

Blue Shield Dental PPO Custom Retiree Voluntary Plan for the County of San Mateo

Effective January 1, 2016

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Finding a network dentist

It's easy to choose a dentist. With a broad network of PPO dentists to pick from, you should be able to find one near you. The dental PPO directory is available online in the *Find a Provider* section at blueshieldca.com, or by calling Customer Service at **(888) 702-4171**. When you receive care from a network dentist, you pay only the applicable deductibles and copayments, and there are no claim forms to file.

Using a dentist that's not in the network

Select any licensed dentist. If you use a dentist that's not in the network, your total out-of-pocket expenses may be higher. You pay at the time of service and afterwards you can file a claim with Blue Shield to receive reimbursement of covered service or you can choose to have the reimbursement sent to your non-network dentist.

Your cost for services

- You pay a \$50 deductible (\$150/family) each calendar year for services other than diagnostic and preventive services at a network dentist or non-network dentist
- After the deductible is met, Blue Shield pays a set percentage of the charges up to the maximum amount depending on the service received
- Blue Shield will pay up to \$1500 for dental services from network dentists during the calendar year (or up to \$1500 when using a non-network dentist). Charges for services above the maximum are your responsibility.
- You pay any amount above your calendar year benefit maximum of \$1500

Benefit summary

Dental PPO Custom Voluntary 50/1500/No Ortho/MAC Plan	Blue Shield pays	
	Network provider	Non-network provider ¹
Diagnostic and preventive services (not subject to plan deductibles with network dentists or non-network dentists; includes routine oral exams, X-rays, cleanings, and oral cancer screening)	100%	80%
Basic services (includes anesthesia, emergency treatment to relieve pain, restorative dentistry, sealants, space maintainers, oral surgery, endodontics, and periodontics)	80%	70%
Major services (includes crown buildups, crowns, prosthetics, onlays, jackets, implants, posts and cores)	50%	50%
Orthodontic services	Not Covered	Not Covered
Enhanced dental benefits for pregnant women (not subject to plan deductibles with network dentists; includes routine prophylaxis (including prophylaxis for pregnancy gingivitis), periodontal scaling and root planing, and periodontal maintenance)	100%	100%

¹ Note: The non-network reimbursement amount is a percentage of the maximum allowable charge or MAC. When you go to a non-network provider, you pay the amount above the MAC percentage.

Many benefits have pre-determined annual schedules and frequency limitations based on last delivery date and dental necessity. If you are unsure about the frequency of when a benefit can be accessed, you can call **(888) 702-4171**.

This is only a summary of the Blue Shield Dental PPO Custom Voluntary Plan. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the *Evidence of Coverage* and the plan contract.