

**BLUE SHIELD OF CALIFORNIA DHMO / DISCOUNT PLANS
QUICK REFERENCE GUIDE (QRG)**



**Dental Benefit
Providers***

	Blue Shield of CA DHMO	Blue Shield of CA DHMO	Blue Shield of CA Medicare DHMO	Pacific Union Dental BSC Medicare DHMO	Blue Shield of CA Discount Plan
PLAN:	Commercial & EHB Pediatric DHMO (Off Exchange)	EHB Pediatric DHMO (On Exchange)	BSC 65 Plus Optional Supplemental	Blue Shield High-Option	65 Plus Choice Embedded Discount
Client Name on Capitation Roster:	Blue Shield of California			Pacific Union Dental	Not Applicable
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 Dental HMO		Blue Shield Medicare DHMO	Blue Shield Medicare DHMO	BSC Medicare Embedded Discount Plan
Specialty Referral Process:	Direct Referral	Pre-Auth - Ortho Direct - Other Codes	Direct Referral	Pre-Authorization	Not Covered
Member ID Cards: The following brand names are found on the member ID cards for your reference.					
Integrated Voice Response (IVR) System: • 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	1-800-585-8111	1-800-286-7401	1-888-679-8928	1-888-271-4929	1-888-679-8928
Dedicated Toll Free Customer Service: Issues such as eligibility, claims and dental plan information.	1-800-585-8111	1-800-286-7401	1-888-679-8928	1-888-271-4929	1-888-679-8928
Provider Relations: Questions regarding fee schedules, monthly rosters and contracts	1-800-585-8111	1-800-286-7401	1-888-679-8928	1-888-271-4929	1-888-679-8928
Emergency Specialty Referral Phone Number:	1-800-585-8111	1-800-286-7401	1-888-679-8928	1-888-271-4929	Not Applicable
Request for Specialty Referral Form or Provider Manual:	1-800-585-8111	1-800-286-7401	1-888-679-8928	1-888-271-4929	1-888-679-8928
Address: Encounter Data/Minimum Guarantee/Supplemental Claims	Blue Shield of California Pacific Union Dental 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				Not Applicable
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 CALIFORNIA DHMO / DISCOUNT PLANS
CAPITATION CROSSWALK / PER MEMBER-PER MONTH (PMPM)
EXHIBIT 2-A-i**



**Dental Benefit
Providers***

Product Name / Client Name	Plan Name / Copayment Schedule	Product ID	Agreement ID	PMPM** Capitation Rate	Minimum Guarante	Supple- mental	Specialty Referral	Plan Type
Blue Shield of CA	BSCA FEHBP DHMO Voluntary	D0002313	SCFG00000015	\$5.39	No	No	Direct	Commercial
Blue Shield of CA	BSCA Printers Association DHMO Plan 252	D0001267	SCFG00000017	\$4.63	No	No	Direct	Commercial
Blue Shield of CA	BSCA Employees DHMO Deluxe	D0001293	SCFG00000019	\$6.48	No	No	Direct	Commercial
Blue Shield of CA	BSCA Employees DHMO Deluxe	D0001307	SCFG00000019	\$6.48	No	No	Direct	Commercial
Blue Shield of CA	BSCA Custom Plan IFP DHMO	D0001302	SCFG00000030	\$5.78	Yes	No	Direct	Commercial
Blue Shield of CA	BSCA Custom Plan IFP DHMO	D0001310	SCFG00000030	\$5.78	Yes	No	Direct	Commercial
Pacific Union Dental	Blue Shield High-Option (Dental Plus)	D1000139	SCFG00000160	\$6.00	No	No	Prior-Auth	Medicare
Blue Shield of CA	BSC SG DHMO Basic	D0013872	SCFG00000268	\$4.26	Yes	No	Direct	Commercial
Blue Shield of CA	BSC SG DHMO Plus	D0013873	SCFG00000269	\$6.12	Yes	No	Direct	Commercial
Blue Shield of CA	BSC SG DHMO Deluxe	D0013874	SCFG00000270	\$6.48	Yes	No	Direct	Commercial
Blue Shield of CA	BSC SG DHMO Voluntary	D0013875	SCFG00000271	\$5.39	Yes	No	Direct	Commercial
Blue Shield of CA	BSC IFP Enhanced DHMO	D0014799	SCFG00000274	\$5.08	Yes	No	Direct	Commercial
Blue Shield of CA	65 Plus Optional Supplemental	D0013613	SCFG00000275	\$6.00	No	No	Direct	Medicare
Blue Shield of CA	65 Plus Optional Supplemental	D0033014	SCFG00000275	\$6.00	No	No	Direct	Medicare
Blue Shield of CA	BSC DHMO Core Basic	D0036413	SCFG00000278	\$4.26	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Basic	D0031446	SCFG00000278	\$4.26	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Basic	D0031768	SCFG00000278	\$4.26	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Plus	D0031449	SCFG00000279	\$6.12	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Plus	D0037423	SCFG00000279	\$6.12	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Plus	D0031782	SCFG00000279	\$6.12	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Deluxe	D0036415	SCFG00000280	\$6.48	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Deluxe	D0031448	SCFG00000280	\$6.48	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Deluxe	D0031771	SCFG00000280	\$6.48	Yes	No	Direct	Commercial
Blue Shield of CA	BSC Core DHMO Standard	D0022851	SCFG00000289	\$5.39	Yes	No	Direct	Commercial
Blue Shield of CA	BSC Core DHMO Standard	D0036414	SCFG00000289	\$5.39	Yes	No	Direct	Commercial

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Blue Shield of CA	BSC Core DHMO Standard	D0031452	SCFG00000289	\$5.39	Yes	No	Direct	Commercial
Blue Shield of CA	BSC Core DHMO Standard	D0031770	SCFG00000289	\$5.39	Yes	No	Direct	Commercial
Blue Shield of CA	Family Dental Plan - Adult	D0025758	SCFG00000291	\$5.73	Yes	No	Prior-Auth	Individual
Blue Shield of CA	Family Dental Plan - Child	D0025758	SCFG00000292	\$5.73	Yes	No	Prior-Auth	Individual
Blue Shield of CA	BSC DHMO Core Elite 75	D0031400	SCFG000743T3	\$5.39	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Elite 75	D0036404	SCFG000743T3	\$5.39	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Elite 75	D0031767	SCFG000743T3	\$5.39	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Elite 100	D0031401	SCFG000744T3	\$5.39	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Elite 100	D0037129	SCFG000744T3	\$5.39	Yes	No	Direct	Commercial
Blue Shield of CA	BSC DHMO Core Elite 100	D0031766	SCFG000744T3	\$5.39	Yes	No	Direct	Commercial
Blue Shield of CA	EHB DHMO Pediatric	All "E" Product IDs	SCFG00000272 SCFG00000273 SCFG00000282 SCFG06990ST1	\$0.00 (Adult) \$3.28 (Child 0-19)	Yes	No	Prior-Auth	EHB
Blue Shield of CA	BSC 65 Plus Choice Embedded Discount	D0013817	SFSG00000054	Non-Capitated Copay Only	No	Yes	No Specialty	Medicare

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BLUE SHIELD OF CA DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2-A-i - PART I



Dental Benefit Providers*

Customer Service Phone Number 1-800-585-8111		BSCA FEHBP	BSCA Printers Association		BSCA DHMO Deluxe /
		DHMO Voluntary	DHMO Plan 252	BSCA DHMO Plus	BSCA Employees DHMO Deluxe
		Agreement ID: SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Specialty Referral Process: Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
	Office Visit	5	5	5	5
I. DIAGNOSTIC					
D0120	periodic oral evaluation – established patient	0	0	0	0
D0140	limited oral evaluation – problem focused	0	0	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0	0	0	0
D0150	comprehensive oral evaluation – new or established patient	0	0	0	0
D0160	detailed and extensive oral evaluation – problem focused, by report	0	0	0	0
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)	0	0	0	0
D0171	re-evaluation – post-operative office visit	12	NTCV	NTCV	NTCV
D0180	comprehensive periodontal evaluation – new or established patient	0	0	0	0
D0190	screening of a patient	NTCV	NTCV	NTCV	0
D0191	assessment of a patient	NTCV	NTCV	NTCV	0
D0210	intraoral – complete series of radiographic images	0	0	0	0
D0220	intraoral – periapical first radiographic image	0	0	0	0
D0230	intraoral – periapical each additional radiographic image	0	0	0	0
D0240	intraoral – occlusal radiographic image	0	0	0	0
D0270	bitewing – single radiographic image	0	0	0	0
D0272	bitewings – two radiographic images	0	0	0	0
D0273	bitewings – three radiographic images	0	NTCV	0	0
D0274	bitewings – four radiographic images	0	0	0	0
D0330	panoramic radiographic image	0	0	0	0
D0411	HbA1c in-office point of service testing	0	0	0	NTCV
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	0	0	NTCV	NTCV
D0418	analysis of saliva sample	0	0	NTCV	NTCV
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	13	NTCV	NTCV	0
D0460	pulp vitality tests	0	0	0	0
D0470	diagnostic casts	0	0	0	0
D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0	0	0	0

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D0601	caries risk assessment and documentation, with a finding of low risk	0	0	0	0
D0602	caries risk assessment and documentation, with a finding of moderate risk	0	0	0	0
D0603	caries risk assessment and documentation, with a finding of high risk	0	0	0	0
II. PREVENTIVE					
<ul style="list-style-type: none"> • BSCA Printers Association DHMO Plan 252: Coverage for sealants is limited to the first and second permanent molars. Additionally, coverage is limited to Members under the age 16. • BSCA Printers Association DHMO Plan 252: Eligible to Members under age 19. • BSCA FEHBP DHMO Voluntary Plan: Every 6 months, covered through age 17. • BSCA FEHBP DHMO Voluntary Plan: Every 6 months, covered through age 15. 					
D1110	prophylaxis – adult	0	0	0	0
D1120	prophylaxis – child	0	0	0	0
D1206	topical application of fluoride varnish	0	0	0	0
D1208	topical application of fluoride – excluding varnish	0	0	0	0
D1330	oral hygiene instructions	0	0	0	0
D1351	sealant – per tooth	0	0	0	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0	NTCV	NTCV	0
D1353	sealant repair – per tooth	0	NTCV	0	NTCV
D1354	interim caries arresting medicament application - per tooth	22	NTCV	0	NTCV
D1510	space maintainer – fixed, unilateral	55	40	10	5
D1516	space maintainer – fixed – bilateral, maxillary	55	40	10	5
D1517	space maintainer – fixed – bilateral, mandibular	55	40	10	5
D1520	space maintainer – removable – unilateral	55	40	10	5
D1526	space maintainer – removable – bilateral, maxillary	55	40	10	5
D1527	space maintainer – removable – bilateral, mandibular	55	40	10	5
D1550	re-cement or re-bond space maintainer	17	20	10	5
D1555	removal of fixed space maintainer	13	NTCV	NTCV	0
D1575	distal shoe space maintainer – fixed – unilateral	55	NTCV	10	5
III. RESTORATIVE					
D2140	amalgam – one surface, primary or permanent	15	10	10	0
D2150	amalgam – two surfaces, primary or permanent	18	20	20	0

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CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D2160	amalgam – three surfaces, primary or permanent	21	30	30	0
D2161	amalgam – four or more surfaces, primary or permanent	24	40	40	0
D2330	resin-based composite – one surface, anterior	18	10	10	0
D2331	resin-based composite – two surfaces, anterior	23	20	20	0
D2332	resin-based composite – three surfaces, anterior	27	30	30	0
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	90	40	40	0
D2390	resin-based composite crown, anterior	90	NTCV	188	150
D2391	resin-based composite – one surface, posterior	NTCV	58	64	61
D2392	resin-based composite – two surfaces, posterior	NTCV	68	76	72
D2393	resin-based composite – three surfaces, posterior	NTCV	88	98	93
D2394	resin-based composite – four or more surfaces, posterior	NTCV	108	120	114
III. RESTORATIVE					
<ul style="list-style-type: none"> • All plans except BSCA DHMO Deluxe / Employees Deluxe: D2740 is covered on anterior through 2nd bicuspid permanent teeth only. • BSCA Printers Association DHMO Plan 252: Precious metals and porcelain on molar teeth, if used, will be charged to the Member at the Dentist's cost. • BSCA DHMO Plus Plan: Precious metals, if used, will be charged to the Member at the Dentist's cost. • BSCA FEHBP DHMO Voluntary Plan: Precious Metals, if used, will be charged to the patient at the additional cost of the metal. Porcelain and porcelain to metal crowns on molar teeth are subject to an additional charge of \$75. • BSCA DHMO Deluxe / Employees Deluxe Plans: Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$200 per unit. 					
D2510	inlay – metallic – one surface	NTCV	NTCV	NTCV	125
D2520	inlay – metallic – two surfaces	NTCV	NTCV	NTCV	125
D2530	inlay – metallic – three or more surfaces	NTCV	NTCV	NTCV	125
D2542	onlay – metallic – two surfaces	332	NTCV	125	125
D2543	onlay – metallic – three surfaces	346	NTCV	125	125
D2544	onlay – metallic – four or more surfaces	360	NTCV	125	125
D2610	inlay – porcelain/ceramic – one surface	NTCV	NTCV	NTCV	250
D2620	inlay – porcelain/ceramic – two surfaces	NTCV	NTCV	NTCV	260
D2630	inlay – porcelain/ceramic – three or more surfaces	NTCV	NTCV	NTCV	275
D2642	onlay – porcelain/ceramic – two surfaces	344	NTCV	NTCV	250
D2643	onlay – porcelain/ceramic – three surfaces	357	NTCV	NTCV	260

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CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D2644	onlay – porcelain/ceramic – four or more surfaces	370	NTCV	NTCV	275
D2650	inlay – resin-based composite – one surface	NTCV	NTCV	NTCV	215
D2651	inlay – resin-based composite – two surfaces	NTCV	NTCV	NTCV	225
D2652	inlay – resin-based composite – three or more surfaces	NTCV	NTCV	NTCV	245
D2662	onlay – resin-based composite – two surfaces	318	NTCV	NTCV	215
D2663	onlay – resin-based composite – three surfaces	330	NTCV	NTCV	225
D2664	onlay – resin-based composite – four or more surfaces	340	NTCV	NTCV	245
D2710	crown – resin-based composite (indirect)	100	NTCV	NTCV	165
D2720	crown – resin with high noble metal	100	NTCV	NTCV	260
D2721	crown – resin with predominantly base metal	100	NTCV	NTCV	195
D2722	crown – resin with noble metal	100	NTCV	NTCV	225
D2740	crown – porcelain/ceramic	300	200	150	125
D2750	crown – porcelain fused to high noble metal	300	200	150	125
D2751	crown – porcelain fused to predominantly base metal	300	200	150	125
D2752	crown – porcelain fused to noble metal	300	200	150	125
D2780	crown – ¾ cast high noble metal	300	200	150	125
D2781	crown – ¾ cast predominantly base metal	300	200	150	125
D2782	crown – ¾ cast noble metal	300	200	150	125
D2783	crown – ¾ porcelain/ceramic	NTCV	200	150	125
D2790	crown – full cast high noble metal	300	200	150	125
D2791	crown – full cast predominantly base metal	300	200	150	125
D2792	crown – full cast noble metal	300	200	150	125
D2794	crown – titanium	NTCV	200	150	125
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0	NTCV	18	9
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	0	NTCV	19	10
D2920	re-cement or re-bond crown	0	5	5	5
D2921	reattachment of tooth fragment, incisal edge or cusp	65	NTCV	49	NTCV
D2930	prefabricated stainless steel crown – primary tooth	35	15	10	5
D2931	prefabricated stainless steel crown – permanent tooth	50	NTCV	NTCV	15
D2932	prefabricated resin crown	40	NTCV	NTCV	25

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Specialty Referral Process:		Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D2933	prefabricated stainless steel crown with resin window	NTCV	NTCV	NTCV	20
D2934	prefabricated esthetic coated stainless steel crown – primary tooth	35	NTCV	NTCV	20
D2940	protective restoration	20	NTCV	19	10
D2941	interim therapeutic restoration – primary dentition	20	NTCV	19	
D2950	core buildup, including any pins when required	20	NTCV	47	24
D2951	pin retention – per tooth, in addition to restoration	20	15	10	5
D2952	post and core in addition to crown, indirectly fabricated	60	90	72	36
D2953	each additional indirectly fabricated post – same tooth	30	100	50	25
D2954	prefabricated post and core in addition to crown	60	75	59	30
D2955	post removal	NTCV	NTCV	NTCV	0
D2957	each additional prefabricated post – same tooth	50	63	32	16
D2980	crown repair necessitated by restorative material failure	65	NTCV	49	25
D2981	inlay repair necessitated by restorative material failure	NTCV	NTCV	49	10
D2982	onlay repair necessitated by restorative material failure	NTCV	NTCV	49	15
D2990	resin infiltration of incipient smooth surface lesions	NTCV	NTCV	0	NTCV
IV. ENDODONTICS					
D3110	pulp cap – direct (excluding final restoration)	20	10	5	0
D3120	pulp cap – indirect (excluding final restoration)	25	10	5	0
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	36	20	10	5
D3221	pulpal debridement, primary and permanent teeth	NTCV	NTCV	NTCV	25
D3310	endodontic therapy, anterior tooth (excluding final restoration)	155	100	75	50
D3320	endodontic therapy, premolar tooth (excluding final restoration)	235	140	105	80
D3330	endodontic therapy, molar tooth (excluding final restoration)	290	180	135	145
D3331	treatment of root canal obstruction; non-surgical access	0	NTCV	165	25
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	177	NTCV	NTCV	40
D3346	retreatment of previous root canal therapy – anterior	350	100	75	50
D3347	retreatment of previous root canal therapy – premolar	400	140	105	70
D3348	retreatment of previous root canal therapy – molar	475	180	135	90
D3410	apicoectomy – anterior	265	40	30	20

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CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D3421	apicoectomy – premolar (first root)	240	40	30	20
D3425	apicoectomy – molar (first root)	250	40	30	20
D3426	apicoectomy (each additional root)	126	40	30	20
D3427	periradicular surgery without apicoectomy	126	NTCV	30	NTCV
D3430	retrograde filling – per root	120	NTCV	45	23
D3450	root amputation – per root	NTCV	75	50	100
D3920	hemisection (including any root removal), not including root canal therapy	276	75	50	25
D3950	canal preparation and fitting of preformed dowel or post	NTCV	NTCV	NTCV	0
V. PERIODONTICS					
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	138	125	100	75
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	50	25	20	15
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	NTCV	NTCV	NTCV	0
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	165	225	150	125
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	83	113	175	63
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	303	200	150	125
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	152	25	75	63
D4263	bone replacement graft – retained natural tooth – first site in quadrant	154	NTCV	115	58
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	154	NTCV	85	43
D4265	biologic materials to aid in soft and osseous tissue regeneration	NTCV	NTCV	0	NTCV
D4266	guided tissue regeneration – resorbable barrier, per site	286	NTCV	143	72
D4267	guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)	363	NTCV	165	83
D4270	pedicle soft tissue graft procedure	280	NTCV	140	70
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	363	NTCV	180	90
D4276	combined connective tissue and double pedicle graft, per tooth	NTCV	NTCV	185	NTCV

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		Specialty Referral Process: Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	248	NTCV	150	75
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	NTCV	NTCV	NTCV	45
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	363	NTCV	180	NTCV
D4341	periodontal scaling and root planing – four or more teeth per quadrant	75	30	20	10
D4342	periodontal scaling and root planing – one to three teeth per quadrant	38	30	10	5
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	55	NTCV	0	5
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	75	40	20	10
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	NTCV	NTCV	NTCV	6
D4910	periodontal maintenance	55	0	0	5
D4921	gingival irrigation - per quadrant	0	NTCV	0	NTCV
VI. PROSTHODONTICS (REMOVABLE)					
<ul style="list-style-type: none"> • All plans except BSCA DHMO Deluxe / Employees Deluxe: Includes adjustments for first 6 months post insertion. • BSCA FEHBP DHMO Voluntary & BSCA DHMO Plus Plans: Includes relines and adjustments for first six months post insertion. • BSCA DHMO Plus & BSCA DHMO Deluxe / Employees Deluxe Plans: Denture relines if done within six (6) months of the initial insertion of a denture are considered part of the original denture service and are included in the denture Copayment; denture relines after six (6) months of the initial insertion of a denture require the additional denture reline copayment. • BSCA FEHBP DHMO Voluntary Plan: Denture relines (5730 and 5750), if done within 6 months of the initial inserting of a denture are considered part of the original denture service and are included in the denture Copayment; denture relines after 7 months of the initial insertion of a denture require the additional denture reline Copayment. Thereafter, coverage is limited to once every 36 months. • BSCA FEHBP DHMO Voluntary Plan: CDT codes D5410, D5411, D5421 and D5422, BSCA will pay a supplemental fee of \$77. 					
D5110	complete denture – maxillary	400	225	175	100
D5120	complete denture – mandibular	400	225	175	100
D5130	immediate denture – maxillary	400	225	175	100
D5140	immediate denture – mandibular	400	225	175	100
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	325	250	200	175
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	325	250	200	175

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Customer Service Phone Number 1-800-585-8111		BSCA FEHBP	BSCA Printers Association		BSCA DHMO Deluxe /
		DHMO Voluntary	DHMO Plan 252	BSCA DHMO Plus	BSCA Employees DHMO Deluxe
Agreement ID:		SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
Specialty Referral Process:		Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	375	250	200	175
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	375	250	200	175
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	375	250	200	175
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	375	250	200	175
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	NTCV	NTCV	200	175
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	NTCV	NTCV	200	175
D5410	adjust complete denture – maxillary	85	50	0	25
D5411	adjust complete denture – mandibular	85	50	0	25
D5421	adjust partial denture – maxillary	85	50	75	25
D5422	adjust partial denture – mandibular	85	50	75	25
D5511	repair broken complete denture base, mandibular	85	50	0	25
D5512	repair broken complete denture base, maxillary	85	50	0	25
D5520	replace missing or broken teeth – complete denture (each tooth)	30	25	75	25
D5611	repair resin partial denture base, mandibular	85	50	0	25
D5612	repair resin partial denture base, maxillary	85	50	0	25
D5621	repair cast partial framework, mandibular	85	50	0	25
D5622	repair cast partial framework, maxillary	85	50	0	25
D5630	repair or replace broken clasp – per tooth	30	75	75	25
D5640	replace broken teeth – per tooth	30	50	75	25
D5650	add tooth to existing partial denture	35	50	50	25
D5660	add clasp to existing partial denture – per tooth	45	75	50	25
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	295	125	120	105
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	295	125	120	105
D5710	rebase complete maxillary denture	55	100	50	25
D5711	rebase complete mandibular denture	55	100	50	25
D5720	rebase maxillary partial denture	55	75	50	25
D5721	rebase mandibular partial denture	55	75	50	25
D5730	reline complete maxillary denture (chairside)	40	75	50	25

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		Agreement ID: SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Specialty Referral Process: Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D5731	reline complete mandibular denture (chairside)	40	75	50	25
D5740	reline maxillary partial denture (chairside)	40	75	50	25
D5741	reline mandibular partial denture (chairside)	40	75	50	25
D5750	reline complete maxillary denture (laboratory)	60	100	75	50
D5751	reline complete mandibular denture (laboratory)	60	100	75	50
D5760	reline maxillary partial denture (laboratory)	60	100	75	50
D5761	reline mandibular partial denture (laboratory)	60	100	75	50
D5850	tissue conditioning, maxillary	60	15	10	5
D5851	tissue conditioning, mandibular	65	15	10	5
D5863	overdenture - complete maxillary	400	NTCV	175	NTCV
D5864	overdenture - complete mandibular	375	NTCV	200	NTCV
D5865	overdenture - partial maxillary	400	NTCV	175	NTCV
D5866	overdenture - partial mandibular	375	NTCV	200	NTCV
D5876	add metal substructure to acrylic full denture (per arch)	55	NTCV	50	25
IX. PROSTHODONTICS, FIXED					
<ul style="list-style-type: none"> • BSCA FEHBP DHMO Voluntary Plan: Precious Metals, if used, will be charged to the patient at the additional cost of the metal. Porcelain and porcelain to metal crowns on molar teeth are subject to an additional charge of \$75. • BSCA Printers Association DHMO Plan 252 & BSCA DHMO Plus Plan: Precious metals, if used, will be charged to the Member at the Dentist's cost. • BSCA DHMO Deluxe / Employees Deluxe Plans: Member pays the actual cost of precious metals, if any, in addition to the indicated copayment. Covered on anterior through 2nd bicuspid/premolar permanent teeth only. • D6980: Member pays for lab fees in addition to the member copayment. 					
¹ Covered on anterior through 2nd bicuspid/premolar permanent teeth only.					
D6205	pontic – indirect resin based composite	100	200	150	125
D6210	pontic – cast high noble metal	300	200	150	125
D6211	pontic – cast predominantly base metal	300	200	150	125
D6212	pontic – cast noble metal	300	200	150	125
D6214	pontic – titanium	300	200	150	125
D6240	pontic – porcelain fused to high noble metal	300	200	150	125
D6241	pontic – porcelain fused to predominantly base metal	300	200	150	125

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		DHMO Voluntary	DHMO Plan 252	BSCA DHMO Plus	BSCA Employees DHMO Deluxe
Agreement ID:		SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
Specialty Referral Process:		Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D6242	pontic – porcelain fused to noble metal	300	200	150	125
D6245	pontic – porcelain/ceramic	300	200	150	125
D6250	pontic – resin with high noble metal	NTCV	NTCV	150	125
D6251	pontic – resin with predominantly base metal	NTCV	NTCV	150	125
D6252	pontic – resin with noble metal	NTCV	NTCV	150	125
D6545	retainer – cast metal for resin bonded fixed prosthesis	205	200	150	125
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis	205	200	150	125
D6549	resin retainer – for resin bonded fixed prosthesis	205	NTCV	150	NTCV
D6600	retainer inlay – porcelain/ceramic, two surfaces	NTCV	NTCV	NTCV	125
D6601	retainer inlay – porcelain/ceramic, three or more surfaces	NTCV	NTCV	NTCV	125
D6602	retainer inlay – cast high noble metal, two surfaces	NTCV	NTCV	NTCV	125
D6603	retainer inlay – cast high noble metal, three or more surfaces	NTCV	NTCV	NTCV	125
D6604	retainer inlay – cast predominantly base metal, two surfaces	NTCV	NTCV	NTCV	125
D6605	retainer inlay – cast predominantly base metal, three or more surfaces	NTCV	NTCV	NTCV	125
D6606	retainer inlay – cast noble metal, two surfaces	NTCV	NTCV	NTCV	125
D6607	retainer inlay – cast noble metal, three or more surfaces	NTCV	NTCV	NTCV	125
D6608	retainer onlay – porcelain/ceramic, two surfaces	360	200	150	125
D6609	retainer onlay – porcelain/ceramic, three or more surfaces	392	200	150	125
D6610	retainer onlay – cast high noble metal, two surfaces	370	200	150	125
D6611	retainer onlay – cast high noble metal, three or more surfaces	396	200	150	125
D6612	retainer onlay – cast predominantly base metal, two surfaces	355	200	150	125
D6613	retainer onlay – cast predominantly base metal, three or more surfaces	383	200	150	125
D6614	retainer onlay – cast noble metal, two surfaces	362	200	150	125
D6615	retainer onlay – cast noble metal, three or more surfaces	390	200	150	125
D6634	retainer onlay – titanium	NTCV	200	150	NTCV
D6710	retainer crown – indirect resin based composite	100	200	150 ¹	125 ¹
D6720	retainer crown – resin with high noble metal	100	200	150 ¹	125 ¹
D6721	retainer crown – resin with predominantly base metal	100	200	150	125
D6722	retainer crown – resin with noble metal	100	200	150 ¹	125 ¹

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Agreement ID:		SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
Specialty Referral Process:		Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D6740	retainer crown – porcelain/ceramic	300	200	150 ¹	125 ¹
D6750	retainer crown – porcelain fused to high noble metal	300	200	150 ¹	125 ¹
D6751	retainer crown – porcelain fused to predominantly base metal	300	200	150 ¹	125 ¹
D6752	retainer crown – porcelain fused to noble metal	300	200	150 ¹	125 ¹
D6780	retainer crown – ¾ cast high noble metal	300	200	150	125
D6781	retainer crown – ¾ cast predominantly base metal	300	200	150	125
D6782	retainer crown – ¾ cast noble metal	300	200	150	125
D6783	retainer crown – ¾ porcelain/ceramic	300	200	150 ¹	125 ¹
D6790	retainer crown – full cast high noble metal	300	200	150	125
D6791	retainer crown – full cast predominantly base metal	300	200	150	125
D6792	retainer crown – full cast noble metal	300	200	150	125
D6794	retainer crown – titanium	NTCV	200	150	125
D6930	re-cement or re-bond fixed partial denture	0	15	10	0
D6980	fixed partial denture repair necessitated by restorative material failure	20	15	10	5
X. ORAL AND MAXILLOFACIAL SURGERY					
<ul style="list-style-type: none"> • BSCA FEHBP DHMO Voluntary Plan: Member pays lab fees for biopsies and excisions. • BSCA DHMO Deluxe / Employees Deluxe Plans: Member pays lab fees for biopsies and excisions (D7285 and D7286). 					
D7111	extraction, coronal remnants – primary tooth	15	15	5	3
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	34	15	11	6
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	70	35	25	15
D7220	removal of impacted tooth – soft tissue	85	40	30	20
D7230	removal of impacted tooth – partially bony	105	60	50	40
D7240	removal of impacted tooth – completely bony	125	80	75	65
D7241	removal of impacted tooth – completely bony, with unusual surgical complications	95	80	75	65
D7250	removal of residual tooth roots (cutting procedure)	75	50	40	30
D7251	coronectomy – intentional partial tooth removal	60	50	40	38
D7260	oroantral fistula closure	280	NTCV	140	70
D7283	placement of device to facilitate eruption of impacted tooth	NTCV	30	NTCV	NTCV

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		Agreement ID: SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Specialty Referral Process: Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D7285	incisional biopsy of oral tissue – hard (bone, tooth)	NTCV	NTCV	NTCV	13
D7286	incisional biopsy of oral tissue – soft	176	30	20	10
D7287	exfoliative cytological sample collection	88	30	10	10
D7288	brush biopsy – transepithelial sample collection	88	30	10	5
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	70	50	40	38
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	130	50	20	10
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	85	50	40	30
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	43	50	20	15
D7471	removal of lateral exostosis (maxilla or mandible)	140	NTCV	105	53
D7472	removal of torus palatinus	140	NTCV	126	63
D7473	removal of torus mandibularis	140	NTCV	120	60
D7510	incision and drainage of abscess – intraoral soft tissue	55	NTCV	39	20
D7511	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	69	NTCV	56	28
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	182	NTCV	87	44
D7881	occlusal orthotic device adjustment	85	NTCV	0	NTCV
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	120	NTCV	75	38
D7963	frenuloplasty	120	NTCV	82	41
D7970	excision of hyperplastic tissue – per arch	176	NTCV	85	43
D7971	excision of pericoronal gingiva	80	NTCV	40	20
D7972	surgical reduction of fibrous tuberosity	NTCV	NTCV	NTCV	60
XII. ADJUNCTIVE GENERAL SERVICES					
D9110	palliative (emergency) treatment of dental pain – minor procedure	28	20	20	20
D9120	fixed partial denture sectioning	20	NTCV	NTCV	37
D9210	local anesthesia not in conjunction with operative or surgical procedures	0	0	0	0
D9211	regional block anesthesia	0	0	0	0
D9212	trigeminal division block anesthesia	0	0	0	0
D9215	local anesthesia in conjunction with operative or surgical procedures	0	0	0	0
D9219	evaluation for deep sedation or general anesthesia	0	NTCV	0	NTCV

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		Agreement ID: SCFG00000015	SCFG00000017	SCFG00000018	SCFG00000019
		Specialty Referral Process: Direct	Direct	Direct	Direct
CDT Code	CDT Description	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D9222	deep sedation/general anesthesia – first 15 minutes	54	50	0	0
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	54	50	0	0
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	NTCV	50	0	0
D9243	intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment	NTCV	50	0	0
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	0	0	0	0
D9311	consultation with a medical health care professional	12	NTCV	NTCV	NTCV
D9430	office visit for observation (during regularly scheduled hours) – no other services performed	12	NTCV	NTCV	6
D9440	office visit – after regularly scheduled hours	40	40	40	40
D9442	repair and/or reline of occlusal guard	NTCV	NTCV	40	NTCV
D9450	case presentation, detailed and extensive treatment planning	NTCV	0	0	NTCV
D9910	application of desensitizing medicament	22	0	0	10
D9930	treatment of complications (post-surgical) – unusual circumstances, by report	NTCV	NTCV	0	NTCV
D9941	fabrication of athletic mouthguard	NTCV	NTCV	NTCV	34
D9942	repair and/or reline of occlusal guard	51	NTCV	40	40
D9943	occlusal guard adjustment	85	NTCV	0	
D9944	occlusal guard – hard appliance, full arch	170	NTCV	98	80
D9945	occlusal guard – soft appliance, full arch	170	NTCV	98	80
D9946	occlusal guard – hard appliance, partial arch	170	NTCV	98	80
D9951	occlusal adjustment – limited	60	25	50	25
D9952	occlusal adjustment – complete	100	100	50	25
D9995	teledentistry – synchronous; real-time encounter	0	0	0	NTCV
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	0	0	0	NTCV
	Failed appointment (without 24-hour notice)	15	20	20	20

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.

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Dental Benefit Providers*

Customer Service Phone Number 1-800-585-8111			BSC Core DHMO Basic	BSC Core DHMO Plus	BSC Core DHMO Deluxe	BSC IFP Enhanced DHMO	BSC Custom Plan IFP DHMO
	Agreement ID:		SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG000000030
	Specialty Referral Process:		Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
	Office Visit		5	5	5	5	Not Applicable
I. DIAGNOSTIC							
D0120	periodic oral evaluation – established patient		0	0	0	0	0
D0140	limited oral evaluation – problem focused		0	0	0	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver		0	0	0	0	0
D0150	comprehensive oral evaluation – new or established patient		0	0	0	0	0
D0160	detailed and extensive oral evaluation – problem focused, by report		0	0	0	0	0
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)		0	0	0	0	0
D0171	re-evaluation – post-operative office visit		NTCV	NTCV	NTCV	15	NTCV
D0180	comprehensive periodontal evaluation – new or established patient		0	0	0	0	0
D0190	screening of a patient		0	0	0	0	0
D0191	assessment of a patient		0	0	0	0	0
D0210	intraoral – complete series of radiographic images		0	0	0	0	0
D0220	intraoral – periapical first radiographic image		0	0	0	0	0
D0230	intraoral – periapical each additional radiographic image		0	0	0	0	0
D0240	intraoral – occlusal radiographic image		0	0	0	0	0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector		NTCV	NTCV	NTCV	0	0
D0251	extra-oral posterior dental radiographic image		NTCV	NTCV	NTCV	0	0
D0270	bitewing – single radiographic image		0	0	0	0	0
D0272	bitewings – two radiographic images		0	0	0	0	0
D0273	bitewings – three radiographic images		0	0	0	0	0
D0274	bitewings – four radiographic images		0	0	0	0	0
D0277	vertical bitewings – 7 to 8 radiographic images		NTCV	NTCV	NTCV	0	0
D0330	panoramic radiographic image		0	0	0	0	0
D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		NTCV	NTCV	NTCV	0	0
D0415	collection of microorganisms for culture and sensitivity		NTCV	NTCV	NTCV	0	0
D0422	collection and preparation of genetic sample material for laboratory analysis and report		NTCV	NTCV	NTCV	0	0
D0423	genetic test for susceptibility to diseases – specimen analysis		NTCV	NTCV	NTCV	0	0

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

NTCV = Not Covered

Customer Service Phone Number 1-800-585-8111			BSC Core DHMO Basic	BSC Core DHMO Plus	BSC Core DHMO Deluxe	BSC IFP Enhanced DHMO	BSC Custom Plan IFP DHMO
Agreement ID:			SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG000000030
Specialty Referral Process:			Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D0425	caries susceptibility tests		NTCV	NTCV	NTCV	0	0
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures		0	0	0	NTCV	NTCV
D0460	pulp vitality tests		0	0	0	0	0
D0470	diagnostic casts		0	0	0	0	0
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report		NTCV	NTCV	NTCV	0	NTCV
D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		0	0	0	NTCV	NTCV
D0601	caries risk assessment and documentation, with a finding of low risk		0	0	0	NTCV	0
D0602	caries risk assessment and documentation, with a finding of moderate risk		0	0	0	NTCV	0
D0603	caries risk assessment and documentation, with a finding of high risk		0	0	0	NTCV	0
II. PREVENTIVE							
<ul style="list-style-type: none"> • 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 bi-annual cleanings; "medium risk" children will be allowed up to 3 fluoride varnish treatments in addition to their bi-annual cleanings; and "low risk" children will be allowed up to two fluoride varnish treatments in addition to bi-annual 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). 							
D1110	prophylaxis – adult		0	0	0	0	0
D1110	additional adult prophylaxis within the 6 month period		45	45	45	Not Applicable	Not Applicable
D1120	prophylaxis – child		0	0	0	0	0
D1120	additional child prophylaxis within the 6 month period		35	35	35	Not Applicable	Not Applicable
D1206	topical application of fluoride varnish		0	0	0	0	0
D1208	topical application of fluoride – excluding varnish		0	0	0	0	0
D1330	oral hygiene instructions		0	0	0	0	0
D1351	sealant – per tooth		0	0	0	0	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth		0	0	0	NTCV	NTCV
D1353	sealant repair – per tooth		NTCV	NTCV	NTCV	0	NTCV
D1354	interim caries arresting medicament application - per tooth		0	0	10	NTCV	22
D1510	space maintainer – fixed, unilateral		40	10	5	60	55
D1516	space maintainer – fixed – bilateral, maxillary		40	10	5	60	55

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BLUE SHIELD OF CA DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2-A-i - PART II



Dental Benefit Providers*

Customer Service Phone Number 1-800-585-8111			BSC Core DHMO Basic	BSC Core DHMO Plus	BSC Core DHMO Deluxe	BSC IFP Enhanced DHMO	BSC Custom Plan IFP DHMO
	Agreement ID:		SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG00000030
	Specialty Referral Process:		Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D1517	space maintainer – fixed – bilateral, mandibular		40	10	5	60	55
D1520	space maintainer – removable – unilateral		40	10	5	60	55
D1526	space maintainer – removable – bilateral, maxillary		40	10	5	60	55
D1527	space maintainer – removable – bilateral, mandibular		40	10	5	60	55
D1550	re-cement or re-bond space maintainer		40	10	5	40	17
D1555	removal of fixed space maintainer		20	10	0	20	13
D1575	distal shoe space maintainer – fixed – unilateral		40	10	5	60	55
III. RESTORATIVE							
<ul style="list-style-type: none"> • BSC Core Plans - Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit for DHMO Basic and \$200 for DHMO Plus, Deluxe and Voluntary. • IFP Enhanced DHMO - Member pays for additional costs of precious and semi-precious metals and porcelain on molar crowns. • Custom Plan IFP DHMO - Member pays for additional costs of precious and semi-precious metals and porcelain on molar crowns limited to \$75. 							
D2140	amalgam – one surface, primary or permanent	25	20	10	0	20	15
D2150	amalgam – two surfaces, primary or permanent	40	40	20	0	40	18
D2160	amalgam – three surfaces, primary or permanent	55	60	30	0	60	21
D2161	amalgam – four or more surfaces, primary or permanent	75	80	40	0	80	24
D2330	resin-based composite – one surface, anterior	30	20	10	0	20	18
D2331	resin-based composite – two surfaces, anterior	50	40	20	0	40	23
D2332	resin-based composite – three surfaces, anterior	70	60	30	0	60	27
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	85	80	40	0	80	60
D2390	resin-based composite crown, anterior		150	150	150	150	50
D2391	resin-based composite – one surface, posterior	50	75	64	61	75	15
D2392	resin-based composite – two surfaces, posterior	60	90	76	72	90	19
D2393	resin-based composite – three surfaces, posterior	70	115	98	93	115	24
D2394	resin-based composite – four or more surfaces, posterior	80	140	120	114	140	29
D2510	inlay – metallic – one surface		325	125	125	NTCV	NTCV
D2520	inlay – metallic – two surfaces		325	125	125	NTCV	NTCV
D2530	inlay – metallic – three or more surfaces		325	125	125	NTCV	NTCV
D2542	onlay – metallic – two surfaces		325	125	125	325	185
D2543	onlay – metallic – three surfaces		325	125	125	325	200
D2544	onlay – metallic – four or more surfaces		325	125	125	325	215

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Dental Benefit Providers*

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	Agreement ID:		SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG000000030
	Specialty Referral Process:		Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D2610	inlay – porcelain/ceramic – one surface		390	310	250	NTCV	NTCV
D2620	inlay – porcelain/ceramic – two surfaces		410	325	260	NTCV	NTCV
D2630	inlay – porcelain/ceramic – three or more surfaces		430	340	275	NTCV	NTCV
D2642	onlay – porcelain/ceramic – two surfaces		390	310	250	390	250
D2643	onlay – porcelain/ceramic – three surfaces		410	325	260	410	275
D2644	onlay – porcelain/ceramic – four or more surfaces		430	340	275	430	300
D2650	inlay – resin-based composite – one surface		330	270	215	NTCV	NTCV
D2651	inlay – resin-based composite – two surfaces		350	285	225	NTCV	NTCV
D2652	inlay – resin-based composite – three or more surfaces		380	305	245	NTCV	NTCV
D2662	onlay – resin-based composite – two surfaces		330	270	215	330	160
D2663	onlay – resin-based composite – three surfaces		350	285	225	350	180
D2664	onlay – resin-based composite – four or more surfaces		380	305	245	380	200
D2710	crown – resin-based composite (indirect)		210	210	165	210	100
D2712	crown – ¾ resin-based composite (indirect)		NTCV	NTCV	NTCV	NTCV	100
D2720	crown – resin with high noble metal	400	395	325	260	395	100
D2721	crown – resin with predominantly base metal	400	330	260	195	330	100
D2722	crown – resin with noble metal	400	360	290	225	360	100
D2740	crown – porcelain/ceramic	400	350	150	125	350	300
D2750	crown – porcelain fused to high noble metal	400	350	150	125	350	300
D2751	crown – porcelain fused to predominantly base metal	400	350	150	125	350	300
D2752	crown – porcelain fused to noble metal	400	350	150	125	350	300
D2780	crown – ¾ cast high noble metal		350	150	125	350	300
D2781	crown – ¾ cast predominantly base metal		350	150	125	350	300
D2782	crown – ¾ cast noble metal		350	150	125	350	300
D2783	crown – ¾ porcelain/ceramic		350	150	125	350	NTCV
D2790	crown – full cast high noble metal	400	350	150	125	350	300
D2791	crown – full cast predominantly base metal	400	350	150	125	350	300
D2792	crown – full cast noble metal	400	350	150	125	350	300
D2794	crown – titanium	400	350	150	125	NTCV	NTCV
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		45	18	9	45	0
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core		45	19	10	45	0

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Dental Benefit Providers*

Customer Service Phone Number 1-800-585-8111			BSC Core DHMO Basic	BSC Core DHMO Plus	BSC Core DHMO Deluxe	BSC IFP Enhanced DHMO	BSC Custom Plan IFP DHMO
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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D2920	re-cement or re-bond crown		15	5	5	15	0
D2930	prefabricated stainless steel crown – primary tooth		30	10	5	30	35
D2931	prefabricated stainless steel crown – permanent tooth		95	35	15	95	50
D2932	prefabricated resin crown		100	40	25	100	40
D2933	prefabricated stainless steel crown with resin window		100	40	20	100	NTCV
D2934	prefabricated esthetic coated stainless steel crown – primary tooth		100	40	20	NTCV	35
D2940	protective restoration		48	19	10	50	20
D2950	core buildup, including any pins when required		118	47	24	120	20
D2951	pin retention – per tooth, in addition to restoration		25	10	5	25	20
D2952	post and core in addition to crown, indirectly fabricated		165	72	36	165	60
D2953	each additional indirectly fabricated post – same tooth		100	50	25	100	30
D2954	prefabricated post and core in addition to crown		140	59	30	140	60
D2955	post removal		0	0	0	NTCV	NTCV
D2957	each additional prefabricated post – same tooth		78	32	16	80	35
D2980	crown repair necessitated by restorative material failure		121	49	25	120	50
D2981	inlay repair necessitated by restorative material failure		48	20	10	NTCV	NTCV
D2982	onlay repair necessitated by restorative material failure		48	29	15	NTCV	NTCV
IV. ENDODONTICS							
D3110	pulp cap – direct (excluding final restoration)		20	5	0	20	20
D3120	pulp cap – indirect (excluding final restoration)		20	5	0	20	25
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		35	10	5	35	35
D3221	pulpal debridement, primary and permanent teeth		60	20	10	60	NTCV
D3310	endodontic therapy, anterior tooth (excluding final restoration)	300	175	75	50	175	155
D3320	endodontic therapy, premolar tooth (excluding final restoration)	400	250	130	80	250	235
D3330	endodontic therapy, molar tooth (excluding final restoration)	500	355	210	145	355	290
D3331	treatment of root canal obstruction; non-surgical access		40	30	25	40	0
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		130	115	40	130	85
D3346	retreatment of previous root canal therapy – anterior		175	75	50	175	245
D3347	retreatment of previous root canal therapy – premolar		350	105	70	350	295
D3348	retreatment of previous root canal therapy – molar		525	135	90	525	365

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Dental Benefit Providers*

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D3410	apicoectomy – anterior		75	30	20	75	240
D3421	apicoectomy – premolar (first root)		75	30	20	75	240
D3425	apicoectomy – molar (first root)		75	30	20	75	250
D3426	apicoectomy (each additional root)		75	30	20	75	110
D3430	retrograde filling – per root		113	45	23	115	90
D3450	root amputation – per root		125	50	100	125	110
D3920	hemisection (including any root removal), not including root canal therapy		125	50	25	125	120
D3950	canal preparation and fitting of preformed dowel or post		0	0	0	NTCV	0
V. PERIODONTICS							
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant		200	100	75	200	150
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant		40	20	15	40	50
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		0	0	0	NTCV	NTCV
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant		190	150	125	190	135
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant		138	175	63	140	70
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		275	150	125	275	265
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		138	75	63	140	140
D4263	bone replacement graft – retained natural tooth – first site in quadrant		275	115	58	200	105
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant		135	85	43	135	75
D4266	guided tissue regeneration – resorbable barrier, per site		215	143	72	NTCV	145
D4267	guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)		225	165	83	NTCV	175
D4270	pedicle soft tissue graft procedure		350	140	70	350	155
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position		450	180	90	NTCV	220

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft		375	150	75	NTCV	NTCV
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site		225	90	45	NTCV	NTCV
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site		450	180	90	NTCV	220
D4341	periodontal scaling and root planing – four or more teeth per quadrant	45	75	20	10	75	55
D4342	periodontal scaling and root planing – one to three teeth per quadrant	25	38	10	5	40	25
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		45	20	5	45	30
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit		75	20	10	75	40
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		48	13	6	NTCV	NTCV
D4910	periodontal maintenance		45	20	5	45	30
VI. PROSTHODONTICS (REMOVABLE)							
<ul style="list-style-type: none"> Denture relines if done within six (6) months of the initial insertion of a denture are considered part of the original denture service and are included in the denture copayment; denture relines after six (6) months of the initial insertion of a denture require the additional denture reline Copayment. 							
D5110	complete denture – maxillary	450	400	175	100	400	400
D5120	complete denture – mandibular	450	400	175	100	400	400
D5130	immediate denture – maxillary	450	400	175	100	400	400
D5140	immediate denture – mandibular	450	400	175	100	400	400
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	450	400	200	175	400	325
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	450	400	200	175	400	325
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	450	400	200	175	400	375
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	450	400	200	175	400	375
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	500	400	200	175	400	375

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	500	400	200	175	400	375
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary		400	200	175	NTCV	250
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular		400	200	175	NTCV	250
D5410	adjust complete denture – maxillary		0	0	25	0	8
D5411	adjust complete denture – mandibular		0	0	25	0	8
D5421	adjust partial denture – maxillary		40	40	25	40	8
D5422	adjust partial denture – mandibular		40	40	25	40	8
D5511	repair broken complete denture base, mandibular		85	75	25	85	30
D5512	repair broken complete denture base, maxillary		85	75	25	85	30
D5520	replace missing or broken teeth – complete denture (each tooth)		75	75	25	75	30
D5611	repair resin partial denture base, mandibular		95	75	25	100	30
D5612	repair resin partial denture base, maxillary		95	75	25	100	30
D5621	repair cast partial framework, mandibular		100	75	25	100	30
D5622	repair cast partial framework, maxillary		100	75	25	100	30
D5630	repair or replace broken clasp – per tooth		100	75	25	100	30
D5640	replace broken teeth – per tooth		75	75	25	75	30
D5650	add tooth to existing partial denture		85	50	25	85	35
D5660	add clasp to existing partial denture – per tooth		85	50	25	85	45
D5670	replace all teeth and acrylic on cast metal framework (maxillary)		270	120	105	270	195
D5671	replace all teeth and acrylic on cast metal framework (mandibular)		270	120	105	270	195
D5710	rebase complete maxillary denture		125	50	25	125	55
D5711	rebase complete mandibular denture		125	50	25	125	55
D5720	rebase maxillary partial denture		125	50	25	125	55
D5721	rebase mandibular partial denture		125	50	25	125	55
D5730	reline complete maxillary denture (chairside)		125	50	25	125	40
D5731	reline complete mandibular denture (chairside)		125	50	25	125	40
D5740	reline maxillary partial denture (chairside)		125	50	25	125	40
D5741	reline mandibular partial denture (chairside)		125	50	25	125	40
D5750	reline complete maxillary denture (laboratory)		150	75	50	150	60

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D5751	reline complete mandibular denture (laboratory)		150	75	50	150	60
D5760	reline maxillary partial denture (laboratory)		150	75	50	150	60
D5761	reline mandibular partial denture (laboratory)		150	75	50	150	60
D5850	tissue conditioning, maxillary		30	10	5	30	35
D5851	tissue conditioning, mandibular		30	10	5	30	35
D5876	add metal substructure to acrylic full denture (per arch)		125	50	25	125	55
VIII. IMPLANT SERVICES							
D6010	surgical placement of implant body: endosteal implant		1,375	1,375	1,375	NTCV	1,375
D6056	prefabricated abutment – includes modification and placement		500	500	500	NTCV	500
D6057	custom fabricated abutment – includes placement		600	600	600	NTCV	600
D6058	abutment supported porcelain/ceramic crown		1,250	1,250	1,250	NTCV	1,250
D6059	abutment supported porcelain fused to metal crown (high noble metal)		1,250	1,250	1,250	NTCV	1,250
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)		1,150	1,150	1,150	NTCV	1,150
D6061	abutment supported porcelain fused to metal crown (noble metal)		900	900	900	NTCV	900
D6062	abutment supported cast metal crown (high noble metal)		1,000	1,000	1,000	NTCV	1,000
D6063	abutment supported cast metal crown (predominantly base metal)		962	962	962	NTCV	962
D6064	abutment supported cast metal crown (noble metal)		825	825	825	NTCV	825
D6065	implant supported porcelain/ceramic crown		1,250	1,250	1,250	NTCV	1,250
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)		1,250	1,250	1,250	NTCV	1,250
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)		1,300	1,300	1,300	NTCV	1,300
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments		225	225	225	NTCV	225
D6090	repair implant supported prosthesis, by report		288	288	288	NTCV	288
D6092	re-cement or re-bond implant/abutment supported crown		109	109	109	NTCV	109
D6094	abutment supported crown (titanium)		913	913	913	NTCV	913
D6095	repair implant abutment, by report		300	300	300	NTCV	300
D6096	remove broken implant retaining screw		300	300	300	NTCV	300
D6100	implant removal, by report		500	500	500	NTCV	500

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
IX. PROSTHODONTICS, FIXED							
<ul style="list-style-type: none"> • BSC Core Plans - Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit for DHMO Basic and \$200 for DHMO Plus, Deluxe and Voluntary. • IFP Enhanced DHMO - Member pays for additional costs of precious and semi-precious metals and porcelain on molar crowns. • Custom Plan IFP DHMO - Member pays for additional costs of precious and semi-precious metals and porcelain on molar crowns limited to \$75. • BSC Core Plans - D6980: Member pays for lab fees in addition to the member copayment. 							
D6205	pontic – indirect resin based composite		310	150	125	NTCV	165
D6210	pontic – cast high noble metal	400	350	150	125	350	300
D6211	pontic – cast predominantly base metal	400	350	150	125	350	300
D6212	pontic – cast noble metal	400	350	150	125	350	300
D6214	pontic – titanium	400	350	150	125	NTCV	300
D6240	pontic – porcelain fused to high noble metal	400	350	150	125	350	300
D6241	pontic – porcelain fused to predominantly base metal	400	350	150	125	350	300
D6242	pontic – porcelain fused to noble metal	400	350	150	125	350	300
D6245	pontic – porcelain/ceramic	400	350	150	125	350	300
D6250	pontic – resin with high noble metal	400	350	150	125	350	381
D6251	pontic – resin with predominantly base metal	400	350	150	125	350	368
D6252	pontic – resin with noble metal	400	350	150	125	350	374
D6545	retainer – cast metal for resin bonded fixed prosthesis		150	150	125	NTCV	130
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis		215	150	125	NTCV	145
D6600	retainer inlay – porcelain/ceramic, two surfaces		350	150	125	NTCV	NTCV
D6601	retainer inlay – porcelain/ceramic, three or more surfaces		350	150	125	NTCV	NTCV
D6602	retainer inlay – cast high noble metal, two surfaces		350	150	125	NTCV	NTCV
D6603	retainer inlay – cast high noble metal, three or more surfaces		350	150	125	NTCV	NTCV
D6604	retainer inlay – cast predominantly base metal, two surfaces		350	150	125	NTCV	NTCV
D6605	retainer inlay – cast predominantly base metal, three or more surfaces		350	150	125	NTCV	NTCV
D6606	retainer inlay – cast noble metal, two surfaces		350	150	125	NTCV	NTCV
D6607	retainer inlay – cast noble metal, three or more surfaces		350	150	125	NTCV	NTCV
D6608	retainer onlay – porcelain/ceramic, two surfaces		350	150	125	350	200
D6609	retainer onlay – porcelain/ceramic, three or more surfaces		350	150	125	350	200
D6610	retainer onlay – cast high noble metal, two surfaces		350	150	125	350	200

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NTCV = Not Covered

Customer Service Phone Number 1-800-585-8111			BSC Core DHMO Basic	BSC Core DHMO Plus	BSC Core DHMO Deluxe	BSC IFP Enhanced DHMO	BSC Custom Plan IFP DHMO
Agreement ID:			SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG00000030
Specialty Referral Process:			Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D6611	retainer onlay – cast high noble metal, three or more surfaces		350	150	125	350	200
D6612	retainer onlay – cast predominantly base metal, two surfaces		350	150	125	350	200
D6613	retainer onlay – cast predominantly base metal, three or more surfaces		350	150	125	350	200
D6614	retainer onlay – cast noble metal, two surfaces		350	150	125	350	200
D6615	retainer onlay – cast noble metal, three or more surfaces		350	150	125	350	200
D6634	retainer onlay – titanium		NTCV	NTCV	NTCV	NTCV	129
D6710	retainer crown – indirect resin based composite		350	150	125	NTCV	200
D6720	retainer crown – resin with high noble metal	400	350	150	125	350	300
D6721	retainer crown – resin with predominantly base metal	400	350	150	125	350	100
D6722	retainer crown – resin with noble metal	400	350	150	125	350	100
D6740	retainer crown – porcelain/ceramic	400	350	150	125	350	300
D6750	retainer crown – porcelain fused to high noble metal	400	350	150	125	350	300
D6751	retainer crown – porcelain fused to predominantly base metal	400	350	150	125	350	300
D6752	retainer crown – porcelain fused to noble metal	400	350	150	125	350	300
D6780	retainer crown – ¾ cast high noble metal		350	150	125	350	300
D6781	retainer crown – ¾ cast predominantly base metal		350	150	125	350	300
D6782	retainer crown – ¾ cast noble metal		350	150	125	350	300
D6783	retainer crown – ¾ porcelain/ceramic		350	150	125	350	300
D6790	retainer crown – full cast high noble metal	400	350	150	125	350	300
D6791	retainer crown – full cast predominantly base metal	400	350	150	125	350	300
D6792	retainer crown – full cast noble metal	400	350	150	125	350	300
D6794	retainer crown – titanium	400	350	150	125	NTCV	NTCV
D6930	re-cement or re-bond fixed partial denture		30	10	0	30	0
D6980	fixed partial denture repair necessitated by restorative material failure		30	10	5	30	20
X. ORAL AND MAXILLOFACIAL SURGERY							
<ul style="list-style-type: none"> • BSC Core Plans - Member pays lab fees for biopsies and excisions (D7285 and D7286). • IFP Plans - Member pays lab fees for biopsies and excisions. 							
D7111	extraction, coronal remnants – primary tooth		20	5	3	20	15
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	30	40	11	6	40	34
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	40	75	25	15	75	70

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Dental Benefit Providers*

Customer Service Phone Number 1-800-585-8111			BSC Core DHMO Basic	BSC Core DHMO Plus	BSC Core DHMO Deluxe	BSC IFP Enhanced DHMO	BSC Custom Plan IFP DHMO
	Agreement ID:		SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG000000030
	Specialty Referral Process:		Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D7220	removal of impacted tooth – soft tissue		100	30	20	100	85
D7230	removal of impacted tooth – partially bony		150	50	40	150	105
D7240	removal of impacted tooth – completely bony		225	75	65	225	125
D7241	removal of impacted tooth – completely bony, with unusual surgical complications		250	75	65	250	95
D7250	removal of residual tooth roots (cutting procedure)		75	40	30	75	75
D7251	coronectomy – intentional partial tooth removal		94	50	38	NTCV	NTCV
D7260	oroantral fistula closure		350	140	70	NTCV	280
D7285	incisional biopsy of oral tissue – hard (bone, tooth)		76	25	13	NTCV	NTCV
D7286	incisional biopsy of oral tissue – soft		60	20	10	60	110
D7287	exfoliative cytological sample collection		60	10	10	NTCV	35
D7288	brush biopsy – transepithelial sample collection		30	10	5	NTCV	35
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		75	40	38	75	70
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		38	20	10	40	50
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		75	40	30	75	85
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		38	20	15	40	43
D7471	removal of lateral exostosis (maxilla or mandible)		263	105	53	265	140
D7472	removal of torus palatinus		315	126	63	315	140
D7473	removal of torus mandibularis		300	120	60	300	140
D7510	incision and drainage of abscess – intraoral soft tissue		98	39	20	100	55
D7511	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		139	56	28	NTCV	69
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone		170	87	44	NTCV	125
D7881	occlusal orthotic device adjustment		0	0	25	0	8
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure		188	75	38	190	120
D7963	frenuloplasty		205	82	41	NTCV	120
D7970	excision of hyperplastic tissue – per arch		125	85	43	125	176

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	Specialty Referral Process:		Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D7971	excision of pericoronal gingiva		100	40	20	100	80
D7972	surgical reduction of fibrous tuberosity		301	120	60	NTCV	NTCV
XI. ORTHODONTICS							
<ul style="list-style-type: none"> In order to be covered, orthodontic treatment must be received in one continuous course of treatment; must be received in consecutive months; and must not exceed 24 consecutive months. BSC Core Plans - Full case fee includes consultation, treatment plan, tooth movement, and retention limited to \$250 per case. Orthodontist may charge Members separately for records. IFP Plans - Full case fee includes consultation, treatment plan, tooth movement, and retention. Orthodontist may charge Members separately for records, limited to \$250 per case. 							
D8070	comprehensive orthodontic treatment of the transitional dentition		2,350	1,400	1,200	2,350	2,100
D8080	comprehensive orthodontic treatment of the adolescent dentition		2,350	1,400	1,200	2,350	2,350
D8090	comprehensive orthodontic treatment of the adult dentition		2,650	1,700	1,500	2,650	2,650
D8210	removable appliance therapy		360	360	360	NTCV	NTCV
D8220	fixed appliance therapy		406	406	406	NTCV	NTCV
D8660	pre-orthodontic treatment examination to monitor growth and development		250	250	250	0	130
D8670	periodic orthodontic treatment visit		0	0	0	NTCV	0
D8680	orthodontic retention (removal of appliances, construction and placement of retainers)		250	250	250	125	225
D8691	repair of orthodontic appliance		88	88	88	NTCV	NTCV
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment		250	250	250	125	225
XII. ADJUNCTIVE GENERAL SERVICES							
D9110	palliative (emergency) treatment of dental pain – minor procedure		20	20	20	20	28
D9120	fixed partial denture sectioning		37	37	37	NTCV	20
D9210	local anesthesia not in conjunction with operative or surgical procedures		0	0	0	NTCV	0
D9211	regional block anesthesia		0	0	0	0	0
D9212	trigeminal division block anesthesia		0	0	0	0	0
D9215	local anesthesia in conjunction with operative or surgical procedures		0	0	0	0	0
D9222	deep sedation/general anesthesia – first 15 minutes		0	0	0	0	35
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment		0	0	0	0	35
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes		0	0	0	0	40
D9243	intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment		0	0	0	0	40
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician		0	0	0	45	0

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Dental Benefit Providers*

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	Agreement ID:		SCFG00000278	SCFG00000279	SCFG00000280	SCFG00000274	SCFG00000030
	Specialty Referral Process:		Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D9311	consultation with a medical health care professional		15	9	6	15	12
D9430	office visit for observation (during regularly scheduled hours) – no other services performed		15	9	6	15	12
D9440	office visit – after regularly scheduled hours		40	40	40	40	40
D9450	case presentation, detailed and extensive treatment planning		NTCV	NTCV	NTCV	0	0
D9910	application of desensitizing medicament		0	0	10	NTCV	22
D9941	fabrication of athletic mouthguard		105	42	34	NTCV	NTCV
D9942	repair and/or reline of occlusal guard		45	40	40	NTCV	35
D9943	occlusal guard adjustment		0	0	25	0	8
D9944	occlusal guard – hard appliance, full arch		245	98	80	245	115
D9945	occlusal guard – soft appliance, full arch		245	98	80	245	115
D9946	occlusal guard – hard appliance, partial arch		125	49	40	125	60
D9951	occlusal adjustment – limited		60	50	25	60	45
D9952	occlusal adjustment – complete		125	50	25	125	210
D9995	teledentistry – synchronous; real-time encounter		0	0	0	0	0
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review		0	0	0	0	0
	failed appointment (without 24-hour notice) - per 15 minutes of appointment time		20	20	20	20	15

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.

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PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2-A-i - PART III



Dental Benefit Providers

Customer Service Phone Number 1-800-585-8111			BSC SG DHMO Basic	BSC SG DHMO Plus	BSC SG DHMO Deluxe	BSC Core DHMO Standard	BSC SG DHMO Voluntary
	Agreement ID:		SCFG00000268	SCFG00000269	SCFG00000270	SCFG00000289	SCFG00000271
	Specialty Referral Process:		Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
	Office Visit		5	5	5	5	5
I. DIAGNOSTIC							
D0120	periodic oral evaluation – established patient		0	0	0	0	0
D0140	limited oral evaluation – problem focused		0	0	0	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver		0	0	0	0	0
D0150	comprehensive oral evaluation – new or established patient		0	0	0	0	0
D0160	detailed and extensive oral evaluation – problem focused, by report		0	0	0	0	0
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)		0	0	0	0	0
D0180	comprehensive periodontal evaluation – new or established patient		0	0	0	0	0
D0190	screening of a patient		0	0	0	0	0
D0191	assessment of a patient		0	0	0	0	0
D0210	intraoral – complete series of radiographic images		0	0	0	0	0
D0220	intraoral – periapical first radiographic image		0	0	0	0	0
D0230	intraoral – periapical each additional radiographic image		0	0	0	0	0
D0240	intraoral – occlusal radiographic image		0	0	0	0	0
D0270	bitewing – single radiographic image		0	0	0	0	0
D0272	bitewings – two radiographic images		0	0	0	0	0
D0273	bitewings – three radiographic images		0	0	0	0	0
D0274	bitewings – four radiographic images		0	0	0	0	0
D0330	panoramic radiographic image		0	0	0	0	0
D0460	pulp vitality tests		0	0	0	0	0
D0470	diagnostic casts		0	0	0	0	0
D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		0	0	0	0	0
D0601	caries risk assessment and documentation, with a finding of low risk		0	0	0	0	0
D0602	caries risk assessment and documentation, with a finding of moderate risk		0	0	0	0	0
D0603	caries risk assessment and documentation, with a finding of high risk		0	0	0	0	0
II. PREVENTIVE							
<ul style="list-style-type: none"> 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 bi-annual cleanings; “medium risk” children will be allowed up to 3 fluoride varnish treatments in addition to their bi-annual cleanings; and “low risk” children will be allowed up to two fluoride varnish treatments in addition to bi-annual 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). 							
D1110	prophylaxis – adult		0	0	0	0	0

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	Specialty Referral Process:		Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D1110	additional adult prophylaxis - for women during pregnancy (applicable to Product IDs D0031446, D0031448, D0031449 and D0031452)		0	0	0	0	0
D1110	additional adult prophylaxis within the 6 month period (applicable to Product IDs D0015682, D0015683, D0015684, D0021894, D0022851 and D0022852)		45	45	45	45	45
D1120	prophylaxis – child		0	0	0	0	0
D1120	additional child prophylaxis within the 6 month period (applicable to Product IDs D0015682, D0015683, D0015684, D0021894, D0022851 and D0022852)		35	35	35	35	35
D1206	topical application of fluoride varnish		0	0	0	0	0
D1208	topical application of fluoride – excluding varnish		0	0	0	0	0
D1330	oral hygiene instructions		0	0	0	0	0
D1351	sealant – per tooth		0	0	0	0	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth		0	0	0	0	0
D1354	interim caries arresting medicament application - per tooth		0	0	10	NTCV	NTCV
D1510	space maintainer – fixed, unilateral		40	10	5	20	20
D1516	space maintainer – fixed – bilateral, maxillary		40	10	5	55	55
D1517	space maintainer – fixed – bilateral, mandibular		40	10	5	55	55
D1520	space maintainer – removable – unilateral		40	10	5	20	20
D1526	space maintainer – removable – bilateral, maxillary		40	10	5	55	55
D1527	space maintainer – removable – bilateral, mandibular		40	10	5	55	55
D1550	re-cement or re-bond space maintainer		40	10	5	20	20
D1555	removal of fixed space maintainer		20	10	0	15	15
D1575	distal shoe space maintainer – fixed – unilateral		40	10	5	20	20
III. RESTORATIVE							
<ul style="list-style-type: none"> • Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit for DHMO Basic and \$200 for DHMO Plus, Deluxe and Voluntary. • BSC SG Standard - Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit. 							
D2140	amalgam – one surface, primary or permanent	25	20	10	0	15	15
D2150	amalgam – two surfaces, primary or permanent	40	40	20	0	30	30
D2160	amalgam – three surfaces, primary or permanent	55	60	30	0	45	45
D2161	amalgam – four or more surfaces, primary or permanent	75	80	40	0	60	60
D2330	resin-based composite – one surface, anterior	30	20	20	0	15	15
D2331	resin-based composite – two surfaces, anterior	50	40	20	0	30	30
D2332	resin-based composite – three surfaces, anterior	70	60	30	0	45	45
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	85	80	40	0	60	60
D2390	resin-based composite crown, anterior		150	150	150	150	150
D2391	resin-based composite – one surface, posterior	50	75	64	61	71	71

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**Dental Benefit
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	Specialty Referral Process:		Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D2392	resin-based composite – two surfaces, posterior	60	90	76	72	85	85
D2393	resin-based composite – three surfaces, posterior	70	115	98	93	109	109
D2394	resin-based composite – four or more surfaces, posterior	80	140	120	114	133	133
D2510	inlay – metallic – one surface		NTCV	NTCV	NTCV	225	NTCV
D2520	inlay – metallic – two surfaces		NTCV	NTCV	NTCV	225	NTCV
D2530	inlay – metallic – three or more surfaces		NTCV	NTCV	NTCV	225	NTCV
D2542	onlay – metallic – two surfaces		325	125	125	225	225
D2543	onlay – metallic – three surfaces		325	125	125	225	225
D2544	onlay – metallic – four or more surfaces		325	125	125	225	225
D2610	inlay – porcelain/ceramic – one surface		NTCV	NTCV	NTCV	350	NTCV
D2620	inlay – porcelain/ceramic – two surfaces		NTCV	NTCV	NTCV	370	NTCV
D2630	inlay – porcelain/ceramic – three or more surfaces		NTCV	NTCV	NTCV	390	NTCV
D2642	onlay – porcelain/ceramic – two surfaces		390	310	250	350	350
D2643	onlay – porcelain/ceramic – three surfaces		410	325	260	370	370
D2644	onlay – porcelain/ceramic – four or more surfaces		430	340	275	390	390
D2650	inlay – resin-based composite – one surface		NTCV	NTCV	NTCV	300	NTCV
D2651	inlay – resin-based composite – two surfaces		NTCV	NTCV	NTCV	320	NTCV
D2652	inlay – resin-based composite – three or more surfaces		NTCV	NTCV	NTCV	345	NTCV
D2662	onlay – resin-based composite – two surfaces		330	270	215	300	300
D2663	onlay – resin-based composite – three surfaces		350	285	225	320	320
D2664	onlay – resin-based composite – four or more surfaces		380	305	245	345	345
D2710	crown – resin-based composite (indirect)		210	210	165	210	210
D2720	crown – resin with high noble metal	400	395	325	260	360	360
D2721	crown – resin with predominantly base metal	400	330	260	195	290	290
D2722	crown – resin with noble metal	400	360	290	225	320	320
D2740	crown – porcelain/ceramic	400	350	150	125	250	250
D2750	crown – porcelain fused to high noble metal	400	350	150	125	250	250
D2751	crown – porcelain fused to predominantly base metal	400	350	150	125	250	250
D2752	crown – porcelain fused to noble metal	400	350	150	125	250	250
D2780	crown – ¾ cast high noble metal		350	150	125	250	250
D2781	crown – ¾ cast predominantly base metal		350	150	125	250	250
D2782	crown – ¾ cast noble metal		350	150	125	250	250
D2783	crown – ¾ porcelain/ceramic		350	150	125	250	250
D2790	crown – full cast high noble metal	400	350	150	125	250	250
D2791	crown – full cast predominantly base metal	400	350	150	125	250	250
D2792	crown – full cast noble metal	400	350	150	125	250	250

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D2794	crown – titanium	400	NTCV	NTCV	NTCV	250	NTCV
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		45	18	9	36	36
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core		45	19	10	38	38
D2920	re-cement or re-bond crown		15	5	5	10	10
D2930	prefabricated stainless steel crown – primary tooth		30	10	5	20	20
D2931	prefabricated stainless steel crown – permanent tooth		95	35	15	65	65
D2932	prefabricated resin crown		100	40	25	70	70
D2933	prefabricated stainless steel crown with resin window		100	40	20	70	70
D2934	prefabricated esthetic coated stainless steel crown – primary tooth		100	40	20	70	70
D2940	protective restoration		48	19	10	38	38
D2950	core buildup, including any pins when required		118	47	24	60	60
D2951	pin retention – per tooth, in addition to restoration		25	10	5	20	20
D2952	post and core in addition to crown, indirectly fabricated		165	72	36	144	144
D2953	each additional indirectly fabricated post – same tooth		100	50	25	100	100
D2954	prefabricated post and core in addition to crown		140	59	30	117	117
D2955	post removal		0	0	0	0	0
D2957	each additional prefabricated post – same tooth		78	32	16	63	63
D2980	crown repair necessitated by restorative material failure		121	49	25	97	97
D2981	inlay repair necessitated by restorative material failure		48	20	10	39	39
D2982	onlay repair necessitated by restorative material failure		73	29	15	58	58
IV. ENDODONTICS							
D3110	pulp cap – direct (excluding final restoration)		20	5	0	15	15
D3120	pulp cap – indirect (excluding final restoration)		20	5	0	15	15
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		35	10	5	30	30
D3221	pulpal debridement, primary and permanent teeth		60	20	10	40	40
D3310	endodontic therapy, anterior tooth (excluding final restoration)	300	175	75	50	125	125
D3320	endodontic therapy, premolar tooth (excluding final restoration)	400	250	130	80	175	175
D3330	endodontic therapy, molar tooth (excluding final restoration)	500	355	210	145	225	225
D3331	treatment of root canal obstruction; non-surgical access		40	30	25	35	35
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		130	115	40	125	125
D3346	retreatment of previous root canal therapy – anterior		175	75	50	125	125
D3347	retreatment of previous root canal therapy – premolar		350	105	70	175	175
D3348	retreatment of previous root canal therapy – molar		525	135	90	225	225
D3410	apicoectomy – anterior		75	30	20	50	50
D3421	apicoectomy – premolar (first root)		75	30	20	50	50

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Dental Benefit Providers

Customer Service Phone Number 1-800-585-8111			BSC SG DHMO Basic	BSC SG DHMO Plus	BSC SG DHMO Deluxe	BSC Core DHMO Standard	BSC SG DHMO Voluntary
	Agreement ID:		SCFG00000268	SCFG00000269	SCFG00000270	SCFG00000289	SCFG00000271
	Specialty Referral Process:		Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D3425	apicoectomy – molar (first root)		75	30	20	50	50
D3426	apicoectomy (each additional root)		75	30	20	50	50
D3430	retrograde filling – per root		113	45	23	90	90
D3450	root amputation – per root		125	50	100	100	100
D3920	hemisection (including any root removal), not including root canal therapy		125	50	25	100	100
D3950	canal preparation and fitting of preformed dowel or post		0	0	0	0	0
V. PERIODONTICS							
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant		200	100	75	150	150
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant		40	20	15	30	30
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		0	0	0	0	0
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant		190	150	125	190	190
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant		138	175	63	113	113
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		275	150	125	225	225
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		138	75	63	113	113
D4263	bone replacement graft – retained natural tooth – first site in quadrant		275	115	58	230	230
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant		135	85	43	135	135
D4266	guided tissue regeneration – resorbable barrier, per site		215	143	72	215	215
D4267	guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)		225	165	83	250	250
D4270	pedicle soft tissue graft procedure		350	140	70	280	280
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position		450	180	90	360	360
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft		375	150	75	300	300
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site		225	90	45	180	180
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site		400	180	90	NTCV	NTCV
D4341	periodontal scaling and root planing – four or more teeth per quadrant	45	75	20	10	40	40

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D4342	periodontal scaling and root planing – one to three teeth per quadrant	25	38	10	5	20	20
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		45	20	5	24	24
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit		75	20	10	40	40
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		48	13	6	26	26
D4910	periodontal maintenance		45	20	5	30	30
VI. PROSTHODONTICS (REMOVABLE)							
<ul style="list-style-type: none"> Denture relines if done within six (6) months of the initial insertion of a denture are considered part of the original denture service and are included in the denture copayment; denture relines after six (6) months of the initial insertion of a denture require the additional denture reline Copayment. 							
D5110	complete denture – maxillary	450	400	175	100	250	250
D5120	complete denture – mandibular	450	400	175	100	250	250
D5130	immediate denture – maxillary	450	400	175	100	250	250
D5140	immediate denture – mandibular	450	400	175	100	250	250
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	450	400	200	175	275	275
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	450	400	200	175	275	275
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	450	400	200	175	275	275
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	450	400	200	175	275	275
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)	500	400	200	175	275	275
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)	500	400	200	175	275	275
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary		400	200	175	NTCV	NTCV
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular		400	200	175	NTCV	NTCV
D5410	adjust complete denture – maxillary		0	0	25	0	0
D5411	adjust complete denture – mandibular		0	0	25	0	0
D5421	adjust partial denture – maxillary		40	40	25	100	100
D5422	adjust partial denture – mandibular		40	40	25	40	40
D5511	repair broken complete denture base, mandibular		85	75	25	85	85
D5512	repair broken complete denture base, maxillary		85	75	25	85	85
D5520	replace missing or broken teeth – complete denture (each tooth)		75	75	25	75	75
D5611	repair resin partial denture base, mandibular		95	75	25	95	95

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D5612	repair resin partial denture base, maxillary		95	75	25	95	95
D5621	repair cast partial framework, mandibular		100	75	25	100	100
D5622	repair cast partial framework, maxillary		100	75	25	100	100
D5630	repair or replace broken clasp – per tooth		100	75	25	100	100
D5640	replace broken teeth – per tooth		75	75	25	75	75
D5650	add tooth to existing partial denture		85	50	25	75	75
D5660	add clasp to existing partial denture – per tooth		85	50	25	85	85
D5670	replace all teeth and acrylic on cast metal framework (maxillary)		270	120	105	165	165
D5671	replace all teeth and acrylic on cast metal framework (mandibular)		270	120	105	165	165
D5710	rebase complete maxillary denture		125	50	25	100	100
D5711	rebase complete mandibular denture		125	50	25	100	100
D5720	rebase maxillary partial denture		125	50	25	100	100
D5721	rebase mandibular partial denture		125	50	25	100	100
D5730	reline complete maxillary denture (chairside)		125	50	25	100	100
D5731	reline complete mandibular denture (chairside)		125	50	25	100	100
D5740	reline maxillary partial denture (chairside)		125	50	25	100	100
D5741	reline mandibular partial denture (chairside)		125	50	25	100	100
D5750	reline complete maxillary denture (laboratory)		150	75	50	125	125
D5751	reline complete mandibular denture (laboratory)		150	75	50	125	125
D5760	reline maxillary partial denture (laboratory)		150	75	50	125	125
D5761	reline mandibular partial denture (laboratory)		150	75	50	125	125
D5850	tissue conditioning, maxillary		30	10	5	20	20
D5851	tissue conditioning, mandibular		30	10	5	20	20
D5876	add metal substructure to acrylic full denture (per arch)		125	50	25	55	55
VIII. IMPLANT SERVICES							
D6010	surgical placement of implant body: endosteal implant		NTCV	NTCV	NTCV	1,375	NTCV
D6056	prefabricated abutment – includes modification and placement		NTCV	NTCV	NTCV	500	NTCV
D6057	custom fabricated abutment – includes placement		NTCV	NTCV	NTCV	600	NTCV
D6058	abutment supported porcelain/ceramic crown		NTCV	NTCV	NTCV	1,250	NTCV
D6059	abutment supported porcelain fused to metal crown (high noble metal)		NTCV	NTCV	NTCV	1,250	NTCV
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)		NTCV	NTCV	NTCV	1,150	NTCV
D6061	abutment supported porcelain fused to metal crown (noble metal)		NTCV	NTCV	NTCV	900	NTCV
D6062	abutment supported cast metal crown (high noble metal)		NTCV	NTCV	NTCV	1,000	NTCV
D6063	abutment supported cast metal crown (predominantly base metal)		NTCV	NTCV	NTCV	962	NTCV
D6064	abutment supported cast metal crown (noble metal)		NTCV	NTCV	NTCV	825	NTCV
D6065	implant supported porcelain/ceramic crown		NTCV	NTCV	NTCV	1,250	NTCV

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)		NTCV	NTCV	NTCV	1,250	NTCV
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)		NTCV	NTCV	NTCV	1,300	NTCV
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments		NTCV	NTCV	NTCV	225	NTCV
D6090	repair implant supported prosthesis, by report		NTCV	NTCV	NTCV	288	NTCV
D6092	re-cement or re-bond implant/abutment supported crown		NTCV	NTCV	NTCV	109	NTCV
D6094	abutment supported crown (titanium)		NTCV	NTCV	NTCV	913	NTCV
D6095	repair implant abutment, by report		NTCV	NTCV	NTCV	300	NTCV
D6096	remove broken implant retaining screw		NTCV	NTCV	NTCV	0	0
D6100	implant removal, by report		NTCV	NTCV	NTCV	500	NTCV

IX. PROSTHODONTICS, FIXED

- Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit for DHMO Basic and \$200 for DHMO Plus, Deluxe and Voluntary.
- BSC SG Standard - Precious and semi-precious metals, if used, are subject to an additional charge of \$150 per unit. Porcelain on molar crowns is subject to an additional cost of \$150 per unit.
- D6980: Member pays for lab fees in addition to the member copayment.

D6205	pontic – indirect resin based composite		310	150	125	250	250
D6210	pontic – cast high noble metal	400	350	150	125	250	250
D6211	pontic – cast predominantly base metal	400	350	150	125	250	250
D6212	pontic – cast noble metal	400	350	150	125	250	250
D6214	pontic – titanium	400	NTCV	NTCV	NTCV	250	NTCV
D6240	pontic – porcelain fused to high noble metal	400	350	150	125	250	250
D6241	pontic – porcelain fused to predominantly base metal	400	350	150	125	250	250
D6242	pontic – porcelain fused to noble metal	400	350	150	125	250	250
D6245	pontic – porcelain/ceramic	400	350	150	125	250	250
D6250	pontic – resin with high noble metal	400	350	150	125	250	250
D6251	pontic – resin with predominantly base metal	400	350	150	125	250	250
D6252	pontic – resin with noble metal	400	350	150	125	250	250
D6545	retainer – cast metal for resin bonded fixed prosthesis		150	150	125	150	150
D6548	retainer – porcelain/ceramic for resin bonded fixed prosthesis		215	150	125	215	215
D6549	resin retainer – for resin bonded fixed prosthesis		150	NTCV	NTCV	150	150
D6600	retainer inlay – porcelain/ceramic, two surfaces		NTCV	NTCV	NTCV	250	NTCV
D6601	retainer inlay – porcelain/ceramic, three or more surfaces		NTCV	NTCV	NTCV	250	NTCV
D6602	retainer inlay – cast high noble metal, two surfaces		NTCV	NTCV	NTCV	250	NTCV
D6603	retainer inlay – cast high noble metal, three or more surfaces		NTCV	NTCV	NTCV	250	NTCV

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D6604	retainer inlay – cast predominantly base metal, two surfaces		NTCV	NTCV	NTCV	250	NTCV
D6605	retainer inlay – cast predominantly base metal, three or more surfaces		NTCV	NTCV	NTCV	250	NTCV
D6606	retainer inlay – cast noble metal, two surfaces		NTCV	NTCV	NTCV	250	NTCV
D6607	retainer inlay – cast noble metal, three or more surfaces		NTCV	NTCV	NTCV	250	NTCV
D6608	retainer onlay – porcelain/ceramic, two surfaces		350	150	125	250	250
D6609	retainer onlay – porcelain/ceramic, three or more surfaces		350	150	125	250	250
D6610	retainer onlay – cast high noble metal, two surfaces		350	150	125	250	250
D6611	retainer onlay – cast high noble metal, three or more surfaces		350	150	125	250	250
D6612	retainer onlay – cast predominantly base metal, two surfaces		350	150	125	250	250
D6613	retainer onlay – cast predominantly base metal, three or more surfaces		350	150	125	250	250
D6614	retainer onlay – cast noble metal, two surfaces		350	150	125	250	250
D6615	retainer onlay – cast noble metal, three or more surfaces		350	150	125	250	250
D6710	retainer crown – indirect resin based composite		350	150	125	250	250
D6720	retainer crown – resin with high noble metal	400	350	150	125	250	250
D6721	retainer crown – resin with predominantly base metal	400	350	150	125	250	250
D6722	retainer crown – resin with noble metal	400	350	150	125	250	250
D6740	retainer crown – porcelain/ceramic	400	350	150	125	250	250
D6750	retainer crown – porcelain fused to high noble metal	400	350	150	125	250	250
D6751	retainer crown – porcelain fused to predominantly base metal	400	350	150	125	250	250
D6752	retainer crown – porcelain fused to noble metal	400	350	150	125	250	250
D6780	retainer crown – ¾ cast high noble metal		350	150	125	250	250
D6781	retainer crown – ¾ cast predominantly base metal		350	150	125	250	250
D6782	retainer crown – ¾ cast noble metal		350	150	125	250	250
D6783	retainer crown – ¾ porcelain/ceramic		350	150	125	250	250
D6790	retainer crown – full cast high noble metal	400	350	150	125	250	250
D6791	retainer crown – full cast predominantly base metal	400	350	150	125	250	250
D6792	retainer crown – full cast noble metal	400	350	150	125	250	250
D6794	retainer crown – titanium	400	NTCV	NTCV	NTCV	250	NTCV
D6930	re-cement or re-bond fixed partial denture		30	10	0	20	20
D6980	fixed partial denture repair necessitated by restorative material failure		30	10	5	20	20
X. ORAL AND MAXILLOFACIAL SURGERY							
• Member pays lab fees for biopsies and excisions (D7285 and D7286).							
D7111	extraction, coronal remnants – primary tooth		20	5	3	10	10
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	30	40	11	6	23	23
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	40	75	25	15	45	45

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D7220	removal of impacted tooth – soft tissue		100	30	20	50	50
D7230	removal of impacted tooth – partially bony		150	50	40	75	75
D7240	removal of impacted tooth – completely bony		225	75	65	95	95
D7241	removal of impacted tooth – completely bony, with unusual surgical complications		250	75	65	95	95
D7250	removal of residual tooth roots (cutting procedure)		75	40	30	60	60
D7251	coronectomy – intentional partial tooth removal		94	50	38	75	75
D7260	oroantral fistula closure		350	140	70	280	280
D7285	incisional biopsy of oral tissue – hard (bone, tooth)		76	25	13	51	51
D7286	incisional biopsy of oral tissue – soft		60	20	10	40	40
D7287	exfoliative cytological sample collection		60	10	10	40	40
D7288	brush biopsy – transepithelial sample collection		30	10	5	20	20
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		75	40	38	60	60
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		38	20	10	30	30
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		75	40	30	60	60
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		38	20	15	30	30
D7471	removal of lateral exostosis (maxilla or mandible)		263	105	53	210	210
D7472	removal of torus palatinus		315	126	63	252	252
D7473	removal of torus mandibularis		300	120	60	240	240
D7510	incision and drainage of abscess – intraoral soft tissue		98	39	20	78	78
D7511	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		139	56	28	111	111
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone		170	87	44	174	174
D7881	occlusal orthotic device adjustment		0	0	25	NTCV	NTCV
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure		188	75	38	150	150
D7963	frenuloplasty		205	82	41	164	164
D7970	excision of hyperplastic tissue – per arch		125	85	43	125	125
D7971	excision of pericoronal gingiva		100	40	20	80	80
D7972	surgical reduction of fibrous tuberosity		301	120	60	241	241

XI. ORTHODONTICS

- In order to be covered, orthodontic treatment must be received in one continuous course of treatment; must be received in consecutive months; and must not exceed 24 consecutive months.
- Full case fee includes consultation, treatment plan, tooth movement, and retention limited to \$250 per case. Orthodontist may charge Members separately for records.

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D8070	comprehensive orthodontic treatment of the transitional dentition		2,350	1,400	1,200	1,800	2,535
D8080	comprehensive orthodontic treatment of the adolescent dentition		2,350	1,400	1,200	1,800	2,535
D8090	comprehensive orthodontic treatment of the adult dentition		2,650	1,700	1,500	2,650	2,650
D8210	removable appliance therapy		360	360	360	360	360
D8220	fixed appliance therapy		406	406	406	406	406
D8660	pre-orthodontic treatment examination to monitor growth and development		250	250	250	250	250
D8670	periodic orthodontic treatment visit		0	0	0	0	0
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))		250	250	250	250	250
D8691	repair of orthodontic appliance		88	88	88	88	88
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment		250	250	250	NTCV	250
XII. ADJUNCTIVE GENERAL SERVICES							
D9110	palliative (emergency) treatment of dental pain – minor procedure		20	20	20	20	20
D9120	fixed partial denture sectioning		37	37	37	37	37
D9210	local anesthesia not in conjunction with operative or surgical procedures		0	0	0	0	0
D9211	regional block anesthesia		0	0	0	0	0
D9212	trigeminal division block anesthesia		0	0	0	0	0
D9215	local anesthesia in conjunction with operative or surgical procedures		0	0	0	0	0
D9219	evaluation for deep sedation or general anesthesia		0	NTCV	NTCV	NTCV	NTCV
D9222	deep sedation/general anesthesia – first 15 minutes		0	0	0	0	0
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment		0	0	0	0	0
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes		0	0	0	0	0
D9243	intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment		0	0	0	NTCV	NTCV
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician		0	0	0	0	0
D9311	consultation with a medical health care professional		15	9	6	NTCV	NTCV
D9430	office visit for observation (during regularly scheduled hours) – no other services performed		15	9	6	12	12
D9440	office visit – after regularly scheduled hours		40	40	40	40	40
D9910	application of desensitizing medicament		0	0	10	0	0
D9941	fabrication of athletic mouthguard		NTCV	NTCV	NTCV	84	NTCV
D9942	repair and/or relines of occlusal guard		45	40	40	45	45
D9943	occlusal guard adjustment		0	0	25	NTCV	NTCV
D9944	occlusal guard – hard appliance, full arch		NTCV	98	80	170	170
D9945	occlusal guard – soft appliance, full arch		NTCV	98	80	170	170
D9946	occlusal guard – hard appliance, partial arch		NTCV	49	40	85	85

*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 DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2-A-i - PART III**



**Dental Benefit
Providers®**

Customer Service Phone Number 1-800-585-8111			BSC SG DHMO Basic	BSC SG DHMO Plus	BSC SG DHMO Deluxe	BSC Core DHMO Standard	BSC SG DHMO Voluntary
	Agreement ID:		SCFG00000268	SCFG00000269	SCFG00000270	SCFG00000289	SCFG00000271
	Specialty Referral Process:		Direct	Direct	Direct	Direct	Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment	Member Copayment	Member Copayment
D9951	occlusal adjustment – limited		60	50	25	60	60
D9952	occlusal adjustment – complete		125	50	25	125	125
D9995	teledentistry – synchronous; real-time encounter		0	0	0	NTCV	NTCV
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review		0	0	0	NTCV	NTCV
	failed appointment (without 24-hour notice) - per 15 minutes of appointment time		20	20	20	25	25

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.

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

NTCV = Not Covered

PART I - III: GENERAL LIMITATIONS

The following services, if listed on the Schedule of Benefits, will be subject to Limitations as set forth below:

1. one (1) in a six (6) month period:
 - A. periodic oral exam;
 - B. routine prophylaxis (Excluding Product ID D0015682, D0015683, D0015684, D0021894, D0022851 and D0022852 - refer to limitation 6);
 - C. fluoride treatment;
 - D. bitewing x-rays (maximum four (4) per year);
 - E. recementations if the crown or inlay was provided by other than the original dentist; not eligible if the dentist is doing the recementation of a service he/she provided within twelve (12) months;
2. one (1) in twelve (12) months:
 - A. denture (complete or partial) reline.
3. one (1) in twenty-four (24) months:
 - A. full mouth debridement;
 - B. sealants;
 - C. scaling and root planning per area; (limited to 2 quadrants per visit)
 - D. occlusal guards
4. one (1) in thirty-six (36) months:
 - A. mucogingival surgery per area;
 - B. osseous surgery per quad;
 - C. gingival flap surgery per quad;
 - D. gingivectomy per quad;
 - E. gingivectomy per tooth;
 - F. bone replacement grafts for periodontal purposes per site;
 - G. guided tissue regeneration for periodontal purposes per site;
 - H. full mouth series and panoramic x-rays;
5. one (1) in a five (5) year period:
 - A. single crowns and onlays;
 - B. single post and core buildups;
 - C. crown buildup including pins;
 - D. prefabricated post and core;
 - E. cast post and core in addition to crown;
 - F. complete dentures;
 - G. partial dentures;
 - H. fixed partial denture (bridge) pontics;
 - I. fixed partial denture (bridge) abutments;
 - J. abutment post and core buildups;
 - K. diagnostic cast.
6. two (2) in a consecutive twelve (12) month period:
 - A. routine prophylaxis (only applicable to Product ID D0015682, D0015683, D0015684, D0021894, D0022851 and D0022852).

**BLUE SHIELD OF CA DHMO
GENERAL LIMITATIONS AND EXCLUSIONS
EXHIBIT 2-A-i**



7. referral to a Specialty Care Dentist is limited to orthodontics, oral surgery, periodontics, endodontics and pediatrics.
8. coverage for referral to a Pediatric Specialty Care Dentist is covered through age five (5) and is contingent on dental necessity. However, exceptions for physical or mental disabilities or medically compromised children six (6) years and over, when confirmed by a physician, may be considered on an individual basis with prior approval.
9. space maintainers - only eligible for Members through age eleven (11) when used to maintain space as a result of prematurely lost deciduous first and second molars, or permanent first molars that have not, or will never develop.
10. payment for orthodontic treatment is made in installments. If for any reason orthodontic services are terminated or coverage is terminated before completion of the approved orthodontic treatment, the responsibility of the contracted Dental Plan Administrator will cease with payment through the month of termination.
11. sealants – one per tooth per two-year period through age seventeen (17) on permanent first and second molars.
12. child fluoride (including fluoride varnish) and child prophylaxis – one per six month period through age seventeen (17).
13. in the case of a Dental Emergency involving pain or a condition requiring immediate treatment occurring more than fifty (50) miles from the Member's home, the Plan covers necessary diagnostic and therapeutic dental procedures administered by an Out-of-Network Dentist up to the difference between the Out-of-Network Dentist's charge and the Member Copayment up to a maximum of \$50 for each emergency visit.
14. oral surgery services are limited to removal of teeth, bony protuberances and frenectomy.
15. 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 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.
16. general or IV Sedation is covered for
 - A. 3 or more surgical extractions;
 - B. any number of 1 dentally necessary impactions;
 - C. full mouth or arch alveoloplasty;
 - D. surgical root recovery from sinus;
 - E. medical problem contraindicates local anesthesia; General or IV Sedation is not a covered benefit for dental phobic reasons.
17. restorations, crowns, inlays and onlays - covered only if necessary to treat diseased or accidentally fractured teeth.
18. root canal treatment – one per tooth per lifetime.
19. root canal retreatment – one per tooth per lifetime.
20. pulpal therapy – through age five (5) on primary anterior teeth and through age eleven (11) on primary posterior teeth.
21. for mucogingival surgeries, one site is equal to two consecutive teeth or bounded spaces.

PART I - III: GENERAL EXCLUSIONS

Unless otherwise specifically mentioned elsewhere in the Contract this Plan does not provide Benefits with respect to:

1. dental services not appearing on the Summary of Benefits;
2. services of dentists or other practitioners of healing arts not associated with the Dental Plan, except upon referral arranged by a Dental Provider and authorized by the Plan or when required in a covered emergency;
3. dental treatment that has been previously started by another Dentist prior to the participant's eligibility to receive Benefits under this Plan;
4. dental services performed in a hospital or any related hospital fee;
5. any procedure not performed in a dental office setting;
6. services, procedures, or supplies which are not reasonably necessary for the care of the Member's dental condition according to broadly accepted standards of professional care or which are Experimental or Investigational in Nature or which do not have uniform professional endorsement;
7. all prescription and non-prescription drugs;

BLUE SHIELD OF CA DHMO
GENERAL LIMITATIONS AND EXCLUSIONS
EXHIBIT 2-A-i



8. congenital mouth malformations or skeletal imbalances, including, but not limited to, treatment related to cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery, including orthodontic treatment, and oral and maxillofacial services, associated hospital and facility fees, anesthesia, and radiographic imaging;
9. any service, procedure, or supply for which the prognosis for long term success is not reasonably favorable as determined by the contracted Dental Plan Administrator and its dental consultants;
10. reimbursement to the Member or another dental office for the cost of services secured from Dentists, other than the Dental Center or other Plan Authorized Provider, except:
 - a. when such reimbursement is expressly authorized by the Plan; or
 - b. as cited under the Emergency Services and Emergency Claims provisions;
11. charges for services performed by a close relative or by a person who ordinarily resides in the Subscriber's or Dependent's home;
12. 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;
13. treatment for which payment is made by any governmental agency, including any foreign government;
14. 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;
15. dental implants (surgical insertion and/or removal of), transplants, ridge augmentations, socket preservation and any appliances and/or crowns attached to implants;
16. general anesthesia; including intravenous and inhalation sedation, except when of Dental 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 condition.
 - Written documentation of the medical condition necessitating use of general anesthesia or intravenous or sedation must be provided by a physician (M.D.) to the Dental Center.
 - Patient apprehension or patient anxiety will not constitute Dental 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 Dental Necessity;
17. removal of 3rd molar (wisdom teeth) other than for Dental Necessity. Dental necessity 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 dental necessity;
18. services of Prosthodontists;
19. referral of a Dependent child age 6 and over to a Pedodontist (specialist in children's dentistry), unless the child is mentally disabled and will not allow the general dentist to treat after two attempts. All such exceptions must be approved by a contracted Dental Plan Administrator;
20. treatment as a result of accidental injury, including setting of fractures or dislocation;
21. charges for second opinions, unless previously authorized by the contracted Dental Plan Administrator;
22. 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;
23. 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;
24. 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;
25. replacement of lost, missing, stolen or damaged or prosthetic device;
26. services arising from voluntary self - inflicted injury or illness, whether the patient is sane or insane;
27. house calls for dental services;
28. training and/or appliances to correct or control harmful habits, including, but not limited to, muscle training therapy (myofunctional therapy);

**BLUE SHIELD OF CA DHMO
GENERAL LIMITATIONS AND EXCLUSIONS
EXHIBIT 2-A-i**

29. 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;
30. temporary dental services. Charges for temporary services are considered an integral part of the final dental service and will not be separately payable;
31. replacement of existing crowns, bridges or dentures that are less than 5 years old;
32. duplicate dentures, prosthetic devices or any other duplicate appliance.

Blue Shield of California Customer Service 1-888-679-8928		BSC 65 Plus Optional Supplemental	BSC 65 Plus Optional Supplemental SCFG00000275	Pacific Union Dental / Blue Shield CA Hi-Option SCFG00000160	BSC 65 Plus Choice Embedded Discount SFSG00000054
Pacific Union Dental Customer Service 1-888-271-4929					
	Agreement ID:				
	Specialty Referral Process:		Direct	Pre-Auth	No Specialty
	Minimum Guarantee:		YES	NO	NO
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment
I. DIAGNOSTIC					
D0120	periodic oral evaluation – established patient		0	0	0**
D0140	limited oral evaluation – problem focused		0	0	5
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver		0	5	NTCV
D0150	comprehensive oral evaluation – new or established patient		5	5	16
D0160	detailed and extensive oral evaluation – problem focused, by report		0	0	5
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)		0	0	5
D0171	re-evaluation – post-operative office visit		3	3	10
D0180	comprehensive periodontal evaluation – new or established patient		5	5	15
D0190	screening of a patient		NTCV	3	NTCV
D0191	assessment of a patient		NTCV	3	NTCV
D0210	intraoral – complete series of radiographic images		0	0	5
D0220	intraoral – periapical first radiographic image		0	0	0
D0230	intraoral – periapical each additional radiographic image		0	0	0
D0240	intraoral – occlusal radiographic image		0	0	0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector		0	0	0
D0251	extra-oral posterior dental radiographic image		0	0	0
D0270	bitewing – single radiographic image		0	0	0
D0272	bitewings – two radiographic images		0	0	0
D0273	bitewings – three radiographic images		0	0	0
D0274	bitewings – four radiographic images		0	0	0
D0277	vertical bitewings – 7 to 8 radiographic images		0	0	0
D0330	panoramic radiographic image		0	0	10
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		NTCV	3	NTCV
D0418	analysis of saliva sample		NTCV	0	NTCV
D0460	pulp vitality tests		0	0	5
D0470	diagnostic casts		10	10	15
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum		NTCV	0	NTCV
D0601	caries risk assessment and documentation, with a finding of low risk		0	0	5
D0602	caries risk assessment and documentation, with a finding of moderate risk		0	0	5
D0603	caries risk assessment and documentation, with a finding of high risk		0	0	5

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Pacific Union Dental Customer Service 1-888-271-4929					
Agreement ID:					
Specialty Referral Process:			Direct	Pre-Auth	No Specialty
Minimum Guarantee:			YES	NO	NO
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment
**The plan will reimburse \$5 for D0120 Periodic Oral Evaluation upon receipt of a claim in the respective amount. Only for Agreement ID SFSG00000054.					
II. PREVENTIVE					
D1110	prophylaxis – adult		5	5	0**
D1206	topical application of fluoride varnish		0	NTCV	5
D1310	nutritional counseling for control of dental disease		0	0	0
D1330	oral hygiene instructions		0	0	0
D1351	sealant – per tooth		5	5	15
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth		NTCV	5	NTCV
D1353	sealant repair – per tooth		5	5	NTCV
D1510	space maintainer – fixed, unilateral		25	25	40
D1516	space maintainer – fixed – bilateral, maxillary		33	33	80
D1517	space maintainer – fixed – bilateral, mandibular		33	33	80
D1520	space maintainer – removable – unilateral		20	20	50
D1526	space maintainer – removable – bilateral, maxillary		20	20	70
D1527	space maintainer – removable – bilateral, mandibular		20	20	70
D1550	re-cement or re-bond space maintainer		7	7	9
D1555	removal of fixed space maintainer		8	7	11
D1575	distal shoe space maintainer – fixed – unilateral		25	25	40
**The plan will reimburse \$20 for D1110 Adult Prophylaxis upon receipt of a claim in the respective amount. Only for Agreement ID SFSG00000054.					
III. RESTORATIVE					
<ul style="list-style-type: none"> • If noble or high noble metals are used for fillings, crowns, bridges, or prosthetic devices, there will be an additional charge based on the amount of metal used. The Member is responsible for applicable copayments and the cost of the noble metals. • Cosmetic crowns (such as resin-based, noble metals, and porcelain) and pontics are not a covered benefit for molar teeth. Crowns on molar teeth are limited to base metal materials. 					
D2140	amalgam – one surface, primary or permanent	10	8	8	25
D2150	amalgam – two surfaces, primary or permanent	15	10	10	30
D2160	amalgam – three surfaces, primary or permanent	20	15	15	40
D2161	amalgam – four or more surfaces, primary or permanent	25	18	18	55
D2330	resin-based composite – one surface, anterior	15	11	11	40
D2331	resin-based composite – two surfaces, anterior	20	17	17	45
D2332	resin-based composite – three surfaces, anterior	25	19	19	50
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	30	19	19	65
D2510	inlay – metallic – one surface		50	50	NTCV

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Pacific Union Dental Customer Service 1-888-271-4929					
Agreement ID:					
Specialty Referral Process:			Direct	Pre-Auth	No Specialty
Minimum Guarantee:			YES	NO	NO
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment
D2520	inlay – metallic – two surfaces		70	70	NTCV
D2530	inlay – metallic – three or more surfaces		90	90	NTCV
D2543	onlay – metallic – three surfaces		110	110	NTCV
D2544	onlay – metallic – four or more surfaces		115	115	NTCV
D2710	crown – resin-based composite (indirect)		95	95	115
D2712	crown – ¾ resin-based composite (indirect)		95	95	115
D2720	crown – resin with high noble metal	300	122	122	185
D2721	crown – resin with predominantly base metal	300	122	122	185
D2722	crown – resin with noble metal	300	122	122	185
D2740	crown – porcelain/ceramic	300	275	275	335
D2750	crown – porcelain fused to high noble metal	300	275	275	430
D2751	crown – porcelain fused to predominantly base metal	300	275	275	430
D2752	crown – porcelain fused to noble metal	300	275	275	430
D2780	crown – ¾ cast high noble metal		275	275	430
D2781	crown – ¾ cast predominantly base metal		275	275	430
D2782	crown – ¾ cast noble metal		275	275	430
D2790	crown – full cast high noble metal	300	275	275	430
D2791	crown – full cast predominantly base metal	300	275	275	430
D2792	crown – full cast noble metal	300	275	275	430
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		10	10	19
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core		10	10	19
D2920	re-cement or re-bond crown		10	10	25
D2940	protective restoration		0	0	20
D2941	interim therapeutic restoration – primary dentition		0	0	NTCV
D2950	core buildup, including any pins when required		30	30	NTCV
D2951	pin retention – per tooth, in addition to restoration		5	5	20
D2952	post and core in addition to crown, indirectly fabricated		60	60	100
D2953	each additional indirectly fabricated post – same tooth		NTCV	NTCV	100
D2954	prefabricated post and core in addition to crown		35	35	100
D2960	labial veneer (resin laminate) – chairside		73	73	NTCV
D2961	labial veneer (resin laminate) – laboratory		122	122	NTCV
D2962	labial veneer (porcelain laminate) – laboratory		295	295	NTCV

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NTCV = Not Covered

Blue Shield of California Customer Service 1-888-679-8928		BSC 65 Plus Optional Supplemental	BSC 65 Plus Optional Supplemental SCFG00000275	Pacific Union Dental / Blue Shield CA Hi-Option SCFG00000160	BSC 65 Plus Choice Embedded Discount SFSG00000054
Pacific Union Dental Customer Service 1-888-271-4929					
Agreement ID:					
Specialty Referral Process:			Direct	Pre-Auth	No Specialty
Minimum Guarantee:			YES	NO	NO
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment
D2983	veneer repair necessitated by restorative material failure		NTCV	295	NTCV
D2990	resin infiltration of incipient smooth surface lesions		NTCV	0	NTCV
IV. ENDODONTICS					
• BSC 65 Plus Optional Supplemental plan: For CDT codes D3310 – D3348, the higher member copayment applies only if the procedure is performed by a specialist.					
D3110	pulp cap – direct (excluding final restoration)		5	5	25
D3120	pulp cap – indirect (excluding final restoration)		5	5	25
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		NTCV	0	NTCV
D3310	endodontic therapy, anterior tooth (excluding final restoration)	250	195 / 268	195	240
D3320	endodontic therapy, premolar tooth (excluding final restoration)	350	250 / 332	250	297
D3330	endodontic therapy, molar tooth (excluding final restoration)	450	335 / 425	335	373
D3346	retreatment of previous root canal therapy – anterior		195 / 268	195	240
D3347	retreatment of previous root canal therapy – premolar		250 / 332	250	297
D3348	retreatment of previous root canal therapy – molar		335 / 425	335	373
D3410	apicoectomy – anterior		100	100	NTCV
D3421	apicoectomy – premolar (first root)		195	195	NTCV
D3425	apicoectomy – molar (first root)		295	295	NTCV
D3426	apicoectomy (each additional root)		120	120	NTCV
D3427	periradicular surgery without apicoectomy		120	120	NTCV
D3430	retrograde filling – per root		120	120	NTCV
V. PERIODONTICS					
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant		100	100	NTCV
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant		20	20	NTCV
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant		168	168	NTCV
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant		112	112	NTCV
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		293	293	NTCV
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		195	195	NTCV

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Pacific Union Dental Customer Service 1-888-271-4929					
Agreement ID:					
Specialty Referral Process:			Direct	Pre-Auth	No Specialty
Minimum Guarantee:			YES	NO	NO
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		168	168	NTCV
D4341	periodontal scaling and root planing – four or more teeth per quadrant		45	45	60
D4342	periodontal scaling and root planing – one to three teeth per quadrant		45	45	60
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		20	20	40
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit		40	40	50
D4910	periodontal maintenance		20	20	40
D4921	gingival irrigation - per quadrant		NTCV	0	NTCV
VI. PROSTHODONTICS (REMOVABLE)					
<ul style="list-style-type: none"> Removable or fixed prosthodontics such as complete dentures, removable partial dentures and bridgework are performed by a contracted general dentist. Prosthodontic specialists are not included in the contracted network. BSC 65 Plus Optional Supplemental plan: The plan will reimburse your office \$125 for CDT code D5214. 					
D5110	complete denture – maxillary	350	285	285	475
D5120	complete denture – mandibular	350	285	285	475
D5130	immediate denture – maxillary	350	285	285	475
D5140	immediate denture – mandibular	350	285	285	475
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	350	149	149	340
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	350	149	149	340
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350	310	310	525
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350	310	310	525
D5282	removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary		185	185	350
D5283	removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular		185	185	350
D5410	adjust complete denture – maxillary		10	10	28
D5411	adjust complete denture – mandibular		10	10	28
D5421	adjust partial denture – maxillary		10	10	28
D5422	adjust partial denture – mandibular		10	10	28
D5511	repair broken complete denture base, mandibular		10	10	45
D5512	repair broken complete denture base, maxillary		10	10	45
D5520	replace missing or broken teeth – complete denture (each tooth)		21	21	30

*DBP will pay your office the difference between the Minimum Guarantee listed above and the Member's Copay for the BSC 65 Plus Optional Supplemental plan.



Blue Shield of California Customer Service 1-888-679-8928		BSC 65 Plus Optional Supplemental	BSC 65 Plus Optional Supplemental SCFG00000275	Pacific Union Dental / Blue Shield CA Hi-Option SCFG00000160	BSC 65 Plus Choice Embedded Discount SFSG00000054
Pacific Union Dental Customer Service 1-888-271-4929					
Agreement ID:					
Specialty Referral Process:			Direct	Pre-Auth	No Specialty
Minimum Guarantee:			YES	NO	NO
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment
D5611	repair resin partial denture base, mandibular		10	10	45
D5612	repair resin partial denture base, maxillary		10	10	45
D5621	repair cast partial framework, mandibular		22	10	45
D5622	repair cast partial framework, maxillary		10	10	45
D5630	repair or replace broken clasp – per tooth		25	25	50
D5640	replace broken teeth – per tooth		27	27	45
D5650	add tooth to existing partial denture		25	25	45
D5660	add clasp to existing partial denture – per tooth		33	33	49
D5670	replace all teeth and acrylic on cast metal framework (maxillary)		134	134	306
D5671	replace all teeth and acrylic on cast metal framework (mandibular)		134	134	306
D5710	rebase complete maxillary denture		75	75	135
D5711	rebase complete mandibular denture		75	75	135
D5720	rebase maxillary partial denture		67	67	95
D5721	rebase mandibular partial denture		67	67	95
D5730	reline complete maxillary denture (chairside)		35	35	95
D5731	reline complete mandibular denture (chairside)		35	35	95
D5740	reline maxillary partial denture (chairside)		35	35	95
D5741	reline mandibular partial denture (chairside)		35	35	95
D5750	reline complete maxillary denture (laboratory)		59	59	150
D5751	reline complete mandibular denture (laboratory)		59	59	150
D5760	reline maxillary partial denture (laboratory)		59	59	140
D5761	reline mandibular partial denture (laboratory)		59	59	140
D5810	interim complete denture (maxillary)		145	145	NTCV
D5811	interim complete denture (mandibular)		145	145	NTCV
D5850	tissue conditioning, maxillary		28	28	35
D5851	tissue conditioning, mandibular		28	28	35
D5863	overdenture - complete maxillary		285	285	475
D5864	overdenture - complete mandibular		285	285	475
D5865	overdenture - partial maxillary		310	310	525
D5866	overdenture - partial mandibular		310	310	525
D5876	add metal substructure to acrylic full denture (per arch)		75	75	135

IX. PROSTHODONTICS, FIXED

*DBP will pay your office the difference between the Minimum Guarantee listed above and the Member's Copay for the BSC 65 Plus Optional Supplemental plan.

NTCV = Not Covered



Blue Shield of California Customer Service 1-888-679-8928		BSC 65 Plus Optional Supplemental	BSC 65 Plus Optional Supplemental SCFG00000275	Pacific Union Dental / Blue Shield CA Hi-Option SCFG00000160	BSC 65 Plus Choice Embedded Discount SFSG00000054
Pacific Union Dental Customer Service 1-888-271-4929					
Agreement ID:					
Specialty Referral Process:			Direct	Pre-Auth	No Specialty
Minimum Guarantee:			YES	NO	NO
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment
<ul style="list-style-type: none"> • If noble or high noble metals are used for fillings, crowns, bridges, or prosthetic devices, there will be an additional charge based on the amount of metal used. The Member is responsible for applicable copayments and the cost of the noble metals. • Cosmetic crowns (such as resin-based, noble metals, and porcelain) and pontics are not a covered benefit for molar teeth. Crowns on molar teeth are limited to base metal materials. 					
D6205	pontic – indirect resin based composite		150	150	177
D6210	pontic – cast high noble metal	300	210	210	311
D6211	pontic – cast predominantly base metal	300	210	210	311
D6212	pontic – cast noble metal	300	210	210	311
D6240	pontic – porcelain fused to high noble metal	300	210	210	299
D6241	pontic – porcelain fused to predominantly base metal	300	210	210	299
D6242	pontic – porcelain fused to noble metal	300	210	210	299
D6250	pontic – resin with high noble metal	300	210	210	177
D6251	pontic – resin with predominantly base metal	300	210	210	177
D6252	pontic – resin with noble metal	300	210	210	177
D6602	retainer inlay – cast high noble metal, two surfaces		70	70	NTCV
D6603	retainer inlay – cast high noble metal, three or more surfaces		90	90	NTCV
D6604	retainer inlay – cast predominantly base metal, two surfaces		70	70	NTCV
D6605	retainer inlay – cast predominantly base metal, three or more surfaces		90	90	NTCV
D6606	retainer inlay – cast noble metal, two surfaces		70	70	NTCV
D6607	retainer inlay – cast noble metal, three or more surfaces		90	90	NTCV
D6610	retainer onlay – cast high noble metal, two surfaces		275	275	NTCV
D6611	retainer onlay – cast high noble metal, three or more surfaces		275	275	NTCV
D6612	retainer onlay – cast predominantly base metal, two surfaces		275	275	NTCV
D6613	retainer onlay – cast predominantly base metal, three or more surfaces		275	275	NTCV
D6614	retainer onlay – cast noble metal, two surfaces		275	275	NTCV
D6615	retainer onlay – cast noble metal, three or more surfaces		275	275	NTCV
D6710	retainer crown – indirect resin based composite		275	275	185
D6720	retainer crown – resin with high noble metal	300	275	275	185
D6721	retainer crown – resin with predominantly base metal	300	275	275	185
D6722	retainer crown – resin with noble metal	300	275	275	185
D6750	retainer crown – porcelain fused to high noble metal	300	275	275	299
D6751	retainer crown – porcelain fused to predominantly base metal	300	275	275	299
D6752	retainer crown – porcelain fused to noble metal	300	275	275	299

*DBP will pay your office the difference between the Minimum Guarantee listed above and the Member's Copay for the BSC 65 Plus Optional Supplemental plan.

Blue Shield of California Customer Service 1-888-679-8928		BSC 65 Plus Optional Supplemental	BSC 65 Plus Optional Supplemental SCFG00000275	Pacific Union Dental / Blue Shield CA Hi-Option SCFG00000160	BSC 65 Plus Choice Embedded Discount SFSG00000054
Pacific Union Dental Customer Service 1-888-271-4929					
	Agreement ID:				
	Specialty Referral Process:		Direct	Pre-Auth	No Specialty
	Minimum Guarantee:		YES	NO	NO
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment
D6780	retainer crown – ¾ cast high noble metal		275	275	291
D6781	retainer crown – ¾ cast predominantly base metal		275	275	430
D6782	retainer crown – ¾ cast noble metal		275	275	430
D6790	retainer crown – full cast high noble metal	300	275	275	291
D6791	retainer crown – full cast predominantly base metal	300	275	275	291
D6792	retainer crown – full cast noble metal	300	275	275	291
D6930	re-cement or re-bond fixed partial denture		12	12	40
X. ORAL AND MAXILLOFACIAL SURGERY					
D7111	extraction, coronal remnants – primary tooth		10	10	23
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)		15	15	35
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		30	30	60
D7220	removal of impacted tooth – soft tissue		40	40	80
D7230	removal of impacted tooth – partially bony		50	50	NTCV
D7240	removal of impacted tooth – completely bony		80	80	NTCV
D7250	removal of residual tooth roots (cutting procedure)		60	60	NTCV
D7251	coronectomy – intentional partial tooth removal		NTCV	60	NTCV
D7285	incisional biopsy of oral tissue – hard (bone, tooth)		30	30	NTCV
D7286	incisional biopsy of oral tissue – soft		70	70	NTCV
D7287	exfoliative cytological sample collection		15	15	NTCV
D7288	brush biopsy – transepithelial sample collection		30	30	NTCV
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		75	75	NTCV
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		75	75	NTCV
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		70	70	NTCV
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		70	70	NTCV
D7471	removal of lateral exostosis (maxilla or mandible)		94	94	NTCV
D7510	incision and drainage of abscess – intraoral soft tissue		19	19	80
D7511	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		19	19	80
D7520	incision and drainage of abscess – extraoral soft tissue		19	19	80
D7521	incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		19	19	80

*DBP will pay your office the difference between the Minimum Guarantee listed above and the Member's Copay for the BSC 65 Plus Optional Supplemental plan.

NTCV = Not Covered

**BLUE SHIELD OF CA AND PACIFIC UNION DENTAL DHMO / DISCOUNT PLANS
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2-A-i - PART IV**



Dental Benefit Providers*

Blue Shield of California Customer Service 1-888-679-8928		BSC 65 Plus Optional Supplemental	BSC 65 Plus Optional Supplemental SCFG00000275	Pacific Union Dental / Blue Shield CA Hi-Option SCFG00000160	BSC 65 Plus Choice Embedded Discount SFSG00000054
Pacific Union Dental Customer Service 1-888-271-4929					
Agreement ID:					
Specialty Referral Process:			Direct	Pre-Auth	No Specialty
Minimum Guarantee:			YES	NO	NO
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment	Member Copayment	Member Copayment
D7881	occlusal orthotic device adjustment		NTCV	10	NTCV
D7970	excision of hyperplastic tissue – per arch		71	71	NTCV
XII. ADJUNCTIVE GENERAL SERVICES					
D9110	palliative (emergency) treatment of dental pain – minor procedure		8	8	35
D9120	fixed partial denture sectioning		24	12	80
D9215	local anesthesia in conjunction with operative or surgical procedures		0	0	0
D9219	evaluation for deep sedation or general anesthesia		0	0	NTCV
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician		0	0	NTCV
D9311	consultation with a medical health care professional		3	3	10
D9430	office visit for observation (during regularly scheduled hours) – no other services performed		3	3	10
D9440	office visit – after regularly scheduled hours		25	25	50
D9450	case presentation, detailed and extensive treatment planning		0	0	0
D9943	occlusal guard adjustment		10	10	28
D9951	occlusal adjustment – limited		0	0	25
D9995	teledentistry – synchronous; real-time encounter		0	0	5
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review		0	0	5

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.

*DBP will pay your office the difference between the Minimum Guarantee listed above and the Member's Copay for the BSC 65 Plus Optional Supplemental plan.

NTCV = Not Covered

**65 PLUS CHOICE EMBEDDED DISCOUNT
65 PLUS OPTIONAL SUPPLEMENTAL / HIGH-OPTION (DENTAL PLUS) PLANS
GENERAL LIMITATIONS AND EXCLUSIONS
EXHIBIT 2-A-i**



**Dental Benefit
Providers***

PART IV: LIMITATION OF BENEFITS

Except as noted below, the following limitations apply to all plans, unless otherwise noted.

1. Blue Shield High-Option & 65 Plus Optional Supplemental plans only: The maximum for specialty care is \$1000 per Calendar Year.
2. Blue Shield High-Option & 65 Plus Optional Supplemental plans only: Referral to a dental specialist is limited to only those procedures that cannot be performed by a contracted general dentist, as determined by the DBP-CA Dental Director.
3. Blue Shield High-Option & 65 Plus Optional Supplemental plans only: Treatment for individuals with medical or other barriers to receiving dental care in a DBP-CA office or who have mental or behavioral limitations that affect the provider's ability to render appropriate dental care in a DBP-CA office is also excluded.
4. Prophylaxis is limited to one treatment every 6 months (includes periodontal maintenance following active therapy).
5. Crowns, bridges and dentures (including immediate dentures) may be replaced no earlier than 5 years after initial placement regardless of payor. Adjustments to crowns, bridges and dentures are included in the coverage for the appliance for the first 6 months after initial placement.
6. Partial dentures (including interim partial dentures, resin-based partial dentures and metal-framework partial dentures) can only be replaced 5 years after initial placement, unless replacement is due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
7. Denture relines are limited to one per denture (including immediate dentures) every twelve (12) months.
8. Replacement will be provided for an existing denture, partial denture or bridge only if it is unsatisfactory and cannot be made satisfactory by reline or repair.
9. Non- surgical periodontal treatments (including but not limited to root planing/subgingival curettage) are limited to four quadrants during any 12 consecutive months. Surgical procedures are limited to one treatment per quadrant or area during any 36 consecutive months.
10. Full mouth debridement (gross scale) is limited to one treatment in any 24 consecutive month period.
11. Bitewing X-rays are limited to one series in any six-month period.
12. Full mouth X-rays and/or panoramic type films are limited to one set every 24 consecutive months. A full mouth X-ray series is defined as a minimum of 6 periapical films plus bitewing X-rays.
13. Single-unit cast metal and/or ceramic restorations and crowns are covered only when the member is 17 years of age or older, and the tooth cannot be adequately restored with other restorative materials. Crown build-ups, including pins, are only allowable as a separate procedure when extensive tooth structure is lost and the need for a substructure can be demonstrated by written report and X-rays. An allowance is made for pre-fabricated crown for children 16 and under.
14. Cosmetic Dental Care is limited to composite restorations on posterior teeth when a DBP-CA Dentist determines the treatment is appropriate dental care. Composite restorations will be covered on premolar facial surfaces. Crowns on molar teeth are limited to metal materials. The use of porcelain on molar teeth is considered cosmetic. All other cosmetic procedures are excluded from coverage.
15. The plan benefits cast restorations using predominantly base metal. If the member requests noble or high noble metal be used (for example, gold, semi-precious metals, etc.), the member may be charged a surcharge based on the increase in laboratory charge for such metals.

PART IV: EXCLUSION OF BENEFITS

Except as noted below, the following exclusions apply to all plans, unless otherwise noted.

1. BSC 65 Plus Choice Embedded Discount plan only: Specialty dental care is not covered.
2. Blue Shield High-Option & 65 Plus Optional Supplemental plans only: Treatment for individuals with medical or other barriers to receiving dental care in a DBP-CA office or who have mental or behavioral limitations that affect the provider's ability to render appropriate dental care in a DBP-CA office is also excluded.
3. Care provided by a prosthodontist specialist is not covered.
4. Dental services received from any dentist other than a DBP-CA participating dentist, unless expressly authorized in writing by DBP-CA, are excluded from coverage.
5. General anesthesia and the services of a special anesthesiologist, intravenous and inhalation sedation, and prescription drugs for dental procedures are excluded from coverage.

**65 PLUS CHOICE EMBEDDED DISCOUNT
65 PLUS OPTIONAL SUPPLEMENTAL / HIGH-OPTION (DENTAL PLUS) PLANS
GENERAL LIMITATIONS AND EXCLUSIONS
EXHIBIT 2-A-i**



**Dental Benefit
Providers***

6. Replacement of lost or stolen fixed and removable dental prosthetics (crowns, bridges, full or partial dentures) regardless of payor is excluded from coverage.
7. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage, and dental expenses incurred for treatment in progress prior to Member's eligibility with DBP-CA (for example, teeth prepared for crowns, root canals in progress, fixed and removable prosthetics) are not covered. Crowns, bridges or dentures started in one office (while under DBP-CA coverage) are considered "in progress" until delivered. Additional benefits will not be provided for such treatment in progress.
8. The Covered Dental Procedures or the Routine Dental Benefits Procedures charts are the definitive statement of coverage and supersedes all other materials. Any dental service that is not specifically listed as a covered benefit is excluded from coverage, regardless of any other written material presented or implied.
9. Dispensing of drugs that are not associated with a course of dental care, such as medicinal irrigation, locally administered antibiotics and prescription drugs are excluded from coverage.
10. Services for which it is the professional opinion of the DBP-CA attending dentist or the Dental Director that a satisfactory result cannot be obtained, or the prognosis is poor or guarded (i.e., without a minimum service expectancy of 3 years, are excluded from coverage).
11. Removal of asymptomatic teeth, non-pathologic teeth; extractions for orthodontic purposes; surgical orthognathic procedures; and crown exposure are excluded from coverage. Third-molar ("wisdom teeth") extraction is limited to only those instances where the teeth cannot be treated in a more conservative manner.
12. Implant placement or removal, appliances placed on, or services associated with dental implants, including, but not limited to prophylaxis and periodontal treatment, are not covered.
13. Crown lengthening procedures are not covered.
14. Replacement of longstanding missing teeth in an otherwise stable dentition is excluded from coverage. (For Example: teeth missing two years or longer, not currently replaced, and where adjacent and opposing teeth are in occlusion.)
15. Dental conditions arising out of, and due to, the Member's employment or for which Workers' Compensations is payable, or any other third-party is liable are excluded from coverage. Services that are provided to the Member by state government or a state agency, or are provided without cost to the Member by any municipality, county, or subdivision, except as provided in Section 1373(a) of the California Health and Safety Code, are not covered.
16. Benefits do not include splinting, hemisection, implants, overdentures, grafting (unless otherwise stated), guided tissue regeneration, all-ceramic cast restorations, precision attachments, duplicate dentures, and appliances for the treatment of bruxism.
17. Pathology reports are excluded from coverage.
18. Dental services and any related fees performed in a treatment facility other than the contracted provider's office (i.e., hospital, ambulatory facility, outpatient clinic, surgical center, etc.).
19. Treatment/removal of malignancies, cysts, tumors, or neoplasms.
20. Dental treatment for crowns, bridges and/or dentures to restore tooth structure lost as a result of accidental injury. Accidental dental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from external forces to the mouth. Treatment for all accident-related services payable by another liability carrier, other than a dental plan.
21. Dental services and treatments for restoring tooth structure loss from abnormal or excessive wear or attrition, abrasion, abfraction, bruxism, and/or erosion, except when due to normal masticatory function; changing or restoring vertical dimension, or occlusion, and full mouth reconstruction, diagnosis and/or treatment of the temporomandibular joint (TMJ) are not covered.
22. Treatment of fractures and dislocations of the jaws.
23. Dental procedures, appliances, or restorations to correct congenitally and/or developmentally missing teeth or other congenital and/or developmental conditions, developmental malformations (including, but not limited to cleft palate, enamel hypoplasia, fluorosis, jaw malformations, and anodontia) and supernumerary teeth are not covered.
24. Procedures which are principally cosmetic in nature such as bleaching, veneers, use of porcelain on molar teeth, personalization and characterization of dentures.

**65 PLUS CHOICE EMBEDDED DISCOUNT
65 PLUS OPTIONAL SUPPLEMENTAL / HIGH-OPTION (DENTAL PLUS) PLANS
GENERAL LIMITATIONS AND EXCLUSIONS
EXHIBIT 2-A-i**



**Dental Benefit
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25. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage, and dental expenses incurred for treatment in progress prior to member's eligibility with Blue Shield 65 Plus Choice Plan (for example: teeth prepared for crowns, root canals in progress, fixed and removable prosthetics) are not covered. 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 is 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.
26. Dental services such as crowns, bridges or dentures started in one office (while the member is covered by the Blue Shield 65 Plus Choice Plan optional supplemental dental HMO plan) are considered "in progress" until delivered. Additional benefits will not be provided for such treatment in progress.

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 EHB DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2-A-i - PART V



Dental Benefit Providers*

Customer Service Telephone Number 1-800-286-7401			EHB Plan
		Agreement ID:	SCFG00000272 SCFG00000273 SCFG00000282 SCFG06990ST1
		Specialty Referral Process: *Medically Necessary Orthodontic Treatment Requests must be Pre-Authorized	Direct*
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D0999	Office Visit	2	0
I. DIAGNOSTIC			
D0120	periodic oral evaluation – established patient		0
D0140	limited oral evaluation – problem focused		0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver		0
D0150	comprehensive oral evaluation – new or established patient		0
D0160	detailed and extensive oral evaluation – problem focused, by report		0
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)		0
D0171	re-evaluation – post-operative office visit		0
D0180	comprehensive periodontal evaluation – new or established patient		0
D0210	intraoral – complete series of radiographic images		0
D0220	intraoral – periapical first radiographic image		0
D0230	intraoral – periapical each additional radiographic image		0
D0240	intraoral – occlusal radiographic image		0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector		0
D0251	extra-oral posterior dental radiographic image		0
D0270	bitewing – single radiographic image		0
D0272	bitewings – two radiographic images		0
D0273	bitewings – three radiographic images		0
D0274	bitewings – four radiographic images		0
D0277	vertical bitewings – 7 to 8 radiographic images		0
D0310	sialography		0
D0320	temporomandibular joint arthrogram, including injection		0
D0322	tomographic survey		0
D0330	panoramic radiographic image		0
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis		0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally		0
D0351	3D photographic image		0
D0460	pulp vitality tests		0

*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 EHB DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2-A-i - PART V



Dental Benefit Providers*

Customer Service Telephone Number 1-800-286-7401			EHB Plan
		Agreement ID:	SCFG00000272 SCFG00000273 SCFG00000282 SCFG06990ST1
		Specialty Referral Process: *Medically Necessary Orthodontic Treatment Requests must be Pre-Authorized	Direct*
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D0470	diagnostic casts		0
D0502	other oral pathology procedures, by report		0
D0601	caries risk assessment and documentation, with a finding of low risk		0
D0602	caries risk assessment and documentation, with a finding of moderate risk		0
D0603	caries risk assessment and documentation, with a finding of high risk		0
II. PREVENTIVE			
D1110	prophylaxis – adult		0
D1120	prophylaxis – child		0
D1206	topical application of fluoride varnish		0
D1208	topical application of fluoride – excluding varnish		0
D1310	nutritional counseling for control of dental disease		0
D1320	tobacco counseling for the control and prevention of oral disease		0
D1330	oral hygiene instructions		0
D1351	sealant – per tooth	13	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	13	0
D1353	sealant repair – per tooth		0
D1354	interim caries arresting medicament application - per tooth		0
D1510	space maintainer – fixed, unilateral	45	0
D1516	space maintainer – fixed – bilateral, maxillary	45	0
D1517	space maintainer – fixed – bilateral, mandibular	45	0
D1520	space maintainer – removable – unilateral	60	0
D1526	space maintainer – removable – bilateral, maxillary	60	0
D1527	space maintainer – removable – bilateral, mandibular	60	0
D1550	re-cement or re-bond space maintainer	20	0
D1555	removal of fixed space maintainer	20	0
D1575	distal shoe space maintainer – fixed – unilateral		0
III. RESTORATIVE			
D2140	amalgam – one surface, primary or permanent		25
D2150	amalgam – two surfaces, primary or permanent	40	30

*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 EHB DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2-A-i - PART V



Dental Benefit Providers*

Customer Service Telephone Number 1-800-286-7401			EHB Plan
		Agreement ID:	SCFG00000272 SCFG00000273 SCFG00000282 SCFG06990ST1
		Specialty Referral Process: *Medically Necessary Orthodontic Treatment Requests must be Pre-Authorized	Direct*
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D2160	amalgam – three surfaces, primary or permanent	55	40
D2161	amalgam – four or more surfaces, primary or permanent	75	45
D2330	resin-based composite – one surface, anterior		30
D2331	resin-based composite – two surfaces, anterior	50	45
D2332	resin-based composite – three surfaces, anterior	70	55
D2335	resin-based composite – four or more surfaces or involving incisal angle (anterior)	85	60
D2390	resin-based composite crown, anterior		50
D2391	resin-based composite – one surface, posterior	55	30
D2392	resin-based composite – two surfaces, posterior	60	40
D2393	resin-based composite – three surfaces, posterior	90	50
D2394	resin-based composite – four or more surfaces, posterior	100	70
D2710	crown – resin-based composite (indirect)	185	140
D2712	crown – ¾ resin-based composite (indirect)		190
D2721	crown – resin with predominantly base metal	400	300
D2740	crown – porcelain/ceramic	405	300
D2751	crown – porcelain fused to predominantly base metal	400	300
D2781	crown – ¾ cast predominantly base metal	355	300
D2783	crown – ¾ porcelain/ceramic	395	310
D2791	crown – full cast predominantly base metal	400	300
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		25
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core		25
D2920	re-cement or re-bond crown		25
D2921	reattachment of tooth fragment, incisal edge or cusp		45
D2929	prefabricated porcelain/ceramic crown – primary tooth		95
D2930	prefabricated stainless steel crown – primary tooth		65
D2931	prefabricated stainless steel crown – permanent tooth		75
D2932	prefabricated resin crown		75
D2933	prefabricated stainless steel crown with resin window		80
D2940	protective restoration		25

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D2941	interim therapeutic restoration – primary dentition		30
D2949	restorative foundation for an indirect restoration		45
D2950	core buildup, including any pins when required	55	20
D2951	pin retention – per tooth, in addition to restoration		25
D2952	post and core in addition to crown, indirectly fabricated		100
D2953	each additional indirectly fabricated post – same tooth	55	30
D2954	prefabricated post and core in addition to crown		90
D2955	post removal		60
D2957	each additional prefabricated post – same tooth		35
D2971	additional procedures to construct new crown under existing partial denture framework	70	35
D2980	crown repair necessitated by restorative material failure		50
IV. ENDODONTICS			
D3110	pulp cap – direct (excluding final restoration)		20
D3120	pulp cap – indirect (excluding final restoration)		25
D3220	therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		40
D3221	pulpal debridement, primary and permanent teeth		40
D3222	partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		60
D3230	pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)		55
D3240	pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)		55
D3310	endodontic therapy, anterior tooth (excluding final restoration)	300	195
D3320	endodontic therapy, premolar tooth (excluding final restoration)	400	235
D3330	endodontic therapy, molar tooth (excluding final restoration)	500	300
D3331	treatment of root canal obstruction; non-surgical access	110	50
D3333	internal root repair of perforation defects	110	80
D3346	retreatment of previous root canal therapy – anterior		240
D3347	retreatment of previous root canal therapy – premolar		295
D3348	retreatment of previous root canal therapy – molar	420	365
D3351	apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	90	85

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D3352	apexification/recalcification – interim medication replacement	90	45
D3410	apicoectomy – anterior		240
D3421	apicoectomy – premolar (first root)		250
D3425	apicoectomy – molar (first root)		275
D3426	apicoectomy (each additional root)		110
D3427	periradicular surgery without apicoectomy		160
D3430	retrograde filling – per root		90
D3910	surgical procedure for isolation of tooth with rubber dam		30
V. PERIODONTICS			
D4210	gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant		150
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	90	50
D4249	clinical crown lengthening – hard tissue		165
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	405	265
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	140
D4265	biologic materials to aid in soft and osseous tissue regeneration		80
D4341	periodontal scaling and root planing – four or more teeth per quadrant	60	55
D4342	periodontal scaling and root planing – one to three teeth per quadrant	55	30
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		220
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	60	40
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		10
D4910	periodontal maintenance	50	30
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)		15
VI. PROSTHODONTICS (REMOVABLE)			
D5110	complete denture – maxillary	450	300
D5120	complete denture – mandibular	450	300
D5130	immediate denture – maxillary	450	300
D5140	immediate denture – mandibular	450	300

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	350	300
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	350	300
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350	335
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	350	335
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	300	275
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	300	275
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	335	330
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	335	330
D5410	adjust complete denture – maxillary		20
D5411	adjust complete denture – mandibular		20
D5421	adjust partial denture – maxillary		20
D5422	adjust partial denture – mandibular		20
D5511	repair broken complete denture base, mandibular		40
D5512	repair broken complete denture base, maxillary		40
D5520	replace missing or broken teeth – complete denture (each tooth)		40
D5611	repair resin partial denture base, mandibular		40
D5612	repair resin partial denture base, maxillary		40
D5621	repair cast partial framework, mandibular		40
D5622	repair cast partial framework, maxillary		40
D5630	repair or replace broken clasp – per tooth		50
D5640	replace broken teeth – per tooth	40	35
D5650	add tooth to existing partial denture	45	35
D5660	add clasp to existing partial denture – per tooth		60
D5730	reline complete maxillary denture (chairside)	75	60
D5731	reline complete mandibular denture (chairside)	75	60
D5740	reline maxillary partial denture (chairside)	75	60
D5741	reline mandibular partial denture (chairside)	75	60
D5750	reline complete maxillary denture (laboratory)	95	90

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D5751	reline complete mandibular denture (laboratory)	95	90
D5760	reline maxillary partial denture (laboratory)	95	80
D5761	reline mandibular partial denture (laboratory)	95	80
D5850	tissue conditioning, maxillary		30
D5851	tissue conditioning, mandibular		30
D5862	precision attachment, by report		90
D5863	overdenture - complete maxillary	450	300
D5864	overdenture - complete mandibular		300
D5865	overdenture - partial maxillary	450	300
D5866	overdenture - partial mandibular		300
D5899	unspecified removable prosthodontic procedure, by report		350
D5911	facial moulage (sectional)		285
D5912	facial moulage (complete)		350
D5913	nasal prosthesis		350
D5914	auricular prosthesis		350
D5915	orbital prosthesis		350
D5916	ocular prosthesis		350
D5919	facial prosthesis		350
D5922	nasal septal prosthesis		350
D5923	ocular prosthesis, interim		350
D5924	cranial prosthesis		350
D5925	facial augmentation implant prosthesis		200
D5926	nasal prosthesis, replacement		200
D5927	auricular prosthesis, replacement		200
D5928	orbital prosthesis, replacement		200
D5929	facial prosthesis, replacement		200
D5931	obturator prosthesis, surgical		350
D5932	obturator prosthesis, definitive		350
D5933	obturator prosthesis, modification		150

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D5934	mandibular resection prosthesis with guide flange		350
D5935	mandibular resection prosthesis without guide flange		350
D5936	obturator prosthesis, interim		350
D5937	trismus appliance (not for TMD treatment)		85
D5951	feeding aid		135
D5952	speech aid prosthesis, pediatric		350
D5953	speech aid prosthesis, adult		350
D5954	palatal augmentation prosthesis		135
D5955	palatal lift prosthesis, definitive		350
D5958	palatal lift prosthesis, interim		350
D5959	palatal lift prosthesis, modification		145
D5960	speech aid prosthesis, modification		145
D5982	surgical stent		70
D5983	radiation carrier		55
D5984	radiation shield		85
D5985	radiation cone locator		135
D5986	fluoride gel carrier		35
D5987	commissure splint		85
D5988	surgical splint		95
D5991	vesiculobullous disease medicament carrier		70
VIII. IMPLANT SERVICES			
D6010	surgical placement of implant body: endosteal implant	1,035	350
D6011	second stage implant surgery	500	350
D6013	surgical placement of a mini-implant	795	350
D6040	surgical placement: eosteal implant	1,035	350
D6050	surgical placement: transosteal implant	1,035	350
D6052	semi-precision attachment abutment		350
D6055	connecting bar – implant supported or abutment supported	390	350
D6056	prefabricated abutment – includes modification and placement	290	135

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D6057	custom fabricated abutment – includes placement	395	180
D6058	abutment supported porcelain/ceramic crown	710	320
D6059	abutment supported porcelain fused to metal crown (high noble metal)	710	315
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	575	295
D6061	abutment supported porcelain fused to metal crown (noble metal)	635	300
D6062	abutment supported cast metal crown (high noble metal)	675	315
D6063	abutment supported cast metal crown (predominantly base metal)	595	300
D6064	abutment supported cast metal crown (noble metal)	620	315
D6065	implant supported porcelain/ceramic crown	740	340
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	720	335
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	730	340
D6068	abutment supported retainer for porcelain/ceramic FPD	680	320
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	705	315
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	630	290
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	680	300
D6072	abutment supported retainer for cast metal FPD (high noble metal)	690	315
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	630	290
D6074	abutment supported retainer for cast metal FPD (noble metal)	670	320
D6075	implant supported retainer for ceramic FPD	740	335
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	705	330
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	665	350
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	80	30
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure		30
D6085	provisional implant crown		300
D6090	repair implant supported prosthesis, by report	130	65
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	200	40
D6092	re-cement or re-bond implant/abutment supported crown	60	25

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	80	35
D6094	abutment supported crown (titanium)	560	295
D6095	repair implant abutment, by report	150	65
D6096	remove broken implant retaining screw		60
D6100	implant removal, by report	250	110
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	925	350
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	925	350
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	925	350
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	925	350
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	925	350
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	925	350
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	925	350
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	925	350
D6190	radiographic/surgical implant index, by report	145	75
D6194	abutment supported retainer crown for FPD – (titanium)	575	265
D6199	unspecified implant procedure, by report		350
IX. PROSTHODONTICS, FIXED			
D6211	pontic – cast predominantly base metal	400	300
D6241	pontic – porcelain fused to predominantly base metal	400	300
D6245	pontic – porcelain/ceramic	400	300
D6251	pontic – resin with predominantly base metal	400	300
D6721	retainer crown – resin with predominantly base metal	400	300
D6740	retainer crown – porcelain/ceramic	400	300
D6751	retainer crown – porcelain fused to predominantly base metal	400	300
D6781	retainer crown – ¾ cast predominantly base metal	330	300
D6783	retainer crown – ¾ porcelain/ceramic	350	300
D6791	retainer crown – full cast predominantly base metal	400	300
D6930	re-cement or re-bond fixed partial denture		40
D6980	fixed partial denture repair necessitated by restorative material failure		95

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
X. ORAL AND MAXILLOFACIAL SURGERY			
D7111	extraction, coronal remnants – primary tooth		40
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)		65
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		120
D7220	removal of impacted tooth – soft tissue		95
D7230	removal of impacted tooth – partially bony		145
D7240	removal of impacted tooth – completely bony		160
D7241	removal of impacted tooth – completely bony, with unusual surgical complications		175
D7250	removal of residual tooth roots (cutting procedure)		80
D7260	oroantral fistula closure		280
D7261	primary closure of a sinus perforation		285
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		185
D7280	exposure of an unerupted tooth		220
D7283	placement of device to facilitate eruption of impacted tooth		85
D7285	incisional biopsy of oral tissue – hard (bone, tooth)		180
D7286	incisional biopsy of oral tissue – soft		110
D7290	surgical repositioning of teeth		185
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report		80
D7310	alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		85
D7311	alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		50
D7320	alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		120
D7321	alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		65
D7340	vestibuloplasty – ridge extension (secondary epithelialization)		350
D7350	vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		350
D7410	excision of benign lesion up to 1.25 cm		75
D7411	excision of benign lesion greater than 1.25 cm	300	115
D7412	excision of benign lesion, complicated	325	175
D7413	excision of malignant lesion up to 1.25 cm		95

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D7414	excision of malignant lesion greater than 1.25 cm		120
D7415	excision of malignant lesion, complicated		255
D7440	excision of malignant tumor – lesion diameter up to 1.25 cm		105
D7441	excision of malignant tumor – lesion diameter greater than 1.25 cm		185
D7450	removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		180
D7451	removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		330
D7460	removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	170	155
D7461	removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		250
D7465	destruction of lesion(s) by physical or chemical method, by report		40
D7471	removal of lateral exostosis (maxilla or mandible)		140
D7472	removal of torus palatinus		145
D7473	removal of torus mandibularis		140
D7485	reduction of osseous tuberosity		105
D7490	radical resection of maxilla or mandible		350
D7510	incision and drainage of abscess – intraoral soft tissue		70
D7511	incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		70
D7520	incision and drainage of abscess – extraoral soft tissue	400	70
D7521	incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	425	80
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue		45
D7540	removal of reaction producing foreign bodies, musculoskeletal system		75
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone		125
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body		235
D7610	maxilla – open reduction (teeth immobilized, if present)		140
D7620	maxilla – closed reduction (teeth immobilized, if present)		250
D7630	mandible – open reduction (teeth immobilized, if present)		350
D7640	mandible – closed reduction (teeth immobilized, if present)		350
D7650	malar and/or zygomatic arch - open reduction		350
D7660	malar and/or zygomatic arch – closed reduction		350
D7670	alveolus – closed reduction, may include stabilization of teeth		170

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D7671	alveolus – open reduction, may include stabilization of teeth		230
D7680	facial bones – complicated reduction with fixation and multiple surgical approaches		350
D7710	maxilla – open reduction		110
D7720	maxilla – closed reduction		180
D7730	mandible – open reduction		350
D7740	mandible – closed reduction		290
D7750	malar and/or zygomatic arch – open reduction		220
D7760	malar and/or zygomatic arch – closed reduction		350
D7770	alveolus – open reduction stabilization of teeth		135
D7771	alveolus, closed reduction stabilization of teeth		160
D7780	facial bones – complicated reduction with fixation and multiple surgical approaches		350
D7810	open reduction of dislocation		350
D7820	closed reduction of dislocation		80
D7830	manipulation under anesthesia		85
D7840	condylectomy		350
D7850	surgical discectomy, with/without implant		350
D7852	disc repair		350
D7854	synovectomy		350
D7856	myotomy		350
D7858	joint reconstruction		350
D7860	arthrotomy		350
D7865	arthroplasty		350
D7870	arthrocentesis		90
D7871	non-arthroscopic lysis and lavage		150
D7872	arthroscopy – diagnosis, with or without biopsy		350
D7873	arthroscopy – surgical: lavage and lysis of adhesions		350
D7874	arthroscopy – surgical: disc repositioning and stabilization		350
D7875	arthroscopy – surgical: synovectomy		350
D7876	arthroscopy – surgical: discectomy		350

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CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D7877	arthroscopy – surgical: debridement		350
D7880	occlusal orthotic device, by report		120
D7881	occlusal orthotic device adjustment	50	30
D7899	unspecified TMD therapy, by report		350
D7910	suture of recent small wounds up to 5 cm		35
D7911	complicated suture – up to 5 cm		55
D7912	complicated suture – greater than 5 cm		130
D7920	skin graft (identify defect covered, location and type of graft)		120
D7940	osteoplasty – for orthognathic deformities		160
D7941	osteotomy – mandibular rami		350
D7943	osteotomy – mandibular rami with bone graft; includes obtaining the graft		350
D7944	osteotomy – segmented or subapical		275
D7945	osteotomy – body of mandible		350
D7946	LeFort I (maxilla – total)		350
D7947	LeFort I (maxilla – segmented)		350
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft		350
D7949	LeFort II or LeFort III – with bone graft		350
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report		190
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach		290
D7952	Sinus augmentation via a vertical approach		175
D7955	repair of maxillofacial soft and/or hard tissue defect		200
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure		120
D7963	frenuloplasty		120
D7970	excision of hyperplastic tissue – per arch		175
D7971	excision of pericoronal gingiva		80
D7972	surgical reduction of fibrous tuberosity	105	100
D7979	non-surgical sialolithotomy		155
D7980	surgical sialolithotomy		155
D7981	excision of salivary gland, by report		120

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NTCV = Not Covered

Customer Service Telephone Number 1-800-286-7401			EHB Plan
		Agreement ID:	SCFG00000272 SCFG00000273 SCFG00000282 SCFG06990ST1
		Specialty Referral Process: *Medically Necessary Orthodontic Treatment Requests must be Pre-Authorized	Direct*
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D7982	sialodochoplasty		215
D7983	closure of salivary fistula		140
D7990	emergency tracheotomy		350
D7991	coronoidectomy		345
D7995	synthetic graft – mandible or facial bones, by report		150
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar		60
XII. ADJUNCTIVE GENERAL SERVICES			
D9110	palliative (emergency) treatment of dental pain – minor procedure		30
D9120	fixed partial denture sectioning		95
D9210	local anesthesia not in conjunction with operative or surgical procedures		10
D9211	regional block anesthesia		20
D9212	trigeminal division block anesthesia		60
D9215	local anesthesia in conjunction with operative or surgical procedures		15
D9222	deep sedation/general anesthesia – first 15 minutes	90	45
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment		45
D9230	inhalation of nitrous oxide/anoxiolysis, analgesia		15
D9239	intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	120	60
D9243	intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment		60
D9248	non-intravenous conscious sedation		65
D9310	consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician		50
D9311	consultation with a medical health care professional		0
D9410	house/extended care facility call		50
D9420	hospital or ambulatory surgical center call		135
D9430	office visit for observation (during regularly scheduled hours) – no other services performed		20
D9440	office visit – after regularly scheduled hours		45
D9610	therapeutic parenteral drug, single administration		30
D9612	therapeutic parenteral drugs, two or more administrations, different medications		40
D9910	application of desensitizing medicament		20
D9930	treatment of complications (post-surgical) – unusual circumstances, by report		35

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NTCV = Not Covered

Customer Service Telephone Number 1-800-286-7401			EHB Plan
		Agreement ID:	SCFG00000272 SCFG00000273 SCFG00000282 SCFG06990ST1
		Specialty Referral Process:	
	Medically Necessary Orthodontic Treatment Requests must be Pre-Authorized		Direct
CDT Code	CDT Description	Minimum Guarantee*	Member Copayment
D9950	occlusion analysis – mounted case		120
D9951	occlusal adjustment – limited		45
D9952	occlusal adjustment – complete		210
XI. ORTHODONTICS			
• Members Orthodontic Copayment is per phase of treatment and subject to plan frequencies, limitations and exclusions			
D8080	comprehensive orthodontic treatment of the adolescent dentition		1,000
D8210	removable appliance therapy		
D8220	fixed appliance therapy		
D8660	pre-orthodontic treatment examination to monitor growth and development		
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))		
D8681	removable orthodontic retainer adjustment		
D8691	repair of orthodontic appliance		
D8692	replacement of lost or broken retainer		
D8693	re-cement or re-bond fixed retainer		
D8694	repair of fixed retainers, includes reattachment		

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NTCV = Not Covered

GENERAL LIMITATIONS & EXCLUSIONS

- 1) Dental services not appearing on the Summary of Benefits or on the Dental Schedule and Limitations Table below;
- 2) Dental services in excess of the limits specified in the Limitations section of this Evidence of Coverage or on the Dental Schedule and Limitations Table below;
- 3) Services of Dentists or other practitioners of healing arts not associated with the Plan, except upon referral arranged by a Participating Dentist and authorized by the Plan, or when required in a covered emergency;
- 4) Any dental services received or costs that were incurred in connection with any dental procedures started prior to the Member's effective date of coverage. This exclusion does not apply to Covered Services to treat complications arising from services received prior to the Member's effective date of coverage;
- 5) Any dental services received subsequent to the time the Member's coverage ends;
- 6) 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;
- 7) 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;
- 8) Procedures, appliances, or restorations to correct congenital or developmental malformations unless specifically listed in the Summary of Benefits or on the Dental Schedule and Limitations Table below;
- 9) Cosmetic dental care;
- 10) General anesthesia or intravenous/conscious sedation unless specifically listed as a Benefit on the Summary of Benefits or on the Dental Schedule and Limitations Table below or is given by a Dentist for a covered oral surgery;
- 11) Hospital charges of any kind;
- 12) Major surgery for fractures and dislocations;
- 13) Loss or theft of dentures or bridgework;
- 14) Malignancies;
- 15) Dispensing of drugs not normally supplied in a dental office;
- 16) 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;
- 17) The cost of precious metals used in any form of dental Benefits;
- 18) Services of a pedodontist/pediatric Dentist for Member except when a Member child is unable to be treated by his or her Participating Dentist or for Medically Necessary Dental Services or his or her Participating Dentist is a pedodontist/pediatric Dentist;
- 19) Charges for services performed by a close relative or by a person who ordinarily resides in the Member's home;
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
- 20) Benefits;
- 21) Treatment for which payment is made by any governmental agency, including any foreign government;
- 22) Charges for second opinions, unless previously authorized by the Dental Plan Administrator (DPA);
- 23) 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.

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.

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.

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.

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.

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.

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.

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

- 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).

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.

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 be prior authorized.

Medically Necessary orthodontic treatment is limited to the following instances related to an identifiable medical condition. Initial orthodontic examination (D0140) called the Limited Oral Evaluation must be conducted. This examination includes completion and submission of the completed HLD Score Sheet with the Specialty Referral Request Form. The HLD Score Sheet is the preliminary measurement tool used in determining if the Member qualifies for medically necessary orthodontic services.

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 Modification Score Sheet Form, DC016 (06/09) or one of the six automatic qualifying conditions below exist or when there is written documentation of a craniofacial anomaly from a credentialed specialist on their professional letterhead.

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

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



**Dental Benefit
Providers***

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

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Dental Benefit Providers*

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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
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
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		NTCV		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

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EXHIBIT 2-A-i - PART VI



Dental Benefit Providers*

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
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
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

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



**Dental Benefit
Providers***

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
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 prtl coverage rest		25		25
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

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NTCV = Not Covered

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



Dental Benefit Providers*

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
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 prt'l 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	prt'l 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

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Dental Benefit Providers*

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
D3348	retreatment of previous root canal therapy - molar		365		365
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

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BLUE SHIELD OF CA FAMILY DENTAL DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
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Dental Benefit Providers*

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
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
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

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BLUE SHIELD OF CA FAMILY DENTAL DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
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Dental Benefit Providers*

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
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
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

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BLUE SHIELD OF CA FAMILY DENTAL DHMO
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
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Dental Benefit Providers*

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
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
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

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EXHIBIT 2-A-i - PART VI



Dental Benefit Providers*

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Specialty Referral Process:		Prior Authorization		Prior Authorization	
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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
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: eosteal 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

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Dental Benefit Providers*

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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
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
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

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PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2-A-i - PART VI



Dental Benefit Providers*

Customer Service Telephone Number 1-877-885-0254		Family Dental - Adult		Family Dental - Child	
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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
D6093	re-cement/re-bond implant/abut supp fixed prtl 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
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 – porc 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

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



Dental Benefit Providers*

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
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
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

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EXHIBIT 2-A-i - PART VI



Dental Benefit Providers*

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
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
D7290	surgical repositioning of teeth		185		185
D7291	transseptal 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

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EXHIBIT 2-A-i - PART VI



Dental Benefit Providers*

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
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

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EXHIBIT 2-A-i - PART VI



**Dental Benefit
Providers***

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
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
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

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EXHIBIT 2-A-i - PART VI



Dental Benefit Providers*

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
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
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

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EXHIBIT 2-A-i - PART VI**



**Dental Benefit
Providers***

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	
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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
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

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Dental Benefit Providers*

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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
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		NTCV		350
D8210	removable appliance therapy				
D8220	fixed appliance therapy				
D8660	pre-orthodontic tx exam - monitor growth & development				
D8670	periodic orthodontic treatment visit				
D8680	orthodontic retention - rem appliances - place of retainer(s)				
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

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CDT Code	CDT Abbreviated Description	Minimum Guarantee	Member Copayment	Minimum Guarantee	Member Copayment
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
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

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.

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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;
- 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 consultants
- 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;
- 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)

- 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 be

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

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.

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 ELITE DHMO PLANS
PRINCIPLE BENEFITS AND COVERAGES - MEMBER COPAYMENTS
EXHIBIT 2-A-i - PART VII



**Dental Benefit
Providers***

		Agreement ID:	SCFG000743T3	SCFG000744T3
CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
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		0	0
D0150	comprehensive oral evaluation - new or established patient		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
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
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
D0330	panoramic radiographic image		0	0
D0350	2D oral/facial photographic images - intraoral or extraoral		0	0
D0460	pulp vitality tests		0	0
D0470	diagnostic casts		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	0
D0702	2-D ceph. radiographic image, capture only		0	0
D0703	2-D oral/facial photo. Intra/extra orally, capture only		0	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

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CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
II. PREVENTIVE				
D1110	prophylaxis - adult		0	0
D1110	prophylaxis - adult (additional within the consecutive 12-month period)		45	45
D1120	prophylaxis - child		0	0
D1120	prophylaxis - child (additional within the consecutive 12-month period)		35	35
D1206	topical application of fluoride varnish		5	5
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
D1330	oral hygiene instructions		0	0
D1351	sealant - per tooth		0	0
D1352	prevent resin restor/mod-high caries risk pt – perm tth		0	0
D1353	sealant repair – per tooth		0	0
D1354	application of caries arresting medicament – per tooth		0	0
D1355	caries preventive medicament application – per tooth		0	0
D1510	space maintainer – fixed, unilateral		35	35
D1516	space maintainer - fixed - bilateral, maxillary		45	45
D1517	space maintainer - fixed - bilateral, mandibular		45	45
D1520	space maintainer – removable – unilateral		35	35
D1526	space maintainer - removable - bilateral, maxillary		55	55
D1527	space maintainer - removable - bilateral, mandibular		55	55
D1575	distal shoe space maintainer – fixed – unilateral		35	35
III. RESTORATIVE				
D2140	amalgam - one surface, primary or permanent	25	0	0
D2150	amalgam - two surfaces, primary or permanent	40	0	0
D2160	amalgam - three surfaces, primary or permanent	55	0	0
D2161	amalgam - four or more surfaces, primary or permanent	75	0	0
D2330	resin-based composite - one surface, anterior	30	0	10
D2331	resin-based composite - two surfaces, anterior	50	0	12
D2332	resin-based composite - three surfaces, anterior	70	0	14
D2335	resin-based comp - 4 or more surfaces or incisal angle (ant)	85	0	20
D2390	resin-based composite crown, anterior		50	75

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CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
D2391	resin-based composite - one surface, posterior		65	65
D2392	resin-based composite - two surfaces, posterior		85	85
D2393	resin-based composite - three surfaces, posterior		100	100
D2394	resin-based composite - four or more surfaces, posterior		120	120
D2510	inlay – metallic – one surface		80	85
D2520	inlay – metallic – two surfaces		85	90
D2530	inlay – metallic – three or more surfaces		90	95
D2542	onlay – metallic – two surfaces		85	90
D2543	onlay – metallic – three surfaces		90	95
D2544	onlay – metallic – four or more surfaces		95	100
D2610	inlay – porcelain/ceramic – one surface		175	185
D2620	inlay – porcelain/ceramic – two surfaces		195	200
D2630	inlay – porcelain/ceramic – three or more surfaces		210	215
D2642	onlay - porcelain/ceramic - two surfaces	225	195	200
D2643	onlay - porcelain/ceramic - three surfaces	250	205	215
D2644	onlay - porcelain/ceramic - four or more surfaces	275	210	225
D2650	inlay – resin-based composite – one surface	400	70	75
D2651	inlay – resin-based composite – two surfaces	400	75	80
D2652	inlay – resin-based composite – three or more surfaces	400	80	85
D2662	onlay – resin-based composite – two surfaces	400	75	80
D2663	onlay – resin-based composite – three surfaces	350	80	85
D2664	onlay – resin-based composite – four or more surfaces	450	85	90
D2740	crown - porcelain/ceramic	400	225	250
D2750	crown - porcelain fused to high noble metal	400	225	250
D2751	crown - porcelain fused to predominantly base metal	400	75	100
D2752	crown - porcelain fused to noble metal	400	175	200
D2780	crown - 3/4 cast high noble metal		225	250
D2781	crown - 3/4 cast predominately base metal		75	100
D2782	crown - 3/4 cast noble metal		175	200
D2783	crown - 3/4 porcelain/ceramic		225	250
D2790	crown - full cast high noble metal	400	225	250
D2791	crown - full cast predominately base metal	400	75	100

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CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
D2792	crown - full cast noble metal	400	175	200
D2794	crown - titanium ¹	400	225	250
D2799	interim crn- furth treatment/complet diag prr final imp		0	0
D2910	re-cement/re-bond inlay, onlay, veneer or prtl coverage rest		0	0
D2915	re-cement/re-bond indirectly fab or prefab post/core		0	0
D2920	recement or re-bond crown		0	0
D2928	prefabricated porcelain/ceramic crown – perm. tth		0	35
D2929	prefabricated porcelain/ceramic crown – primary tooth		100	135
D2930	prefabricated stainless steel crown - primary tooth		0	25
D2931	prefabricated stainless steel crown - permanent tooth		0	35
D2932	prefabricated resin crown		50	85
D2933	prefabricated stainless steel crown with resin window		50	85
D2934	prefab esthetic coated stainless steel crown - primary		55	90
D2940	protective restoration		0	0
D2941	interim therapeutic restoration – primary dentition		0	0
D2949	restorative foundation for an indirect restoration		0	0
D2950	core buildup - including any pins when required		0	10
D2951	pin retention - per tooth, in addition to restoration		0	5
D2952	cast post and core in addition to crown		50	50
D2953	each additional indirectly fabricated post – same tooth		0	0
D2954	prefabricated post and core in addition to crown		30	50
D2955	post removal		15	15
D2957	each additional prefabricated post – same tooth		0	0
D2980	crown repair necessitated by restorative material failure		50	50
D2981	inlay repair necessitated by restorative material failure		25	25
D2982	onlay repair necessitated by restorative material failure		35	35
D2990	resin infiltration of incipient smooth surface lesions		0	0
D2961	labial veneer (resin laminate) - indirect	400	250	300
D2962	labial veneer (porcelain laminate) - indirect	400	250	300
D2983	veneer repair necessitated by restorative material failure		50	50

¹ D2794 - Member responsible for an additional \$75 non-molar copayment

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**Dental Benefit
Providers***

		Agreement ID:	SCFG000743T3	SCFG000744T3
CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
	Alternative Crowns			
	Premium materials are frequently offered by dentists as alternatives to the standard porcelain/ceramic substrate and porcelain-fused-to-metal materials for dental restorations. These materials are marketed under different brand names and may be available through your Blue Shield of California Participating Provider at the copayments listed below. Crowns, bridges, Inlays, and Onlays, fabricated in these premium material alternatives and prepared and delivered on the same day are subject to an additional \$250.00 in-office lab fee.			
	Porcelain/ceramic substrate crown			
	CEREC, Full-Z, Bruxzir, Lava, PrismaTik		645	645
	CEREC Blue Block, e.Max, Procera		845	845
	Lava (layered), e.Max (layered), Procera (Layered)		900	900
	Porcelain fused to high noble crown			
	Captek, Bio-2000		675	675
	Occlusal Gold, Design, Synspar		675	675
IV. ENDODONTICS				
D3110	pulp cap - direct (excluding final restoration)		0	0
D3120	pulp cap - indirect (excluding final restoration)		0	0
D3220	therapeutic pulpotomy (excluding final restoration)		0	0
D3221	pulpal debridement - primary and permanent teeth		15	15
D3230	pulpal therapy – anterior, primary tth (exc final restrn)		10	10
D3240	pulpal therapy – posterior, primary tth (exc final restrn)		15	15
D3310	root canal therapy - anterior, excluding final restoration	300	50	75
D3320	root canal therapy - bicuspid, excluding final restoration	400	70	85
D3330	root canal therapy - molar, excluding final restoration	500	150	200
D3331	treatment of root canal obstruction - non-surgical access		150	150
D3332	inco endo therapy; inoperable, unrestorable/fractured tth		50	75
D3346	retreatment of previous root canal therapy - anterior	350	70	95
D3347	retreatment of previous root canal therapy - bicuspid	450	100	120
D3348	retreatment of previous root canal therapy - molar	550	190	210
D3351	apexification/recalcification – initial visit		55	75
D3352	apexification/recalcification – interim med replacement		45	65
D3353	apexification/recalcification – final visit (inc RCT)		55	75
D3355	pulpal regeneration - initial visit		55	75

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CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
D3356	pulpal regeneration -interim medicament replacement		45	65
D3357	pulpal regeneration - completion of treatment		55	75
D3410	apicoectomy - anterior		150	200
D3421	apicoectomy - premolar (first root)		150	200
D3425	apicoectomy - molar (first root)		200	200
D3426	apicoectomy - each additional root		100	100
D3430	retrograde filling - per root		100	150
D3450	root amputation – per root		75	100
D3471	surgical repair of root resorption - anterior		150	200
D3472	surgical repair of root resorption – premolar		150	200
D3473	surgical repair of root resorption – molar		150	200
D3911	intraorifice barrier		65	65
D3920	hemisection (inc root removal), not including RCT		100	115
D3950	canal preparation and fitting of preformed dowel or post		0	0
V. PERIODONTICS				
D4210	gingivectomy/-plasty, 4+ contig teeth or spaces per quad		40	50
D4211	gingivectomy/-plasty, 1-3 contig teeth or spaces per quad		35	40
D4212	gingivectomy/-plasty for restorative access - per tooth		20	20
D4240	gingival flap proc. incl root plng, 4+ tth/spaces per quad		275	300
D4241	gingival flap proc. incl root plng, 1-3 tth/spaces per quad		195	225
D4249	clinical crown lengthening - hard tissue		100	125
D4260	osseous surgery, 4+ contiguous teeth/spaces per quad		250	300
D4261	osseous surgery, 1-3 contiguous teeth/spaces per quad		200	225
D4263	bone replacement graft - ret natural tooth - first site in quad		200	225
D4264	bone replacement graft - ret natural tth - ea add'l site in quad		125	150
D4341	periodontal scaling and root planing, 4+ teeth per quad	45	20	25
D4342	periodontal scaling and root planing, 1-3 teeth per quad	25	20	20
D4346	scaling in presence of gen mod or severe gingival inflam		0	0
D4355	full mouth debridement to enable a comp oral evaluation		20	25
D4381	localized delivery of antimicrobial agents - per tooth		60	60
D4920	unscheduled dressing change (non-treating dds/staff)		0	0
VI. PROSTHODONTICS, REMOVABLE				

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EXHIBIT 2-A-i - PART VII



**Dental Benefit
Providers***

		Agreement ID:	SCFG000743T3	SCFG000744T3
CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
D5110	complete denture - maxillary	450	90	125
D5120	complete denture - mandibular	450	90	125
D5130	immediate denture - maxillary	450	90	125
D5140	immediate denture - mandibular	450	90	125
D5211	max prtl denture – resin base (inc conv clps, rests/tth)	450	125	150
D5212	mand prtl denture – res base (inc conv clps, rests/tth)	450	125	150
D5213	maxil. partial dtr - cast metal framework w/resin dtr bases	450	125	150
D5214	mand. partial dtr - cast metal framework w/resin dtr bases	450	125	150
D5221	imm max prtl dent – res base (inc conv clps, rests/tth)		125	150
D5222	imm mand prtl dent – res base (inc conv clps, rests/tth)		125	150
D5223	imm maxillary prtl dent – cast met fmwk w/rsn dent bse	450	125	150
D5224	imm mandibular prtl dent – cast met fmwk w/rsn dent bse	450	125	150
D5225	maxillary partial denture - flexible base	500	125	150
D5226	mandibular partial denture - flexible base	500	125	150
D5410	adjust complete denture - maxillary		0	0
D5411	adjust complete denture - mandibular		0	0
D5421	adjust partial denture - maxillary		0	0
D5422	adjust partial denture - mandibular		0	0
D5511	repair broken complete denture base - mandibular ¹		10	15
D5512	repair broken complete denture base - maxillary ¹		10	15
D5520	replace missing/broken teeth - complete denture - ea tooth ¹		10	15
D5611	repair resin partial denture base - mandibular ¹		10	15
D5612	repair resin partial denture base - maxillary ¹		10	15
D5621	repair cast partial framework, mandibular ¹		10	15
D5622	repair cast partial framework, maxillary ¹		10	15
D5630	repair/replace broken retentive/clasping materials - per tth ¹		10	15
D5640	replace broken teeth - per tooth ¹		10	15
D5650	add tooth to existing partial denture ¹		10	15
D5660	add clasp to existing partial denture - per tooth ¹		10	15
D5670	replace all tth/acrylic on cast metal framework (max) ¹		100	100

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Dental Benefit Providers*

		Agreement ID:	SCFG000743T3	SCFG000744T3
CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
D5671	replace all tth/acrylic on cast metal framework (mand) ¹		100	100
D5710	rebase complete maxillary denture		40	50
D5711	rebase complete mandibular denture		40	50
D5720	rebase maxillary partial denture		40	50
D5721	rebase mandibular partial denture		40	50
D5725	rebase hybrid prosthesis		40	50
D5730	reline complete maxillary denture (direct)		25	40
D5731	reline complete mandibular denture (direct)		25	40
D5740	reline maxillary partial denture (direct)		25	40
D5741	reline mandibular partial denture (direct)		25	40
D5750	reline complete maxillary denture (indirect)		25	40
D5751	reline complete mandibular denture (indirect)		25	40
D5760	reline maxillary partial denture (indirect)		25	40
D5761	reline mandibular partial denture (indirect)		25	40
D5765	tissue conditioning - maxillary		10	10
D5820	interim partial denture (maxillary)		40	40
D5821	interim partial denture (mandibular)		40	40
D5850	tissue conditioning - maxillary		10	10
D5851	tissue conditioning - mandibular		10	10
D5876	add metal substructure to acrylic full denture (per arch)		200	200
¹ Laboratory Fees: Denture repair, biopsy, and excision Covered Services are subject to an additional charge for lab fees. The Member is responsible for paying the lab fees plus any applicable copayment.				
Alternative dentures, full + partial, & relines				
Dental offices may offer alternatives to standard complete and partial Dentures and relines. These alternatives are marketed under their specific brand names and may be available through your Blue Shield of California Participating Provider for the following copayments.				
Complete Denture				
	Comfort Flex – Complete Upper Denture		550	550
	Comfort Flex – Complete Lower Denture		550	550
	Geneva – Complete Upper Denture		550	550
	Geneva – Complete Lower Denture		550	550
Partial Denture – Resin Base				
	Simply Natural/Comfort Flex – Upper Partial		600	600

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**Dental Benefit
Providers***

		Agreement ID:	SCFG000743T3	SCFG000744T3
CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
	Simply Natural/Comfort Flex – Lower Partial		600	600
	Geneva – Upper Partial		600	600
	Geneva – Lower Partial		600	600
	EstheticClasp – Upper Partial		600	600
	EstheticClasp – Lower Partial		600	600
	CuSil – Upper Partial		600	600
	CuSil – Lower Partial		600	600
	Valplast – Upper Partial		600	600
	Valplast – Lower Partial		600	600
	Partial Denture – Cast Metal Base with Resin Saddles			
	Comfort Flex – Upper Partial		600	600
	Comfort Flex – Lower Partial		600	600
	Valplast – Upper Partial		600	600
	Valplast – Lower Partial		600	600
	Denture Relines			
	PermaSoft – Complete Upper Denture (Laboratory)		100	100
	PermaSoft – Complete Lower Denture (Laboratory)		100	100
	PermaSoft – Partial Upper Denture (Laboratory)		100	100
	PermaSoft – Partial Lower Denture (Laboratory)		100	100
VIII. IMPLANT SERVICES				
D6010	surgical placement of implant body - endosteal implant		1,500	1,500
D6056	prefabricated abutment - incl. modification & placement		450	450
D6058	abutment supported porcelain/ceramic crown		1,055	1,055
D6059	abutment supported porc. fused to metal crn - high noble		1,050	1,050
D6060	abut supp porc fused mtl crn (predom base metal)		1,000	1,000
D6061	abutment supported porc. fused to metal crown - noble		1,050	1,050
D6062	abut supp cast metal crown (high noble metal)		1,050	1,050
D6063	abut supp cast metal crown (predominantly base metal)		900	900
D6064	abutment supported cast metal crown (noble metal)		950	950
D6065	implant supported porcelain/ceramic crown		990	990
D6066	implant supported porcelain fused to metal crown		970	970
D6067	implant supp mtl crn (titanium, titan alloy, high nbl mtl)		935	935

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		Agreement ID:	SCFG000743T3	SCFG000744T3
CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
D6068	abutment supported retainer for porcelain/ceramic FPD		1,055	1,055
D6069	abut supp retainer porc fused to metal FPD (high nbl mtl)		1,040	1,040
D6070	abut supp retainer porc fused to metal FPD (pred base mtl)		985	985
D6071	abut supp retainer porc fused to metal FPD (noble metal)		1,000	1,000
D6072	abut supp retainer for cast metal FPD (high noble metal)		980	980
D6073	abut supp retainer for cast metal FPD (predom bse metal)		885	885
D6074	abut supp retainer for cast metal FPD (noble metal)		955	955
D6075	implant supported retainer for ceramic FPD		1,040	1,040
D6076	implt supp rtn porc mtl FPD (titan/titan alloy/high nbl mtl)		1,015	1,015
D6077	implt supp rtn cast mtl FPD (titan/titan alloy/high nbl mtl)		935	935
D6081	scaling/debride pres inflammation/mucositis single implnt		25	25
D6085	interim implant crown		0	0
D6092	re-cement or re-bond implant/abutment supp crown		45	45
D6093	re-cement/re-bond implant/abut supp fixed prtl denture		65	65
D6094	abutment supported crown (titanium)		640	640
D6194	abutment supported retainer crown for FPD – (titanium)		640	640
IX. PROSTHODONTICS, FIXED				
D6210	pontic – cast high noble metal	400	225	250
D6211	pontic – cast predominantly base metal	400	75	100
D6212	pontic – cast noble metal	400	175	200
D6214	pontic – titanium	400	225	250
D6240	pontic - porcelain fused to high noble metal	400	225	250
D6241	pontic - porcelain fused to predominantly base metal	400	75	100
D6242	pontic - porcelain fused to noble metal ¹	400	175	200
D6245	pontic - porcelain/ceramic	400	250	250
D6253	interim pontic – furth trtmt/complet diag nec prior fnl imp		15	15
D6600	retainer inlay – porcelain/ceramic, two surfaces		195	200
D6601	retainer inlay – porc/ceramic, three or more surfaces		210	215
D6602	retainer inlay – cast high noble metal, two surfaces		225	250
D6603	retainer inlay – cast high noble mtl, three or more srfcs		275	300
D6604	retainer inlay – cast predom base metal, two surfaces		125	150
D6605	retainer inlay – cast predom base mtl, three or more srfcs		175	200

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		Agreement ID:	SCFG000743T3	SCFG000744T3
CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
D6606	retainer inlay – cast noble metal, two surfaces		175	200
D6607	retainer inlay – cast noble mtl, three or more surfaces		225	250
D6608	retainer onlay – porcelain/ceramic, two surfaces		195	200
D6609	retainer onlay – porcelain/ceramic, three or more surfaces		210	215
D6610	retainer onlay – cast high noble metal, two surfaces		225	250
D6611	retainer onlay – cast high noble mtl, three or more srfc		275	300
D6612	retainer onlay – cast predom base metal, two surfaces		125	150
D6613	retainer onlay – cast predom base mtl, three or more srfc		175	200
D6614	retainer onlay – cast noble metal, two surfaces		175	200
D6615	retainer onlay – cast noble metal, three or more surfaces		225	250
D6624	retainer inlay – titanium		225	250
D6634	retainer onlay – titanium		225	250
D6740	retainer crown - porcelain/ceramic	400	225	250
D6750	retainer crown - porcelain fused to high noble metal	400	225	250
D6751	retainer crown - porc fused to predominantly base metal	400	75	100
D6752	retainer crown - porcelain fused to noble metal ²	400	175	200
D6780	retainer crown – ¾ cast high noble metal		225	250
D6781	retainer crown – ¾ cast predominantly base metal		75	100
D6782	retainer crown – ¾ cast noble metal		175	200
D6783	retainer crown – ¾ porcelain/ceramic		225	250
D6784	retainer crown ¾ – titanium and titanium alloys		225	250
D6790	retainer crown - full cast high noble metal	400	75	100
D6791	retainer crown - full cast predominantly base metal	400	175	200
D6793	provisional retainer crown - further treatment or dx needed		15	15
D6794	retainer crown – titanium	400	225	250
D6930	recement or re-bond fixed partial denture		0	0
D6980	fixed partial denture rpr nec by restorative mat failure		50	50
D6985	pediatric partial denture, fixed		180	180
¹ D6242 - Member responsible for an additional \$75 non-molar copayment				
² D6752 - Member responsible for an additional \$75 molar copayment				

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		Agreement ID:	SCFG000743T3	SCFG000744T3
CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
Alternative bridge materials				
Premium materials are frequently offered by dentists as alternatives to the standard porcelain/ceramic substrate and porcelain-fused-to-metal materials for dental restorations. These materials are marketed under different brand names and may be available through your Blue Shield of California Participating Provider at the copayments listed below. Crowns, bridges, inlays, and onlays, fabricated in these premium material alternatives and prepared and delivered on the same day are subject to an additional \$250.00 in-office lab fee.				
	CEREC, Full-Z, Bruxzir, Lava, PrismaTik		645	645
	CEREC Blue Block, e.Max, Procera		845	845
	Lava (layered), e.Max (layered), Procera (Layered)		900	900
Porcelain fused to high noble crown				
	Captek, Bio-2000		675	675
	Occlusal Gold, Design, Synspar		675	675
X. ORAL & MAXILLOFACIAL SURGERY				
D7111	extraction - coronal remnants - primary tooth		0	0
D7140	extraction - erupted tooth or exposed root	30	0	0
D7210	extract'n - erupted tooth w/bone rem, tooth sectn & mg flap	40	0	20
D7220	removal of impacted tooth - soft tissue		0	50
D7230	removal of impacted tooth - partially bony		0	100
D7240	removal of impacted tooth - completely bony		0	125
D7241	removal of impacted tooth - compl bony w/surgical compl		0	130
D7250	removal of residual tooth roots - cutting procedure		0	50
D7251	coronectomy – intentional partial tooth removal		100	130
D7270	tth re-implnt and/or stabilize accidnt evulsed/displaced tth	150	0	110
D7310	alveoloplasty in conj w/extractns, 4+ tth/spaces, per quad		0	0
D7311	alveoloplasty in conj w/extractns, 1-3 tth/spaces, per quad		0	0
D7320	alveoloplasty not in conj w/extr., 4+ tth/spaces, per quad		0	0
D7321	alveoloplasty not in conj w/extr., 1-3 tth/spaces, per quad		0	0
D7510	incision and drainage of abscess - intraoral soft tissue		0	40
XI. ORTHODONTICS				
The full case fee for Orthodontic Covered Services includes a consultation, a treatment plan, tooth movement, and retention limited to \$250 per case. Orthodontists may charge Members separately for records. Applicable copayments apply to treatment performed by a plan participating Orthodontist.				
D8020	limited orthodontic treatment of the transitional dentition		1,000	1,000

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		Agreement ID:	SCFG000743T3	SCFG000744T3
CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
D8030	limited orthodontic treatment of the adolescent dentition		1,000	1,000
D8040	limited orthodontic treatment of the adult dentition		1,000	1,000
D8070	comprehensive ortho tx of the transitional dentition		1,775	1,775
D8080	comprehensive ortho tx of the adolescent dentition		1,775	1,775
D8090	comprehensive ortho treatment of the adult dentition		1,975	1,975
D8660	pre-orthodontic tx exam - monitor growth & development		0	0
D8670	periodic orthodontic treatment visit		0	0
D8680	orthodontic retention - rem appliances - place of retainer(s)		125	125
D8681	removable orthodontic retainer adjustment		0	0
D8695	rem fixed ortho appliances oth reasons than compl trmnt		25	25
D8999	unspecified orthodontic procedure, by report		250	250
D8999	unspecified orthodontic procedure, by report		75	250
XII. ADJUNCTIVE GENERAL SERVICES				
D9110	palliative (emergency) tx of dental pain - minor procedure		0	0
D9120	fixed partial denture sectioning		25	25
D9210	local anesth not in conjunct w/operative or surg procs		0	0
D9215	local anesthesia conj w/operative/surg procs		0	0
D9222	deep sedation/general anesthesia - first 15 minutes		117	117
D9223	deep sedation/general anesthesia - ea subsequent 15 min		85	85
D9230	inhalation of nitrous oxide/anxiolysis analgesia		15	15
D9239	intravenous mod (conscious) sedation/anes - first 15 min		100	100
D9243	intravenous mod (consc.) sed/anes - ea subseq. 15 min		65	65
D9310	consultation - dx svc provided by DDS/MD - not txing DDS		25	25
D9311	consultation with a medical health care professional		0	0
D9430	office visit (reg scheduled hrs) – no oth servcs perfrmd		0	0
D9440	office visit – after regularly scheduled hours		25	30
D9450	case presentation, det/extensive treatment planning		0	0
D9630	drugs/medicaments dispensed in the office for home use		15	20
D9910	application of desensitizing medicament		15	15
D9911	app desensitizing resin cervical/root surface, per tooth		15	15
D9912	pre-visit patient screening		0	0
D9930	treatment of complications (post-surgical)		0	0

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		Agreement ID:	SCFG000743T3	SCFG000744T3
CDT Code	CDT Abbreviated Description	*Minimum Guarantee	Elite 75 CoPay	Elite 100 CoPay
D9932	cleaning & inspect - removable maxillary comp denture		10	10
D9933	cleaning & inspect - removable mandibular comp denture		10	10
D9934	cleaning & inspect - removable maxillary prtl denture		10	10
D9935	cleaning & inspect - removable mandibular prtl denture		10	10
D9942	repair and/or reline of occlusal guard		40	40
D9943	occlusal guard adjustment		10	10
D9944	occlusal guard - hard appliance - full arch		250	250
D9945	occlusal guard - soft appliance - full arch		150	150
D9946	occlusal guard - hard appliance - partial arch		200	200
D9947	custom sleep apnea appliance fabrication and placement		250	250
D9948	adjustment of custom sleep apnea appliance		10	10
D9949	repair of custom sleep apnea appliance		40	40
D9951	occlusal adjustment - limited		15	15
D9961	duplicate/copy patient's records		25	25
D9972	external bleaching – per arch – performed in office		250	250
D9973	external bleaching – per tooth		25	25
D9975	external bleaching for home application, per arch		125	125
D9986	missed appointment		25	25
D9987	cancelled appointment		25	25
D9990	certified translation or sign-language services – per visit		0	0
D9995	teledentistry – synchronous; real-time encounter		0	0
D9996	teledentistry – asynchronous; forwarded to dentist		0	0

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.

ELITE PLANS GENERAL EXCLUSIONS & LIMITATIONS:

GENERAL EXCLUSIONS

Unless otherwise specifically mentioned elsewhere in the Contract this Plan does not provide Benefits with respect to:

1. dental services not appearing on the Summary of Benefits;
2. services of Dentists or other practitioners of healing arts not associated with the dental Plan, except upon referral arranged by a Dental Provider and authorized by the Plan or when required in a covered emergency;
3. dental treatment that has been previously started by another Dentist prior to the participant's eligibility to receive Benefits under this Plan;
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. procedures that are principally cosmetic in nature, including, but not limited to, personalization or characterization of crowns, bridges and/or dentures;
7. services, procedures, or supplies which are not reasonably necessary for the care of the Member's dental condition according to broadly accepted standards of professional care or which are Experimental or Investigational in Nature or which do not have uniform professional endorsement;
8. all prescription and non-prescription drugs;
9. congenital mouth malformations or skeletal imbalances, including, but not limited to, treatment related to cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery, including Orthodontic treatment, and oral and maxillofacial services, associated hospital and facility fees, anesthesia, and radiographic imaging;
11. reimbursement to the Member or another dental office for the cost of services secured from Dentists, other than the Dental Center or other Plan Authorized Provider, except:
 - a. when such reimbursement is expressly authorized by the Plan; or
 - b. as cited under the Emergency Services and Emergency Claims provisions.
12. charges for services performed by a Close Relative or by a person who ordinarily resides in the Subscriber's or Dependent's home;
13. 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;
14. treatment for which payment is made by any governmental agency, including any foreign government;
15. 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;
16. bone grafting done for socket preservation after tooth extraction or in preparation for Implants;
17. general anesthesia; including intravenous and inhalation sedation, except when of Medical Necessity;

**BLUE SHIELD OF CA DHMO
GENERAL LIMITATIONS AND EXCLUSIONS
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10. any service, procedure, or supply for which the prognosis for long term success is not reasonably favorable as determined by the Dental Plan Administrator and its dental consultants;
 - 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 condition.
- Written documentation of the medical condition necessitating use of general anesthesia or intravenous or 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;
18. precious metals (if used, will be charged to the patient at the Dentist's cost);
 19. 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 Medical Necessity;
 20. referral of a Dependent child age six (6) and over to a Pedodontist, unless the child is mentally disabled and will not allow the general Dentist to treat after two attempts. All such exceptions must be approved by a Dental Plan Administrator;

General anesthesia is considered medically necessary when its use is:

- a. in accordance with generally accepted professional standards;
23. 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;
24. services provided to Members by out-of-network Dentists unless preauthorized by the Plan, except when immediate dental treatment is required as a result of a dental emergency;
25. 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;
26. replacement of lost, missing, stolen or damaged or prosthetic device;
27. services arising from voluntary self-inflicted injury or illness, whether the patient is sane or insane;
28. house calls for dental services;
29. training and/or appliances to correct or control harmful habits, including, but not limited to, muscle training therapy (myofunctional therapy);
30. 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;
31. temporary dental services. Charges for temporary services are considered an integral part of the final dental service and will not be separately payable;

21. treatment as a result of Accidental Injury, including setting of fractures or dislocation;
22. charges for second opinions, unless previously authorized by the Dental Plan Administrator;
36. Caries Risk Management — CAMBRA (Caries Management by Risk Assessment) is an evaluation of a child's risk level for caries (decay). For each risk level the following is covered:
 - a. "high risk" will be allowed up to four (4) fluoride varnish treatments during the Calendar Year along with their biannual cleanings;
 - b. "medium risk" will be allowed up to three (3) fluoride varnish treatments in addition to their biannual cleanings; and
 - c. "low risk" will be allowed up to two (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).
21. replacement of existing crowns, bridges or dentures that are less than five (5) years old;
22. charges for saliva and bacterial testing when caries management procedures D0601, D0602 and D0603 are performed;
23. duplicate dentures, prosthetic devices or any other duplicate appliance;
35. any and all Implant services that have not been prior authorized and approved by a Dental Plan Administrator. Implants that are used as an
11. in the event of a Member's loss of coverage for any reason, if at the time of loss of coverage the Member is still receiving Orthodontic treatment during the twenty-four (24) month treatment period, the Member and not the Dental Plan Administrator will be responsible for the remainder of the cost for that treatment, at the participating orthodontist's billed charges, prorated for the number of months remaining.

If the Member elects to use invisalign®, lingual or invisible braces, sapphire or clear braces, additional costs beyond what BSC will pay for "standard" Orthodontic system of brackets and wires will be paid by the Member.

LIMITATIONS

The following services, if listed on the Summary of Benefits, will be subject to Limitations as set forth below:

1. one (1) in a six (6) month period:
 - a. periodic oral exam;
 - b. fluoride treatment;
 - c. bitewing x-rays (maximum four (4) per year);
 - d. tissue conditioning;

ORTHODONTIC EXCLUSIONS

1. treatment for a malocclusion that is not causing difficulty in chewing, speech, or overall dental functioning;
2. surgical Orthodontics incidental to Orthodontic treatment;
3. treatment for myofunctional therapy;

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**Dental Benefit
Providers***

4. changes in treatment necessitated by an accident;
5. re-treatment of Orthodontic cases when a Dental Plan Administrator concurs with the professional judgment of the attending Dentist that there is a poor prognosis;
6. treatment for TMJ (temporomandibular joint) disorder or dysfunction;
7. ceramic braces which are considered to be cosmetic;
8. x-rays for Orthodontic purposes (to include full mouth screen and cephalometrics);
9. replacement of lost or stolen appliance or repair of same if broken through no fault of orthodontist;
10. treatment which is received in more than one course of treatment, or which is not received in consecutive months, or treatment exceeding twenty-four (24) consecutive months;
 - e. vertical bitewings 7 to 8 images;
 - f. nutritional counseling for control of dental disease;
 - g. tobacco counseling for the control and prevention of oral disease;
 - h. provisional crown;
 - i. scaling in presence of generalized moderate or severe gingival inflammation.
3. one (1) every eighteen (18) months:
 - a. interim therapeutic restoration-primary detention;
 - b. resin B145 C145 infiltration of incipient smooth surface lesions
4. one (1) in twenty-four (24) months:
 - a. full mouth debridement;
 - b. gingival flap surgery per quad;
 - c. diagnostic casts;
 - d. sealants;
 - e. occlusal guards;
 - f. 2D Oral/facial photographic image, non-orthodontic, obtained intraorally or extraorally.
5. one (1) in thirty-six (36) months:
 - e. recementations if the crown or inlay was provided by other than the original Dentist; not eligible if the Dentist is doing the recementation of a service he/she provided within twelve (12) months;
 - f. periodontic maintenance.
2. one (1) in twelve (12) months:
 - a. denture (complete or partial) reline;
 - b. oral cancer screening;
 - c. topical fluoride varnish (coverage limited to three (3) applications, when used as a therapeutic application in patients with a moderate-to-high carries risk).
 - d. extra oral-first 2D projection radiographic image crated using a stationary radiation source and detector
 - f. complete dentures;
 - g. partial dentures;
 - h. fixed partial denture (bridge) pontics;
 - i. fixed partial denture (bridge) abutments;
 - j. abutment post and core buildups and recement;
 - k. diagnostic cast.
 - l. immediate maxillary partial dentures;
 - m. interim partial dentures;
 - n. add metal substrate to new acrylic full denture (per arch);
 - o. abutment and implant supported retainers;
 - p. labial veneers and labial veneer repairs;
 - q. restorative foundation for indirect restoration;
 - r. inlays and onlays;
 - s. pediatric partial denture-fixed temporary.
7. once (1) per tooth per five (5) years:
 - a. clinical crown lengthening.

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- a. mucogingival surgery per area;
 - b. osseous surgery per quad;
 - c. gingival flap surgery per quad;
 - d. gingivectomy per quad;
 - e. gingivectomy per tooth;
 - f. bone replacement grafts for periodontal purposes per site;
 - g. guided tissue regeneration for periodontal purposes per site;
 - h. full mouth series and panoramic x-rays;
 - i. intraoral x-rays – complete series including bitewings.
6. one (1) in a five (5) year period:
- a. single crowns and onlays;
 - b. single post and core buildups;
 - c. crown buildup including pins;
 - d. prefabricated post and core;
 - e. cast post and core in addition to crown;
13. space maintainers - only eligible for Members when used to maintain space as a result of prematurely lost deciduous first and second molars, or permanent first molars that have not, or will never, develop.
14. Orthodontic treatment to correct malocclusion is limited to one (1) continuous course of treatment per employee, spouse and eligible child(ren). Treatment may extend longer than twenty-four (24) months. However, payment for Orthodontic treatment is made in installments and will be prorated and distributed within twenty-four (24) consecutive months. If for any reason Orthodontic services are terminated or coverage is terminated before completion of the approved Orthodontic treatment, the responsibility of the Dental Plan Administrator will cease with payment through the month of termination.
8. one (1) tooth) per lifetime:
- a. pulpal therapy and regeneration;
 - b. apexification/recalcification;
 - c. tooth reimplantation and/or stabilization of accidentally displaced tooth.
9. once (1) per lifetime:
- a. all orthodontic procedures, transitional, interim, limited, and comprehensive;
 - b. removable orthodontic retainer adjustment.
10. two (2) in a consecutive twelve (12) month period:
- a. routine prophylaxis
 - b. interim caries arresting medicament application – per tooth. Does not
11. referral to a specialty care Dentist is limited to Orthodontics, Oral Surgery, Periodontics, Prosthodontics, Endodontics and Pedodontics.
12. coverage for referral to a pediatric specialty care Dentist is covered up to the age of six (6) and is contingent on Medical Necessity. However,
20. general or IV sedation is covered for
- a. 3 or more surgical extractions;

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15. sealants – one (1) per tooth per two (2) year period through the end of the month in which the Member turns nineteen (19) on permanent first and second molars.
 16. child fluoride (including fluoride varnish) and child prophylaxis – one (1) per six (6) month period through the end of the month in which the Member turns nineteen (19).
 17. in the case of a dental emergency involving pain or a condition requiring immediate treatment occurring more than fifty (50) miles from the Member’s home, the Plan covers necessary diagnostic and therapeutic dental procedures administered by an out-of-network Dentist up to the difference between the out-of- network Dentist’s charge and the Member Copayment up to a maximum of fifty dollars (\$50) for each emergency visit.
 18. oral surgery services are limited to removal of teeth, bony protuberances and frenectomy.
 19. 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 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.
 22. scaling and root planing – covered once for each of the four quadrants of the mouth in a twenty-four (24) month period. Scaling and root planing is limited to two (2) quadrants of the mouth per visit.
 23. restorations, crowns, inlays and onlays - covered only if necessary to treat diseased or accidentally fractured teeth.
 24. root canal treatment – one (1) per tooth per lifetime.
 25. root canal retreatment – one (1) per tooth per lifetime
- 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;
21. general or IV sedation is not a covered benefit for dental phobic reasons.

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26. pulpal therapy – through age five (5) on primary anterior teeth and through age eleven (11) on primary posterior teeth.
27. for mucogingival surgeries, one site is equal to two consecutive teeth or bounded spaces.
28. 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.
29. implants – When a Benefit of your Plan, single tooth implant is offered for initial replacement of any missing single tooth except second and third molars and lower anterior teeth. Failed implant, second and third molar and lower anterior tooth replacement are not included. Benefits include the surgical implant placement, bone grafting to the site (if required), abutment that screws into the implant body (if one is utilized) and the prosthetic crown that is supported by the surgical implant. Benefits are provided for the maintenance, repair and removal of the implant;
30. you must be age twenty-one (21) years old or older to be eligible for dental Implant Benefits due to continued growth and development of the mid face and jaws. If there are bilaterally missing teeth and/or non-restorable and/or unrestored teeth in a quadrant in the same dental arch or in the maxillary anterior area, the Member will be given an alternate Benefit of a partial denture. If there are more than three teeth missing and/or more than three non-restorable and/or unrestored teeth in a quadrant in the same dental arch or in the maxillary anterior area, the Member will be given an alternate Benefit of a partial denture. If the Member elects a different procedure, payment will be based on the partial denture Benefit.

OPTIONAL, UPGRADED OR ALTERNATIVE TREATMENT DISCLOSURE FORM

Patient's Name:	ID:	
Treatment Plan No.:		Chart ID No.:

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:

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

			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:

$$\text{Copayment [1]} + \text{Metal Upgrade [2]} = \text{Accepted fee [3]}$$

				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: