – four or more surfaces		200		NTCV
D2710	crown – resin-based composite (indirect)		140		140
D2712	crown – ¾ resin-based composite (indirect)		200		190
D2720	crown – resin with high noble metal		300		NTCV
D2721	crown – resin with predominantly base metal		300		300
D2722	crown – resin with noble metal		300		NTCV
D2740	crown - porcelain/ceramic	400	300	400	300
D2750	crown - porcelain fused to high noble metal	400	300		NTCV
D2751	crown - porcelain fused to predominantly base metal		300		300
D2752	crown - porcelain fused to noble metal	350	300		NTCV
D2753	crown - porcelain fused to titanium and titanium alloys		300		NTCV
D2780	crown - 3/4 cast high noble metal		300		NTCV
D2781	crown - 3/4 cast predominately base metal		300		300
D2782	crown - 3/4 cast noble metal	350	300		NTCV
D2783	crown - 3/4 porcelain/ceramic		310		310
D2790	crown - full cast high noble metal	400	300		NTCV
D2791	crown - full cast predominantly base metal		300		300
D2792	crown - full cast noble metal	350	300		NTCV
D2794	crown - titanium	400	300		NTCV
D2910	re-cement/re-bond inlay, onlay, veneer or prt'l coverage rest		25		25

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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D2915	re-cement/re-bond indirectly fab or prefab post/core		25		25
D2920	re-cement or re-bond crown		15		25
D2921	reattachment of tooth fragment, incisal edge or cusp		45		45
D2928	prefabricated porcelain/ceramic crown – perm. tth		NTCV		95
D2929	prefabricated porcelain/ceramic crown – primary tooth		NTCV		95
D2930	prefabricated stainless steel crown - primary tooth		NTCV		65
D2931	prefabricated stainless steel crown - permanent tooth		75		75
D2932	prefabricated resin crown		NTCV		75
D2933	prefabricated stainless steel crown with resin window		NTCV		80
D2940	protective restoration		20		25
D2941	interim therapeutic restoration – primary dentition		NTCV		30
D2949	restorative foundation for an indirect restoration		NTCV		45
D2950	core buildup - including any pins when required		20		20
D2951	pin retention - per tooth, in addition to restoration		20		25
D2952	cast post and core in addition to crown		60		100
D2953	each additional indirectly fabricated post – same tooth		30		30
D2954	prefabricated post and core in addition to crown		60		90
D2955	post removal		NTCV		60
D2957	each additional prefabricated post – same tooth		35		35
D2971	addtl procs construct new crn under exist prtl dent frmwk		NTCV		35
D2980	crown repair necessitated by restorative material failure		50		50
D2999	unspecified restorative procedure, by report		40		40
IV. ENDODONTICS					
D3110	pulp cap - direct (excluding final restoration)		20		20
D3120	pulp cap - indirect (excluding final restoration)		25		25
D3220	therapeutic pulpotomy (excluding final restoration)		35		40
D3221	pulpal debridement - primary and permanent teeth		50		40
D3222	prtl pulpotomy apexogenesis – perm tth w/inc root develop		60		60
D3230	pulpal therapy – anterior, primary tth (exc final restrn)		NTCV		55
D3240	pulpal therapy – posterior, primary tth (exc final restrn)		NTCV		55
D3310	root canal therapy - anterior, excluding final restoration	250	200	250	195
D3320	root canal therapy - bicuspid, excluding final restoration	350	235	350	235
D3330	root canal therapy - molar, excluding final restoration	400	300	400	300
D3331	treatment of root canal obstruction - non-surgical access		50		50
D3332	inco endo therapy; inoperable, unrestorable/fractured tth		85		NTCV
D3333	internal root repair of perforation defects		80		80
D3346	retreatment of previous root canal therapy - anterior		245		240
D3347	retreatment of previous root canal therapy - bicuspid		295		295
D3348	retreatment of previous root canal therapy - molar		365		365

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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D3351	apexification/recalcification – initial visit		85		85
D3352	apexification/recalcification – interim med replacement		50		45
D3410	apicoectomy - anterior		240		240
D3421	apicoectomy - premolar (first root)		250		250
D3425	apicoectomy - molar (first root)		275		275
D3426	apicoectomy - each additional root		110		110
D3430	retrograde filling - per root		90		90
D3450	root amputation – per root		110		NTCV
D3471	surgical repair of root resorption - anterior		240		240
D3472	surgical repair of root resorption – premolar		250		250
D3473	surgical repair of root resorption – molar		275		275
D3501	surg exp of root surf w/out apicoect/rpr root resorp – anterior		160		160
D3502	surg exp of root surf w/out apicoect/rpr root resorp – premolar		160		160
D3503	surg exp of root surf w/out apicoect/rpr root resorp – molar		160		160
D3910	surgical procedure for isolation of tooth with rubber dam		50		30
D3920	hemisection (inc root removal), not including RCT		120		NTCV
D3950	canal preparation and fitting of preformed dowel or post		60		NTCV
D3999	unspecified endodontic procedure, by report		100		100
V. PERIODONTICS					
D4210	gingivectomy/-plasty, 4+ contig teeth or spaces per quad		150		150
D4211	gingivectomy/-plasty, 1-3 contig teeth or spaces per quad		50		50
D4240	gingival flap proc. incl root plng, 4+ tth/spaces per quad		135		NTCV
D4241	gingival flap proc. incl root plng, 1-3 tth/spaces per quad		70		NTCV
D4249	clinical crown lengthening - hard tissue		200		165
D4260	osseous surgery, 4+ contiguous teeth/spaces per quad		265		265
D4261	osseous surgery, 1-3 contiguous teeth/spaces per quad		140		140
D4263	bone replacement graft - ret natural tooth - first site in quad		105		NTCV
D4264	bone replacement graft - ret natural tth - ea add'l site in quad		75		NTCV
D4265	biologic materials to aid in soft & osseous tiss regenerat'n		80		80
D4266	guided tissue regeneration - resorbable barrier - per site		145		NTCV
D4267	guided tissue regeneration - nonresorbable barrier - per site		175		NTCV
D4270	pedicle soft tissue graft procedure		155		NTCV
D4273	autogenous connective tissue graft - per first tooth/implant		220		NTCV
D4275	non-autogenous connective tiss graft - per 1st tooth/implant		190		NTCV
D4283	autogenous connective tissue graft - ea add'l tooth/implant		185		NTCV
D4285	non-auto tiss grt prc – addtl contig, implt/tth same grt site		175		NTCV
D4341	periodontal scaling and root planing, 4+ teeth per quad		55		55
D4342	periodontal scaling and root planing, 1-3 teeth per quad		25		30
D4346	scaling in presence of gen mod or severe gingival inflam		40		40

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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D4355	full mouth debridement to enable a comp oral evaluation		40		40
D4381	localized delivery of antimicrobial agents - per tooth		10		10
D4910	periodontal maintenance	50	30	50	30
D4920	unscheduled dressing change (non-treating dds/staff)		NTCV		15
D4999	unspecified periodontal procedure, by report		350		350
VI. PROSTHODONTICS (REMOVABLE)					
Precious metals, if used, will be charged to the patient at the Dentist's cost.					
D5110	complete denture - maxillary	450	400	450	300
D5120	complete denture - mandibular	450	400	450	300
D5130	immediate denture - maxillary	450	400	450	300
D5140	immediate denture - mandibular	450	400	450	300
D5211	max prtl denture – resin base (inc conv clps, rests/tth)	450	325	450	300
D5212	mand prtl denture – res base (inc conv clps, rests/tth)	450	325	450	300
D5213	maxil. partial dtr - cast metal framework w/resin dtr bases	450	375	450	335
D5214	mand. partial dtr - cast metal framework w/resin dtr bases	450	375	450	335
D5221	imm max prtl dent – res base (inc conv clps, rests/tth)		300		275
D5222	imm mand prtl dent – res base (inc conv clps, rests/tth)		300		275
D5223	imm maxillary prtl dent – cast met fmwk w/rsn dent bse		370		330
D5224	imm mandibular prtl dent – cast met fmwk w/rsn dent bse		370		330
D5225	maxillary partial denture - flexible base	500	375		NTCV
D5226	mandibular partial denture - flexible base	500	375		NTCV
D5282	remov unil prtl dent – 1 piece cast mtl (inc clps/tth), max		250		NTCV
D5283	remov unil prtl dent – 1 piece cast mtl (inc clps/tth), mand		250		NTCV
D5284	remov unil prtl dent – 1 piece flex base (inc clps/tth), per qd		250		NTCV
D5286	remov unil prtl dent – 1 piece resin (inc clps/tth), per quad		250		NTCV
D5410	adjust complete denture - maxillary		20		20
D5411	adjust complete denture - mandibular		20		20
D5421	adjust partial denture - maxillary		20		20
D5422	adjust partial denture - mandibular		20		20
D5511	repair broken complete denture base - mandibular		30		40
D5512	repair broken complete denture base - maxillary		30		40
D5520	replace missing/broken teeth - complete denture - ea tooth		30		40
D5611	repair resin partial denture base - mandibular		30		40
D5612	repair resin partial denture base - maxillary		30		40
D5621	repair cast partial framework, mandibular		35		40
D5622	repair cast partial framework, maxillary		35		40
D5630	repair/replace broken retentive/clasping materials - per tth		30		50
D5640	replace broken teeth - per tooth		30		35
D5650	add tooth to existing partial denture		35		35

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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D5660	add clasp to existing partial denture - per tooth		45		60
D5670	replace all tth/acrylic on cast metal framework (max)		195		NTCV
D5671	replace all tth/acrylic on cast metal framework (mand)		195		NTCV
D5710	rebase complete maxillary denture		155		NTCV
D5711	rebase complete mandibular denture		155		NTCV
D5720	rebase maxillary partial denture		150		NTCV
D5721	rebase mandibular partial denture		150		NTCV
D5730	reline complete maxillary denture (direct)		80		60
D5731	reline complete mandibular denture (direct)		80		60
D5740	reline maxillary partial denture (direct)		75		60
D5741	reline mandibular partial denture (direct)		75		60
D5750	reline complete maxillary denture (indirect)		120		90
D5751	reline complete mandibular denture (indirect)		120		90
D5760	reline maxillary partial denture (indirect)		110		80
D5761	reline mandibular partial denture (indirect)		110		80
D5850	tissue conditioning - maxillary		35		30
D5851	tissue conditioning - mandibular		35		30
D5862	precision attachment, by report		100		90
D5863	overdenture - complete maxillary		300		300
D5864	overdenture - complete mandibular		300		300
D5865	overdenture - partial maxillary		300		300
D5866	overdenture - partial mandibular		300		300
D5876	add metal substructure to acrylic full denture (per arch)		30		NTCV
D5899	unspecified removable prosthodontic procedure, by rpt		400		350
VII. MAXILLOFACIAL PROSTHETICS					
D5911	facial moulage (sectional)		NTCV		285
D5912	facial moulage (complete)		NTCV		350
D5913	nasal prosthesis		NTCV		350
D5914	auricular prosthesis		NTCV		350
D5915	orbital prosthesis		NTCV		350
D5916	ocular prosthesis		NTCV		350
D5919	facial prosthesis		NTCV		350
D5922	nasal septal prosthesis		NTCV		350
D5923	ocular prosthesis, interim		NTCV		350
D5924	cranial prosthesis		NTCV		350
D5925	facial augmentation implant prosthesis		NTCV		200
D5926	nasal prosthesis, replacement		NTCV		200
D5927	auricular prosthesis, replacement		NTCV		200
D5928	orbital prosthesis, replacement		NTCV		200

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NTCV = Not Covered

BLUE SHIELD OF CA FAMILY DENTAL DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2



Customer Service Telephone Number 1-877-885-0254		Family Dental - Adult	Family Dental - Child		
Product ID: D0025758	Agreement ID:	SCFG00000291	SCFG00000292		
Specialty Referral Process:		Prior Authorization	Prior Authorization		
<i>Due to a system limitation, the capitation roster for Family Dental DHMO members will only list the Adult Agreement ID. Please note, children under the age of 19 have Family Dental DHMO – Child Agreement ID SCFG00000292 for benefits & claims.</i>					
CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D5929	facial prosthesis, replacement		NTCV		200
D5931	obturator prosthesis, surgical		NTCV		350
D5932	obturator prosthesis, definitive		NTCV		350
D5933	obturator prosthesis, modification		NTCV		150
D5934	mandibular resection prosthesis with guide flange		NTCV		350
D5935	mandibular resection prosthesis without guide flange		NTCV		350
D5936	obturator prosthesis, interim		NTCV		350
D5937	trismus appliance (not for TMD treatment)		NTCV		85
D5951	feeding aid		NTCV		135
D5952	speech aid prosthesis, pediatric		NTCV		350
D5953	speech aid prosthesis, adult		NTCV		350
D5954	palatal augmentation prosthesis		NTCV		135
D5955	palatal lift prosthesis, definitive		NTCV		350
D5958	palatal lift prosthesis, interim		NTCV		350
D5959	palatal lift prosthesis, modification		NTCV		145
D5960	speech aid prosthesis, modification		NTCV		145
D5982	surgical stent		NTCV		70
D5983	radiation carrier		NTCV		55
D5984	radiation shield		NTCV		85
D5985	radiation cone locator		NTCV		135
D5986	fluoride gel carrier		NTCV		35
D5987	commissure splint		NTCV		85
D5988	surgical splint		NTCV		95
D5991	vesiculobullous disease medicament carrier		NTCV		70
D5999	unspecified maxillofacial prosthesis, by report		NTCV		350
VIII. IMPLANT SERVICES					
Precious metals, if used, will be charged to the patient at the Dentist's cost.					
D6010	surgical placement of implant body - endosteal implant		NTCV	1035	350
D6011	second stage implant surgery		NTCV	500	350
D6013	surgical placement of a mini-implant		NTCV	795	350
D6040	surgical placement: eposteal implant		NTCV	1035	350
D6050	surgical placement: transosteal implant		NTCV	1035	350
D6055	connecting bar – implant supported or abutment supp		NTCV	390	350
D6056	prefabricated abutment - incl. modification & placement		NTCV	290	135
D6057	custom fabricated abutment - includes placement		NTCV	395	180
D6058	abutment supported porcelain/ceramic crown		NTCV	710	320
D6059	abutment supported porc. fused to metal crn - high noble		NTCV	710	315
D6060	abut supp porc fused mtl crn (predom base metal)		NTCV	575	295
D6061	abutment supported porc. fused to metal crown - noble		NTCV	635	300

BLUE SHIELD OF CA FAMILY DENTAL DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2



Customer Service Telephone Number 1-877-885-0254		Family Dental - Adult	Family Dental - Child		
Product ID: D0025758		SCFG00000291	SCFG00000292		
Agreement ID:		Prior Authorization	Prior Authorization		
Specialty Referral Process:		Prior Authorization	Prior Authorization		
<i>Due to a system limitation, the capitation roster for Family Dental DHMO members will only list the Adult Agreement ID. Please note, children under the age of 19 have Family Dental DHMO – Child Agreement ID SCFG00000292 for benefits & claims.</i>					
CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D6062	abut supp cast metal crown (high noble metal)		NTCV	675	315
D6063	abut supp cast metal crown (predominantly base metal)		NTCV	595	300
D6064	abutment supported cast metal crown (noble metal)		NTCV	620	315
D6065	implant supported porcelain/ceramic crown		NTCV	740	340
D6066	implant supported porcelain fused to metal crown		NTCV	720	335
D6067	implant supp mtl crn (titanium, titan alloy, high nbl mtl)		NTCV	730	340
D6068	abutment supported retainer for porcelain/ceramic FPD		NTCV	680	320
D6069	abut supp retainer porc fused to metal FPD (high nbl mtl)		NTCV	705	315
D6070	abut supp retainer porc fused to metal FPD (pred base mtl)		NTCV	630	290
D6071	abut supp retainer porc fused to metal FPD (noble metal)		NTCV	680	300
D6072	abut supp retainer for cast metal FPD (high noble metal)		NTCV	690	315
D6073	abut supp retainer for cast metal FPD (predom bse metal)		NTCV	630	290
D6074	abut supp retainer for cast metal FPD (noble metal)		NTCV	670	320
D6075	implant supported retainer for ceramic FPD		NTCV	740	335
D6076	implt supp rtn porc mtl FPD (titan/titan alloy/high nbl mtl)		NTCV	705	330
D6077	implt supp rtn cast mtl FPD (titan/titan alloy/high nbl mtl)		NTCV	665	350
D6080	implant maint. proced - prostheses removd & reinsertd		NTCV	80	30
D6081	scaling/debride pres inflammation/mucositis single implnt		NTCV		30
D6082	implant supported crown – porc fused/predom base alloys		NTCV		335
D6083	implant supported crown – porc fused to noble alloys		NTCV		335
D6084	implant supported crn – porc fused/titanium/titan alloys		NTCV		335
D6085	provisional implant crown		NTCV		300
D6086	implant supported crown – predominantly base alloys		NTCV		340
D6087	implant supported crown – noble alloys		NTCV		340
D6088	implant supported crown – titanium and titanium alloys		NTCV		340
D6090	repair implant supported prosthesis, by report		NTCV	130	65
D6091	replace semi-prec/attachment (male/female com) implnt		NTCV	200	40
D6092	re-cement or re-bond implant/abutment supp crown		NTCV	60	25
D6093	re-cement/re-bond implant/abut supp fixed prt denture		NTCV	80	35
D6094	abutment supported crown (titanium)		NTCV	560	295
D6095	repair implant abutment, by report		NTCV	150	65
D6096	remove broken implant retaining screw		NTCV		60
D6097	abut supported crown – porc fused titanium/titan alloys		NTCV		315
D6098	implant supp retainer – porc fused predom base alloys		NTCV		330
D6099	implant supp retainer for FPD – porc fused noble alloys		NTCV		330
D6100	implant removal, by report		NTCV	250	110
D6110	implant /abut supp remov denture edent arch – max		NTCV	925	350
D6111	implant /abut supp remov denture edent arch – mand		NTCV	925	350
D6112	implant /abut supp remov dent partial edent arch – max		NTCV	925	350

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BLUE SHIELD OF CA FAMILY DENTAL DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2



Customer Service Telephone Number 1-877-885-0254		Family Dental - Adult	Family Dental - Child		
Product ID: D0025758		SCFG00000291	SCFG00000292		
Agreement ID:		Prior Authorization	Prior Authorization		
Specialty Referral Process:		Prior Authorization	Prior Authorization		
<i>Due to a system limitation, the capitation roster for Family Dental DHMO members will only list the Adult Agreement ID. Please note, children under the age of 19 have Family Dental DHMO – Child Agreement ID SCFG00000292 for benefits & claims.</i>					
CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D6113	implant /abut supp remov dent partial edent arch – mand		NTCV	925	350
D6114	implant /abut supp fixed denture edent arch – max		NTCV	925	350
D6115	implant /abut supp fixed denture edent arch – mand		NTCV	925	350
D6116	implant /abut supp fixed dent partial edent arch – max		NTCV	925	350
D6117	implant /abut supp fixed dent partial edent arch – mand		NTCV	925	350
D6120	implant supp retainer – porcn fused titanium/titan alloys		NTCV		330
D6121	implant supp retainer metal FPD – predom base alloys		NTCV		350
D6122	implant supported retainer for metal FPD – noble alloys		NTCV		350
D6123	implant supp retainer metal FPD – titanium/titan alloys		NTCV		350
D6190	radiographic/surgical implant index, by report		NTCV	145	75
D6191	semi-precision abutment – placement		NTCV		350
D6192	semi-precision attachment – placement		NTCV		350
D6194	abutment supported retainer crown for FPD – (titanium)		NTCV	575	265
D6195	abutment supp retainer – porc fused titanium/titan alloys		NTCV		315
D6199	unspecified implant procedure, by report		NTCV		350
IX. PROSTHODONTICS, FIXED					
Precious metals, if used, will be charged to the patient at the Dentist's cost.					
D6205	pontic – indirect resin based composite		165		NTCV
D6210	pontic – cast high noble metal	400	300		NTCV
D6211	pontic – cast predominantly base metal		300		300
D6212	pontic – cast noble metal	400	300		NTCV
D6214	pontic – titanium	400	300		NTCV
D6240	pontic - porcelain fused to high noble metal	400	300		NTCV
D6241	pontic - porcelain fused to predominantly base metal		300		300
D6242	pontic - porcelain fused to noble metal	400	300		NTCV
D6243	pontic – porcelain fused to titanium and titanium alloys		300		NTCV
D6245	pontic - porcelain/ceramic		300		300
D6250	pontic – resin with high noble metal		300		NTCV
D6251	pontic – resin with predominantly base metal		300		300
D6252	pontic – resin with noble metal		300		NTCV
D6545	retainer – cast metal for resin bonded fixed prosthesis		130		NTCV
D6548	retainer – porcelain/cer resin bonded fixed prosthesis		145		NTCV
D6549	resin retainer – for resin bonded fixed prosthesis		130		NTCV
D6608	retainer onlay – porcelain/ceramic, two surfaces		200		NTCV
D6609	retainer onlay – porcelain/ceramic, three or more surfaces		200		NTCV
D6610	retainer onlay – cast high noble metal, two surfaces	300	200		NTCV
D6611	retainer onlay – cast high noble mtl, three or more srfcs	350	200		NTCV
D6612	retainer onlay – cast predom base metal, two surfaces		200		NTCV
D6613	retainer onlay – cast predom base mtl, three or more srfcs		200		NTCV

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BLUE SHIELD OF CA FAMILY DENTAL DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2



Customer Service Telephone Number 1-877-885-0254		Family Dental - Adult		Family Dental - Child	
Product ID: D0025758		Agreement ID: SCFG00000291		SCFG00000292	
Specialty Referral Process:		Prior Authorization		Prior Authorization	
<i>Due to a system limitation, the capitation roster for Family Dental DHMO members will only list the Adult Agreement ID. Please note, children under the age of 19 have Family Dental DHMO – Child Agreement ID SCFG00000292 for benefits & claims.</i>					
CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D6614	retainer onlay – cast noble metal, two surfaces		200		NTCV
D6615	retainer onlay – cast noble metal, three or more surfaces		200		NTCV
D6634	retainer onlay – titanium		200		NTCV
D6710	retainer crown – indirect resin based composite		200		NTCV
D6720	retainer crown – resin with high noble metal		300		NTCV
D6721	retainer crown – resin with predominantly base metal		300		300
D6722	retainer crown – resin with noble metal		300		NTCV
D6740	retainer crown - porcelain/ceramic		300		300
D6750	retainer crown - porcelain fused to high noble metal	400	300		NTCV
D6751	retainer crown - porc fused to predominantly base metal		300		300
D6752	retainer crown - porcelain fused to noble metal	350	300		NTCV
D6753	retainer crown – porc fused to titanium/titanium alloys	400	300		NTCV
D6781	retainer crown – ¾ cast predominantly base metal		300		300
D6782	retainer crown – ¾ cast noble metal	350	300		NTCV
D6783	retainer crown – ¾ porcelain/ceramic		300		300
D6784	retainer crown ¾ – titanium and titanium alloys	400	300	400	300
D6791	retainer crown - full cast predominantly base metal		300		300
D6794	retainer crown – titanium	400	300		NTCV
D6930	re-cement or re-bond fixed partial denture		40		40
D6980	fixed partial denture rpr nec by restorative mat failure		95		95
D6999	unspecified fixed prosthodontic procedure, by report		400		400
X. ORAL AND MAXILLOFACIAL SURGERY					
D7111	extraction - coronal remnants - primary tooth		40		40
D7140	extraction - erupted tooth or exposed root		65		65
D7210	extract'n - erupted tooth w/bone rem, tooth sectn & mg flap		115		120
D7220	removal of impacted tooth - soft tissue		85		95
D7230	removal of impacted tooth - partially bony		145		145
D7240	removal of impacted tooth - completely bony		160		160
D7241	removal of impacted tooth - compl bony w/surgical compl		175		175
D7250	removal of residual tooth roots - cutting procedure		75		80
D7260	oroantral fistula closure		280		280
D7261	primary closure of a sinus perforation		285		285
D7270	tth re-implnt and/or stabilize accidnt evulsed/displaced tth		185		185
D7280	exposure of an unerupted tooth		220		220
D7283	placement of device to facilitate eruption of impacted tooth		85		85
D7285	incisional biopsy of oral tissue – hard (bone, tooth)		180		180
D7286	incisional biopsy of oral tissue - soft (all others)		110		110
D7287	exfoliative cytological sample collection		35		NTCV
D7288	brush biopsy – transepithelial sample collection		35		NTCV

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PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
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Customer Service Telephone Number 1-877-885-0254		Family Dental - Adult		Family Dental - Child	
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				Prior Authorization	
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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D7290	surgical repositioning of teeth		185		185
D7291	transeptal fiberotomy/supra crestal fiberotomy, by rpt		80		80
D7310	alveoloplasty in conj w/extractns, 4+ tth/spaces, per quad		85		85
D7311	alveoloplasty in conj w/extractns, 1-3 tth/spaces, per quad		50		50
D7320	alveoloplasty not in conj w/extr., 4+ tth/spaces, per quad		120		120
D7321	alveoloplasty not in conj w/extr., 1-3 tth/spaces, per quad		65		65
D7340	vestibuloplasty – ridge ext (secondary epithelialization)		350		350
D7350	vestibuloplasty – ridge ext (inc tiss grfts/mscl reattach)		350		350
D7410	excision of benign lesion up to 1.25 cm		75		75
D7411	excision of benign lesion greater than 1.25 cm		115		115
D7412	excision of benign lesion, complicated		175		175
D7413	excision of malignant lesion up to 1.25 cm		95		95
D7414	excision of malignant lesion greater than 1.25 cm		120		120
D7415	excision of malignant lesion, complicated		255		255
D7440	exc of malignant tumor – lesion diam up to 1.25 cm		105		105
D7441	exc of malignant tumor – lesion diameter > 1.25 cm		200		185
D7450	rem benign odont cyst/tumor – les diam up to 1.25 cm		180		180
D7451	rem benign odont cyst/tumor – lesion diam > 1.25 cm		330		330
D7460	rem benign nonodont cyst/tumor – les diam up 1.25 cm		180		155
D7461	rem benign nonodont cyst/tumor – les diam > 1.25 cm		250		250
D7465	destruct lesion(s) by physical/chemical method, by rpt		50		40
D7471	removal of lateral exostosis (maxilla or mandible)		140		140
D7472	removal of torus palatinus		140		145
D7473	removal of torus mandibularis		140		140
D7485	reduction of osseous tuberosity		105		105
D7490	radical resection of maxilla or mandible		350		350
D7510	incision and drainage of abscess - intraoral soft tissue		55		70
D7511	inc/drain abscess – intraoral sft tiss – comp (inc drain spcs)		69		70
D7520	incision/drainage of abscess – extraoral soft tissue		70		70
D7521	inc/drain abscess – extraoral sft tiss – comp (inc drain spcs)		80		80
D7530	rem foreign body mucosa, skin, subcutaneous alvrl tissue		45		45
D7540	rem reaction prod foreign bodies, musculoskeletal syst		75		75
D7550	partl ostectomy/sequestrectomy for rem non-vital bone		125		125
D7560	maxillary sinusotomy rem tth fragment/foreign body		235		235
D7610	maxilla – open reduction (teeth immobilized, if present)		140		140
D7620	maxilla – closed reduction (teeth immobilized, if present)		250		250
D7630	mandible – open reduction (tth immobilized, if present)		580		350
D7640	mandible – closed reduction (tth immobilized, if present)		480		350
D7650	malar and/or zygomatic arch - open reduction		270		350

BLUE SHIELD OF CA FAMILY DENTAL DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2



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Specialty Referral Process:		Prior Authorization		Prior Authorization	
<i>Due to a system limitation, the capitation roster for Family Dental DHMO members will only list the Adult Agreement ID. Please note, children under the age of 19 have Family Dental DHMO – Child Agreement ID SCFG00000292 for benefits & claims.</i>					
CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D7660	malar and/or zygomatic arch – closed reduction		580		350
D7670	alveolus – closed reduction, may inc stabilization of teeth		170		170
D7671	alveolus – open reduction, may inc stabilization of teeth		230		230
D7680	facial bones – compl reduct w/fixation/mult surgl apprchs		500		350
D7710	maxilla – open reduction		110		110
D7720	maxilla – closed reduction		180		180
D7730	mandible – open reduction		390		350
D7740	mandible – closed reduction		290		290
D7750	malar and/or zygomatic arch – open reduction		220		220
D7760	malar and/or zygomatic arch – closed reduction		1,100		350
D7770	alveolus – open reduction stabilization of teeth		135		135
D7771	alveolus, closed reduction stabilization of teeth		160		160
D7780	facial bones – compl reduct w/fixation/mult surgl apprchs		440		350
D7810	open reduction of dislocation		730		350
D7820	closed reduction of dislocation		80		80
D7830	manipulation under anesthesia		85		85
D7840	condylectomy		930		350
D7850	surgical discectomy, with/without implant		900		350
D7852	disc repair		400		350
D7854	synovectomy		390		350
D7856	myotomy		600		350
D7858	joint reconstruction		860		350
D7860	arthrotomy		350		350
D7865	arthroplasty		510		350
D7870	arthrocentesis		90		90
D7871	non-arthroscopic lysis and lavage		150		150
D7872	arthroscopy – diagnosis, with or without biopsy		350		350
D7873	arthroscopy – surgical: lavage and lysis of adhesions		1,200		350
D7874	arthroscopy – surgical: disc repositioning/stabilization		410		350
D7875	arthroscopy – surgical: synovectomy		410		350
D7876	arthroscopy – surgical: discectomy		270		350
D7877	arthroscopy – surgical: debridement		430		350
D7880	occlusal orthotic device, by report		120		120
D7881	occlusal orthotic device adjustment		50		30
D7899	unspecified TMD therapy, by report		350		350
D7910	suture of recent small wounds up to 5 cm		50		35
D7911	complicated suture – up to 5 cm		75		55
D7912	complicated suture – greater than 5 cm		150		130
D7920	skin graft (identify defect covered, location/type of graft)		NTCV		120

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PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2



Customer Service Telephone Number 1-877-885-0254		Family Dental - Adult	Family Dental - Child		
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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D7922	plcmt intra-socket biologi dress aid hemostasis, per site		80		80
D7940	osteoplasty – for orthognathic deformities		NTCV		160
D7941	osteotomy – mandibular rami		NTCV		350
D7943	osteotomy – mandibular rami w/bone grft; inc obt graft		NTCV		350
D7944	osteotomy – segmented or subapical		NTCV		275
D7945	osteotomy – body of mandible		NTCV		350
D7946	leFort I (maxilla – total)		NTCV		350
D7947	leFort I (maxilla – segmented)		NTCV		350
D7948	leFort II or LeFort III (osteoplasty fcl bns) – w/o bone grft		NTCV		350
D7949	leFort II or LeFort III – with bone graft		NTCV		350
D7950	osseous, osteoperi, or cartilage graft, by report		NTCV		190
D7951	sinus augment w/bone substitutes via lateral approach		NTCV		290
D7952	sinus augmentation via a vertical approach		NTCV		175
D7955	repair of maxillofacial soft and/or hard tissue defect		NTCV		200
D7961	buccal / labial frenectomy (frenulectomy)		120		120
D7962	lingual frenectomy (frenulectomy)		120		120
D7963	frenuloplasty		120		120
D7970	excision of hyperplastic tissue – per arch		176		175
D7971	excision of pericoronal gingiva		80		80
D7972	surgical reduction of fibrous tuberosity		NTCV		100
D7979	non-surgical sialolithotomy		155		155
D7980	surgical sialolithotomy		155		155
D7981	excision of salivary gland, by report		120		120
D7982	sialodochoplasty		215		215
D7983	closure of salivary fistula		140		140
D7990	emergency tracheotomy		NTCV		350
D7991	coronoidectomy		NTCV		345
D7993	surgical placement of craniofacial implant – extra oral		NTCV		350
D7994	surgical placement: zygomatic implant		NTCV		350
D7995	synthetic graft – mandible or facial bones, by report		NTCV		150
D7997	appliance rem (not by dds placed appl), inc rem archbar		NTCV		60
D7999	unspecified oral surgery procedure, by report		350		350
XI. ORTHODONTICS					
Orthodontia benefits are limited to medically necessary treatment. Please refer to the plan limitations and exclusions.					
D8080	comprehensive ortho tx of the adolescent dentition				
D8210	removable appliance therapy				
D8220	fixed appliance therapy				
D8660	pre-orthodontic tx exam - monitor growth & development				
D8670	periodic orthodontic treatment visit				

BLUE SHIELD OF CA FAMILY DENTAL DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2



Customer Service Telephone Number 1-877-885-0254		Family Dental - Adult	Family Dental - Child		
Product ID: D0025758		SCFG00000291	SCFG00000292		
Agreement ID:		Prior Authorization	Prior Authorization		
Specialty Referral Process:		Prior Authorization	Prior Authorization		
<i>Due to a system limitation, the capitation roster for Family Dental DHMO members will only list the Adult Agreement ID. Please note, children under the age of 19 have Family Dental DHMO – Child Agreement ID SCFG00000292 for benefits & claims.</i>					
CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D8680	orthodontic retention - rem appliances - place of retainer(s)		NTCV		350
D8681	removable orthodontic retainer adjustment				
D8696	repair of orthodontic appliance – maxillary				
D8697	repair of orthodontic appliance – mandibular				
D8698	re-cement or re-bond fixed retainer – maxillary				
D8699	re-cement or re-bond fixed retainer – mandibular				
D8701	repair of fixed retainer, inc reattachment – maxillary				
D8702	repair of fixed retainer, inc reattachment – mandibular				
D8703	replacement of lost or broken retainer – maxillary				
D8704	replacement of lost or broken retainer – mandibular				
D8999	unspecified orthodontic procedure, by report				
XII. ADJUNCTIVE GENERAL SERVICES					
D9110	palliative (emergency) tx of dental pain - minor procedure		28		30
D9120	fixed partial denture sectioning		95		95
D9210	local anesth not in conjunct w/operative or surg procs		10		10
D9211	regional block anesthesia		20		20
D9212	trigeminal division block anesthesia		60		60
D9215	local anesthesia conj w/operative/surg procs		15		15
D9222	deep sedation/general anesthesia - first 15 minutes		45		45
D9223	deep sedation/general anesthesia - ea subsequent 15 min		45		45
D9230	inhalation of nitrous oxide/anxiolysis analgesia		NTCV	25	15
D9239	intravenous mod (conscious) sedation/anes - first 15 min		45		60
D9243	intravenous mod (consc.) sed/anes - ea subseq. 15 min		45		60
D9248	non-intravenous consc. sed - incl non-iv min & mod sed		NTCV		65
D9310	consultation - dx svc provided by DDS/MD - not txing DDS		45		50
D9311	consultation with a medical health care professional		0		0
D9410	house/extended care facility call		NTCV		50
D9420	hospital or ambulatory surgical center call		NTCV		135
D9430	office visit (reg scheduled hrs) – no oth servcs perfrmd		12		20
D9440	office visit – after regularly scheduled hours		40		45
D9450	case presentation, det/extensive treatment planning		0		NTCV
D9610	therapeutic parenteral drug, single administration		NTCV		30
D9612	therapeutic parenteral drugs, 2 or more admins, diff meds		NTCV		40
D9910	application of desensitizing medicament		22		20
D9930	treatment of complications (post-surgical)		50		35
D9942	repair and/or reline of occlusal guard		35		NTCV
D9943	occlusal guard adjustment		35		NTCV
D9944	occlusal guard - hard appliance - full arch	250	115		NTCV

*DBP will pay your office the difference between the Minimum Guarantee listed above and the Member's Copay.

NTCV = Not Covered

BLUE SHIELD OF CA FAMILY DENTAL DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2



Customer Service Telephone Number 1-877-885-0254		Family Dental - Adult		Family Dental - Child	
Product ID: D0025758		Agreement ID:		SCFG00000291	
		SCFG00000292			
		Specialty Referral Process:		Prior Authorization	
		Prior Authorization		Prior Authorization	
<i>Due to a system limitation, the capitation roster for Family Dental DHMO members will only list the Adult Agreement ID. Please note, children under the age of 19 have Family Dental DHMO – Child Agreement ID SCFG00000292 for benefits & claims.</i>					
CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
D9945	occlusal guard - soft appliance - full arch	250	115		NTCV
D9946	occlusal guard - hard appliance - partial arch	200	115		NTCV
D9950	occlusion analysis – mounted case		NTCV		120
D9951	occlusal adjustment - limited		45		45
D9952	occlusal adjustment - complete		210		210
D9995	teledentistry – synchronous; real-time encounter		0		0
D9996	teledentistry – asynchronous; forwarded to dentist		0		0
D9997	dental case mngmt – pts w/special health care needs		0		0
D9999	unspecified adjunctive procedure, by report		0		0

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**BLUE SHIELD OF CA FAMILY DENTAL DHMO
GENERAL LIMITATIONS AND EXCLUSIONS
EXHIBIT 2**



GENERAL EXCLUSIONS & LIMITATIONS

Adult and Pediatric General Exclusions

Unless otherwise specifically mentioned elsewhere under this Plan, this Plan does not provide Benefits with respect to:

- 1) Services of Dentists or other practitioners of healing arts not associated with the Dental Service Plan, except upon referral arranged by a Dental Provider and authorized by the Plan or when required in a covered emergency;
- 2) Any dental services received or costs that were incurred in connection with any dental procedures started prior to Member's effective date of coverage. For the purpose of this exclusion, the date on which a procedure shall be considered to have started is defined as follows:
 - a) For full dentures or partial dentures: on the date the final impression is taken,
 - b) For fixed bridges, crowns, inlays, onlays: on the date the teeth are first prepared,
 - c) For root canal therapy: on the later of the date the pulp chamber opened or the date canals are explored to the apex
 - d) For periodontal surgery: on the date the surgery is actually performed
 - e) For all other services: on the date the service is performed.This exclusion does not apply to Covered Services to treat complications arising from services received prior to Member's effective date of coverage;
- 3) Dental services in excess of the limits specified in the Limitations section of the Evidence of Coverage or on the Dental Schedule and Limitations Table
- 4) Dental services performed in a hospital or any related hospital fee
- 5) Any procedure not performed in a dental office setting; except for general anesthesia when Medically Necessary
- 6) Cosmetic procedures including, but not limited to, bleaching, veneer facings, porcelain on molar crowns, personalization or characterization of crowns, bridges and/or dentures
- 7) Experimental or investigational services, including any treatment, therapy, procedure, drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional medical standards, or for which the safety and efficiency have not been determined for use in the treatment of a particular illness, injury or medical condition for which the item or service in question is recommended or prescribed
- 8) Congenital mouth malformations or skeletal imbalances, including, but not limited to, treatment related to cleft palate, disharmony of facial bone, or required as Orthognathic surgery, including Orthodontic treatment, and oral maxillofacial services, associated hospital and facility fees, anesthesia, and radiographic imaging
- 9) Charges for services performed by a Close Relative or by a person who ordinarily resides in the Subscriber's or Dependent's home
- 10) Treatment for any condition for which Benefits could be recovered under any worker's compensation or occupational disease law, when no claim is made for such Benefits
- 11) Treatment for which payment is made by any governmental agency, including any foreign government
- 12) General anesthesia, including intravenous and inhalation sedation, except when of Medical Necessity. General anesthesia is considered Medically Necessary when its use is:
 - a) In accordance with generally accepted professional standards
 - b) Not furnished primarily for the convenience of the patient, the attending Dentist, or other provider; and
 - c) Due to the existence of a specific medical conditionThe Plan requires written documentation of the medical condition necessitating use of general anesthesia or intravenous sedation must be provided by a physician (M.D.) to the Dental Provider and approved by a Dental Plan Administrator.
 - Patient apprehension or patient anxiety will not constitute Medical Necessity
 - Mental disability is an acceptable medical condition to justify use of general anesthesia
 - The Plan reserves the right to review the use of general anesthesia to determine Medical Necessity
- 13) Precious metals (if used, will be charged to the patient at the Dentist's cost);
- 14) Charges for second opinions, unless previously authorized by a Dental Plan Administrator;
- 15) Services provided to Members by out-of-network Dentists unless preauthorized by the company, except when immediate dental treatment is required as a result of a dental emergency;
- 16) Services provided by an individual or entity that is not licensed or certified by the state to provide health care services, or is not operating within the scope of such license or certification, except as specifically stated herein;
- 17) Replacement of lost, missing, stolen or damaged or prosthetic device;
- 18) House calls for dental services;
- 19) All prescription and non-prescription drugs;
- 20) Any dental services received subsequent to the time the Member's coverage ends;
- 21) Dental services that are received in an emergency care setting for conditions that are not emergencies if the Member reasonably should have known that an emergency care situation did not exist;

**BLUE SHIELD OF CA FAMILY DENTAL DHMO
GENERAL LIMITATIONS AND EXCLUSIONS
EXHIBIT 2**



- 22) Additional treatment costs incurred because a dental procedure is unable to be performed in the Dentist's office due to the general health and physical limitations of the Member; and
- 23) Dental Care Services administered by a Pediatric Dentist, except when:
 - a) The Member child's primary Dental Provider is a pediatric Dentist; or
 - b) The Member child is referred to a pediatric Dentist by the primary Dental Provider.

Adult General Exclusions

Unless otherwise specifically mentioned elsewhere under this Plan, this Plan does not provide Adult Benefits with respect to:

- 1) Any service, procedure, or supply for which the prognosis for long term success is not reasonably favorable as determined by a Dental Plan Administrator and its dental
- 2) Reimbursement to the Member or another dental office for the cost of services secured from Dentists, other than the Dental Provider or other Participating Dentist, except
 - a) When such reimbursement is expressly authorized by the Plan; or
 - b) As cited under the Emergency Services and Emergency Claims provisions;
- 3) Treatment for any condition for which Benefits could be recovered under any worker's compensation or occupational disease law, when no claim is made for such Benefits;
- 4) Removal of 3rd molar (wisdom teeth) other than for Medical Necessity. Medical Necessity pertaining to the removal of 3rd molar (wisdom teeth) is defined as a pathological condition which includes horizontal, mesial or distal impactions, or cystic sequelae. Removal of wisdom teeth due to pericoronitis alone is not Medically Necessary;
- 5) Diagnostic services and treatment of jaw joint problems by any method. These jaw joint problems include such conditions as temporomandibular joint (TMJ) syndrome and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to that joint;
- 6) Bone grafting done for socket preservation after tooth extraction or in preparation for Implants;
- 7) Dental Implants (surgical insertion and/or removal), transplants, ridge augmentations, or socket preservation, and any appliance and/or crowns attached to Implants;
- 8) Services of prosthodontists;
- 9) Services of orthodontists;
- 10) Services and/or appliances that alter the vertical dimension, including, but not limited to, full mouth rehabilitation, splinting, fillings to restore tooth structure lost from attrition, erosion, or abrasion, appliances or any other method;
- 11) Services arising from voluntary self-inflicted injury whether the patient is sane or insane;
- 12) Training and/or appliances to correct or control harmful habits, including, but not limited to, muscle training therapy (myofunctional therapy);
- 13) Periodontal splinting of teeth by any method including, but not limited to, crowns, fillings, appliances or any other method that splints or connects teeth together;
- 14) Temporary dental services. Charges for temporary services are considered an integral part of the final dental service and will not be separately payable;
- 15) Replacement of existing crown, bridges, or dentures that are less than five (5) years old;
- 16) Charges for saliva and bacterial testing when caries management procedures D0601, D0602 and D0603 are performed;
- 17) Duplicate dentures, prosthetic devices or any other duplicate appliance; and
- 18) Any and all Implant services that have not been prior authorized and approved by a Dental Plan Administrator. Implants that are used as an abutment, double abutment, or bone anchor to support or hold a fixed bridge, orthodontic appliance, removable prosthesis, or oral- maxillofacial prosthesis are not covered.

Adult General Limitations

The following services, if listed on the Summary of Benefits or on the Dental Schedule and Limitations Table, will be subject to limitations as set forth below:

- 1) Referral to a specialty care Dentist is limited to Oral Surgery, Periodontics, Endodontics and pediatrics;
- 2) Oral Surgery services are limited to removal of teeth, bony protuberances and frenectomy.
- 3) An Alternate Benefit Provision (ABP) may be applied if a dental condition can be treated by means of a professionally acceptable procedure, which is less costly than the treatment recommended by the Dentist. For example, an alternate benefit of a partial denture will be applied when there are bilaterally missing teeth or more than three (3) teeth missing in one quadrant or in the anterior region. The ABP does not commit the Member to the less costly treatment. However, if the Member and the Dentist choose the more expensive treatment, the Member is responsible for the additional charges beyond those allowed for the ABP.
- 4) General or IV sedation is covered for:
 - a) Three (3) or more surgical extractions
 - b) Any number of Medically Necessary impactions
 - c) Full mouth or arch alveoloplasty
 - d) Surgical root recovery from sinus
 - e) Medical problem contraindicates local anesthesia
- 5) General or IV sedation is not a covered Benefit for dental-phobic reasons;
- 6) Restorations, crowns, and onlays – covered only if necessary to treat diseased or accidentally fractured teeth;

**BLUE SHIELD OF CA FAMILY DENTAL DHMO
GENERAL LIMITATIONS AND EXCLUSIONS
EXHIBIT 2**



- 7) For mucogingival surgeries, one (1) site is equal to two (2) consecutive teeth or bounded spaces; and
- 8) Cone Beam CT (D0367) is a benefit only when placing an Implant. This procedure cannot be used for Orthodontics or Periodontics. This is a once in a lifetime benefit and is limited to projection of upper and lower jaws only.

Pediatric Preventive Exclusions and Limitations (D1000-D1999)

- 1) Fluoride treatment (D1206 and D1208) is a Benefit only for prescription strength fluoride products;
- 2) Fluoride treatments do not include treatments that incorporate fluoride with prophylaxis paste, topical application of fluoride to the prepared portion of a tooth prior to restoration and applications of aqueous sodium fluoride; and
- 3) The application of fluoride is only a Benefit for caries control and is payable as a full mouth treatment regardless of the number of teeth treated.

Pediatric Restorative Exclusions and Limitations (D2000-D2999)

- 1) Restorative services provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes;
- 2) Restorative services when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement;
- 3) Restorations for primary teeth near exfoliation;
- 4) Replacement of otherwise satisfactory amalgam restorations with resin-based composite restorations unless a specific allergy has been documented by a medical specialist (allergist) on their professional letterhead or prescription;
- 5) Prefabricated crowns for primary teeth near exfoliation;
- 6) Prefabricated crowns are not a Benefit for abutment teeth for cast metal framework partial dentures (D5213 and D5214);
- 7) Prefabricated crowns provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes;
- 8) Prefabricated crowns are not a Benefit when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement;
- 9) Prefabricated crowns are not a Benefit when a tooth can be restored with an amalgam or resin-based composite restoration;
- 10) Restorative services provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes;
- 11) Laboratory crowns are not a Benefit when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement; and
- 12) Laboratory processed crowns are not a Benefit when the tooth can be restored with an amalgam or resin-based composite.

Pediatric Endodontic Exclusions and Limitations (D3000-D3999)

- 1) Endodontic procedures when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement;
- 2) Endodontic procedures when extraction is appropriate for a tooth due to non-restorability, periodontal involvement or for a tooth that is easily replaced by an addition to an existing or proposed prosthesis in the same arch; and
- 3) Endodontic procedures for third molars, unless the third molar occupies the first or second molar positions or is an abutment for an existing fixed or removable partial denture with cast clasps or rests.

Pediatric Periodontal Exclusions and Limitations (D4000-D4999)

- 1) Tooth bounded spaces shall only be counted in conjunction with osseous surgeries (D4260 and D4261) that require a surgical flap. Each tooth bounded space shall only count as one tooth space regardless of the number of missing natural teeth in the space.

Pediatric Prosthodontic (Removable) Exclusions and Limitations (D5000-D5899)

- 1) Prosthodontic services provided solely for cosmetic purposes;
- 2) Temporary or interim dentures to be used while a permanent denture is being constructed;
- 3) Spare or backup dentures;
- 4) Evaluation of a denture on a maintenance basis;
- 5) Preventative, endodontic or restorative procedures are not a Benefit for teeth to be retained for overdentures. Only extractions for the retained teeth will be a Benefit;
- 6) Partial dentures are not a Benefit to replace missing 3rd molars;
- 7) Laboratory relines (D5760 and D5761) are not a Benefit for resin based partial dentures (D5211 and D5212);
- 8) Laboratory relines (D5750, D5751, D5760 and D5761) are not a Benefit within 12 months of chairside relines (D5730, D5731, D5740 and D5741);
- 9) Chairside relines (D5730, D5731, D5740 and D5741) are not a Benefit within 12 months of laboratory relines (D5750, D5751, D5760 and D5761);
- 10) Tissue conditioning (D5850 and D5851) is only a Benefit to heal unhealthy ridges prior to a definitive prosthodontic treatment; and
- 11) Tissue conditioning (D5850 and D5851) is a Benefit the same date of service as an immediate prosthesis that required extractions.

Pediatric Implant Exclusions and Limitations (D6000-D6199)

- 1) Implant services are a Benefit only when exceptional medical conditions are documented and the services are considered Medically Necessary; and
- 2) Single tooth implants are not a Benefit.

Pediatric Prosthodontic (Fixed) Exclusions and Limitations (D6200-D6999)

**BLUE SHIELD OF CA FAMILY DENTAL DHMO
GENERAL LIMITATIONS AND EXCLUSIONS
EXHIBIT 2**



- 1) Fixed partial dentures (bridgework) are not a Benefit; however, the fabrication of a fixed partial denture shall be considered when medical conditions or employment preclude the use of a removable partial denture;
- 2) Fixed partial dentures are not a Benefit when the prognosis of the retainer (abutment) teeth is questionable due to non-restorability or periodontal involvement;
- 3) Posterior fixed partial dentures are not a Benefit when the number of missing teeth requested to be replaced in the quadrant does not significantly impact the Member's masticatory ability;
- 4) Fixed partial denture inlay/onlay retainers (abutments) (D6545-D6634); and
- 5) Cast resin bonded fixed partial dentures (Maryland Bridges).

Pediatric Oral and Maxillofacial Surgery Exclusions and Limitations (D7000-D7999)

- 1) The prophylactic extraction of 3rd molars is not a Benefit;
- 2) TMJ dysfunction procedures are limited to differential diagnosis and symptomatic care. Not included as a Benefit are those TMJ treatment modalities that involve prosthodontia, orthodontia and full or partial occlusal rehabilitation;
- 3) TMJ dysfunction procedures solely for the treatment of bruxism is not a Benefit; and
- 4) Suture procedures (D7910, D7911 and D7912) are not a Benefit for the closure of surgical incisions.

Pediatric Orthodontic Exclusions and Limitations

Orthodontic procedures are Benefits for Medically Necessary handicapping malocclusion, cleft palate and facial growth management cases for Members under the age of 19 and shall Medically Necessary orthodontic treatment is limited to the following instances related to an identifiable medical condition. Initial orthodontic examination (D0140) called the Limited Orthodontic procedures are a Benefit only when the diagnostic casts verify a minimum score of 26 points on the Handicapping Labio-Lingual Deviation (HLD) Index California

Those immediate qualifying conditions are:

- 1) Cleft lip and or palate deformities
- 2) Craniofacial Anomalies including the following:
 - a) Crouzon's syndrome,
 - b) Treacher-Collins syndrome,
 - c) Pierre-Robin syndrome,
 - d) Hemifacial atrophy, hemifacial hypertrophy and other severe craniofacial deformities which result in a physically handicapping malocclusion as determined by our dental consultants.
- 3) Deep impinging overbite, where the lower incisors are destroying the soft tissue of the palate and tissue laceration and/or clinical attachment loss are present. (Contact only does not constitute deep impinging overbite).
- 4) Cross bite of individual anterior teeth when clinical attachment loss and recession of the gingival margin are present (e.g., stripping of the labial gingival tissue on the lower incisors). Treatment of bilateral posterior cross bite is not a Benefit of the program.
- 5) Severe traumatic deviation must be justified by attaching a description of the condition.
- 6) Overjet greater than 9mm or mandibular protrusion (reverse overjet) greater than 3.5mm.

The remaining conditions must score 26 or more to qualify (based on the HLD Index).

Excluded are the following conditions:

- 1) Crowded dentitions (crooked teeth)
- 2) Excessive spacing between teeth
- 3) Temporomandibular joint (TMJ) conditions and/or having horizontal/vertical (overjet/overbite) discrepancies
- 4) Treatment in progress prior to the effective date of this coverage.
- 5) Extractions required for orthodontic purposes
- 6) Surgical orthodontics or jaw repositioning
- 7) Myofunctional therapy
- 8) Macroglossia
- 9) Hormonal imbalances
- 10) Orthodontic retreatment when initial treatment was rendered under this plan or for changes in Orthodontic treatment necessitated by any kind of accident
- 11) Palatal expansion appliances
- 12) Services performed by outside laboratories
- 13) Replacement or repair of lost, stolen or broken appliances damaged due to the neglect of the Member.

Medical Necessity Exclusion

**BLUE SHIELD OF CA FAMILY DENTAL DHMO
GENERAL LIMITATIONS AND EXCLUSIONS
EXHIBIT 2**



All dental services received must be Medically Necessary Dental Services. The fact that a Dentist or other Plan Provider may prescribe, order, recommend, or approve a service or supply does not, in itself, determine Medical Necessity.

Alternate Benefits Provision

An alternate Benefit provision allows a Benefit to be based on an alternate procedure, which is professionally acceptable and more cost effective. If dental standards indicate that a condition can be treated by a less costly alternative to the service proposed by the attending Dentist, the DPA will pay Benefits based upon the less costly service.

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OPTIONAL, UPGRADED OR ALTERNATIVE TREATMENT DISCLOSURE FORM

Patient's Name:	ID:	
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Treatment Plan No.:	Chart ID No.:
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I. FORMULA for DETERMINING CHARGES for OPTIONAL, UPGRADED or ALTERNATIVE TREATMENT:

When a Member elects a more extensive service that is an alternative to an adequate, but more conservative covered service, please use the following formula to determine the charge:

UCR Fee of Proposed Upgrade [1] - UCR Fee of the Benefit [2] + Copayment for the Benefit [3] = Accepted Charge for the Proposed Upgrade [4]

			1	2	3	4
CDT Code of Proposed Treatment	Proposed Procedure Description (Indicate reason this is not covered in explanation area below*)	Tooth No. or Area	UCR Fee of Upgrade	UCR Fee of Benefit	Copayment of Benefit	[1] - [2] + [3] = Accepted Charge

II. METAL UPGRADES (for crowns, bridge abutments & pontics)

When a Member elects a laboratory upgrade of a standard covered service, please use the following formula to determine the charge:

Some plans only allow a metal laboratory upgrade charge (e.g. Blue Shield 65 Plus, plans with version 5 Limitations). Metal Upgrades are based on the additional cost of the metal. In these instances please use the following formula to determine the charge:

Copayment [1] + Metal Upgrade [2] = Accepted fee [3]

				1	2	3
CDT Code of Proposed Treatment	Proposed Procedure Description	Tooth No. or Area	UCR Fee of Proposed Treatment	Copayment of Benefit	Additional Charge for Metal Upgrade	Accepted Charge

*Reason for Upgrade / Reason proposed service is not covered:

I agree to the above charges which represent additional financial obligations for treatment or features that I desire that are not part of my dental benefit plan.

Patient's (Parent or Guardian) Signature:	Date:
Treatment Plan presented by DDS:	Date: