



Dental plans for groups with 1 to 100 employees

Effective January 1, 2020

After medical coverage, dental coverage is the benefit most requested by employees. With access to some of the largest dental provider networks in the country, our dental plans can help add value to your benefits package and help your employees better manage their oral and overall health. And offering access to preventive oral care can help keep employees happier and more productive at work. Groups with one or more eligible employees can select any Blue Shield dental plan with or without our health plans.

Advantages worth smiling about

Access to Blue Shield's dental networks

Our dental PPO plans offer flexibility and convenience with over 15,000 dentists and more than 46,000 access points* in California. In addition, our national dental PPO network includes over 400,000 access points. With our dental HMO network, employees can choose from over 4,800 dentists in California and about 22,600 locations.

Bundled savings

Any time you add dental or vision to new or existing small business medical coverage, a 10% discount will be applied to the dental or vision premiums.

Plan choice

Dental coverage is available with or without Blue Shield medical coverage. Choose from dental PPO and HMO plans with no waiting periods, voluntary options, and even plans with implant benefits. Dual and triple options† let employers offer two or three dental plans.

Orthodontic coverage option

All DHMO plans include orthodontic coverage for all ages. DPPO plans with orthodontic coverage are also offered for all ages with either a \$1,000 calendar-year maximum over 24 months or as a lifetime benefit up to the ortho max amount on the plan. See the summary on page 3 for more details.

Dental implants

Dental implants‡ are covered as a major service under the SmileSM Deluxe 2000 and SmileSM Deluxe Plus 2000 plans. Both plans are available to groups with one or more eligible employees and neither has a waiting period.

Voluntary dental plans^{#,00}

For greater flexibility, our voluntary dental plans have no minimum participation or employer contribution requirements. All other (non-voluntary) dental plans require a 50% employer contribution and 65% employee participation.

* Access point(s) refers to all the locations where a member can "access" care. For example, a provider who treats patients at two different office locations represents two access points.

† Dual option allows for any two dental products from our portfolio. There is even more plan selection flexibility under our triple option guidelines. A group may select:

- 3 DHMOs
- 2 DHMOs and 1 DPPO
- 2 DPPOs and 1 DHMO (Only available alongside medical; 2 DPPOs must have the same ortho benefit)

‡ Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

For groups selecting voluntary PPO dental that have prior Blue Shield of California dental coverage including "major" benefits for 12 months or more, the 12-month waiting period will be waived for all initial enrollees.

∞ The voluntary dental PPO plan has a 12-month waiting period for major services.

Oral cancer screening benefit

All dental PPO plans include an oral cancer screening benefit covered at 100%. Oral cancer can hide below the surface, and detecting it early greatly improves success of treatment.

Third teeth cleaning for pregnant women

Periodontal treatment during pregnancy can reduce premature births by 84%.* That's why we provide one additional cleaning for pregnant women in all dental PPO plans. A third periodontal maintenance visit is also covered, if needed, to treat periodontal disease.†

Caries risk management assessment

Caries risk management assessment is a benefit of every child's dental coverage to help prevent or treat tooth decay.‡

Blue Shield member portal and app

Members can get easy access to benefit and coverage information, claims payment and status updates, and digital ID cards through **blueshieldca.com** when they register their account. For on-the go access, members can download the Blue Shield app on their mobile device.

* Dasanayake, A., et al. "Periodontal Pathogens and Gestational Diabetes Mellitus." *Journal of Dental Research*, April 1, 2008; 87(4): 328 - 333.

† Periodontal maintenance covered with a documented periodontal condition. Covers one course of periodontal scaling and root planing.

‡ Pediatric embedded dental plans do not offer caries risk management benefits as they exceed the defined "benchmark" standard set by Covered California.

How to read dental PPO plan names:

Plan names correspond to: Deductible per person/calendar-year maximum/orthodontic coverage/non-network reimbursement level.

Dental PPO plans with orthodontia coverage

- You now have a choice with orthodontia. Some plans now include orthodontia benefits as a lifetime max, or annual \$1,000 a year over 24 months.
- Coverage for Invisalign “invisible” clear braces (member is responsible for any costs over traditional braces).

Plans	Individual deductible [§]	Calendar-year maximum [§]	Diagnostic and preventive care* [§]	Basic services ^{†,§}	Endodontics and periodontics [§]	Major services ^{‡,§}	Orthodontic services ^{#,§}
Ultimate Dental Plus PPO for Small Business 50/2000/MAC/NR [∞]	\$50	\$2,000	100%	90%	90%	60%	50%
Ultimate Dental PPO for Small Business 50/2000/Lifetime Ortho/U90 [∞]	\$50	\$2,000	100%	90%	90%	50%	50%
SmileSM Deluxe Plus 2000 50/2000/Ortho/MAC/NR ^{**}	\$50	\$2,000	100%	80%	80%	50%	50%
SmileSM Deluxe 50/1500/Ortho/MAC/NR	\$50	\$1,500	100%	80%	80%	50%	50%
SmileSM Deluxe Gold 50/1500/Ortho/U85/NR	\$50	\$1,500	100%	80%	80%	50%	50%
SmileSM Plus 50/1500/Ortho/MAC/NR [∞]	\$50	\$1,500	100%	80%	80%	50%	50%
SmileSM Plus Gold 50/1500/Ortho/U85/NR [∞]	\$50	\$1,500	100%	80%	50%	50%	50%
SmileSM Plus Gold 50/1500/Ortho/U80	\$50	\$1,500	100%	80%	80%	50%	50%
SmileSM Plus Gold 50/1500/Ortho/U80/ADV [∞]	\$50	\$1,500	100%	90%	90%	50%	50%
SmileSM Plus Gold 50/1500/Ortho/U90/ADV [∞]	\$50	\$1,500	100%	90%	90%	50%	50%
SmileSM Plus Gold 50/2500/Ortho/U90/ADV [∞]	\$50	\$2,500	100%	90%	90%	50%	50%
SmileSM Basic 50/1000/Ortho/U85	\$50	\$1,000	100%	80%	80%	50%	50%

* Not subject to plan deductibles with network or non-network dentists.

† Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.

‡ Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for the Smile Deluxe 2000 and Smile Deluxe Plus 2000 plans only.

In addition to the calendar-year maximum for the other covered services.

∞ Uses a different schedule of allowed amounts for non-network dentists than that used for network dentists. If you go to a non-network dentist, your reimbursement for a service by that non-network dentist may be less than the amount billed.

§ Illustration includes network benefits. Refer to plan documents for non-network benefits.

** Includes coverage for dental implants. Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

†† Has a 12-month waiting period for major services. For groups with prior Blue Shield of California coverage including “major” benefits for 12 months or more, the 12-month waiting period at install can be waived at initial install with proof of prior 12-month coverage.

Dental PPO plans without orthodontia coverage

Plans	Individual deductible [§]	Calendar-year maximum [§]	Diagnostic and preventive care* [§]	Basic services ^{†,§}	Endodontics and periodontics [§]	Major services ^{‡,§}
Ultimate Dental PPO for Small Business 50/2000/No Ortho/U90 [∞]	\$50	\$2,000	100%	90%	90%	50%
Ultimate Dental PPO for Small Business 50/2000/No Ortho/U80 [∞]	\$50	\$2,000	100%	90%	90%	50%
Ultimate Dental PPO for Small Business 50/2000/MAC/NR [∞]	\$50	\$2,000	100%	90%	90%	60%
SmileSM Deluxe 2000 50/2000/No Ortho/MAC/NR**	\$50	\$2,000	100%	80%	80%	50%
SmileSM Plus Gold 50/2500/No Ortho/U90/ADV [∞]	\$50	\$2,500	100%	90%	90%	50%
SmileSM Plus Gold 50/1500/No Ortho/U90/ADV [∞]	\$50	\$1,500	100%	90%	90%	50%
SmileSM Plus Gold 50/1500/No Ortho/U80	\$50	\$1,500	100%	80%	80%	50%
SmileSM Plus 50/1500/No Ortho/MAC/WP ^{††}	\$50	\$1,500	100%	80%	80%	50%
SmileSM Plus 50/1500/No Ortho/MAC	\$50	\$1,500	100%	80%	80%	50%
SmileSM Basic 50/1000/No Ortho/MAC [∞]	\$50	\$1,000	100%	80%	80%	50%
SmileSM Basic 75/1000/No Ortho/MAC/NR [∞]	\$75	\$1,000	100%	50%	50%	50%
SmileSM 50/1500/No Ortho/MAC/NR [∞]	\$50	\$1,500	100%	80%	80%	50%
SmileSM Value 50/1500/No Ortho/MAC/NR [∞]	\$50	\$1,500	100%	80%	50%	50%

* Not subject to plan deductibles with network or non-network dentists.

† Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.

‡ Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for the Smile Deluxe 2000 and Smile Deluxe Plus 2000 plans only.

∞ Uses a different schedule of allowed amounts for non-network dentists than that used for network dentists. If you go to a non-network dentist, your reimbursement for a service by that non-network dentist may be less than the amount billed.

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** Includes coverage for dental implants. Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

†† Has a 12-month waiting period for major services. For groups with prior Blue Shield of California coverage including "major" benefits for 12 months or more, the 12-month waiting period at install can be waived at initial install with proof of prior 12-month coverage.

Voluntary dental PPO plans

Voluntary dental PPO plans with orthodontia coverage

- Coverage for Invisalign "invisible" clear braces (member is responsible for any costs over traditional braces).

Plans	Individual deductible [§]	Calendar-year maximum [§]	Diagnostic and preventive care ^{*§}	Basic services ^{†§}	Endodontics and periodontics [§]	Major services ^{‡§}	Orthodontic services ^{#§}
Smile SM Basic Voluntary 50/1500/Ortho/U80**	\$50	\$1,500	100%	80%	50%	50%	50%

Voluntary dental PPO plans without orthodontia coverage

Plans	Individual deductible [§]	Calendar-year maximum [§]	Diagnostic and preventive care ^{*§}	Basic services ^{†§}	Endodontics and periodontics [§]	Major services ^{‡§}
Smile SM Basic Voluntary 75/1000/No Ortho/MAC/NR**∞	\$75	\$1,000	100%	50%	50%	50%
Smile SM Basic Voluntary 50/1000/No Ortho/MAC**∞	\$50	\$1,000	100%	80%	80%	50%
Smile SM Basic Voluntary 50/1000/No Ortho/U80/NWP (no waiting period)	\$50	\$1,000	100%	80%	50%	50%

* Not subject to plan deductibles with network or non-network dentists.

† Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.

‡ Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for the Smile Deluxe 2000 and Smile Deluxe Plus 2000 plans only.

In addition to the calendar-year maximum for the other covered services

∞ Uses a different schedule of allowed amounts for non-network dentists than that used for network dentists. If you go to a non-network dentist, your reimbursement for a service by that non-network dentist may be less than the amount billed.

§ Illustration includes network benefits. Refer to plan documents for non-network benefits.

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Dental HMO plans

Benefit/service	Dental HMO Basic	Dental HMO Standard and Dental HMO Voluntary*	Dental HMO Plus	Dental HMO Deluxe
Office visit	\$5	\$5	\$5	\$5
Diagnostic and preventive services				
Comprehensive oral evaluation	\$0	\$0	\$0	\$0
Periodic oral evaluation	\$0	\$0	\$0	\$0
X-rays – Intraoral – Complete series (includes bitewings)	\$0	\$0	\$0	\$0
Prophylaxis (cleanings, every 6 months)	\$0	\$0	\$0	\$0
Sealant application per tooth (covered to age 18)	\$0	\$0	\$0	\$0
Routine services				
Fillings (one-surface resin composite posterior)	\$75 per tooth	\$71 per tooth	\$64 per tooth	\$61 per tooth
Anterior root canal	\$175 per tooth	\$125 per tooth	\$75 per tooth	\$50 per tooth
Molar root canal	\$355 per tooth	\$225 per tooth	\$210 per tooth	\$145 per tooth
Periodontal scaling and root planing	\$75 per quadrant	\$40 per quadrant	\$20 per quadrant	\$10 per quadrant
Routine extraction	\$40 per tooth	\$23 per tooth	\$11 per tooth	\$6 per tooth
Major services				
Crown – Porcelain/ceramic	\$350 per crown [†]	\$250 per crown [†]	\$150 per crown [†]	\$125 per crown [†]
Crown – Full cast high noble metal	\$350 per crown [†]	\$250 per crown [†]	\$150 per crown [†]	\$125 per crown [†]
Osseous surgery (four or more teeth)	\$275 per quadrant	\$225 per quadrant	\$150 per quadrant	\$125 per quadrant
Pontic – Porcelain fused to high noble metal	\$350 each tooth replaced [†]	\$250 each tooth replaced [†]	\$150 each tooth replaced [†]	\$125 each tooth replaced [†]
Complete denture – maxillary	\$400 per denture	\$250 per denture	\$175 per denture	\$100 per denture
Complete denture – mandibular	\$400 per denture	\$250 per denture	\$175 per denture	\$100 per denture
Removal of impacted tooth (complete bony)	\$225 per tooth	\$95 per tooth	\$75 per tooth	\$65 per tooth
Orthodontic services				
Fully banded (two-year) case – child [‡]	\$2,350	\$1,800	\$1,400	\$1,200
Fully banded (two-year) case – adult [‡]	\$2,650	\$2,650	\$1,700	\$1,500

* The Dental HMO Voluntary Plan has the same benefits as the Dental HMO Standard Plan, but the Voluntary Plan is available with no minimum employer contribution or participation requirements and no waiting periods.

† Member is responsible for additional cost for precious metals and porcelain on molar crowns. See plan's schedule of benefits for detailed allowance.

‡ 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 unless a claim for additional treatment is submitted for review and approval.

Many benefits have predetermined 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 Dental Member Services at **(888) 702-4171**.

This is only a summary of plan benefits. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the *Evidence of Coverage* and the plan contract.

Learn more

Find out how easy it is to combine our plans in one comprehensive package. Contact your broker or Blue Shield sales representative to help you develop a customized benefit solution.

If you have questions about existing dental coverage, the Dental Member Services team is available at **(888) 702-4171**, weekdays from 5 a.m. to 8 p.m. Or, go to [blueshieldca.com/employer](https://www.blueshieldca.com/employer) for more information.