



**BlueCross**  
of California

*Small Group*  
***Dental Plans***  
*Employer Portfolio*



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# A Smile of Confidence ... with The Power of Blue<sup>SM</sup>

## Good for You, Good for Your Employees

Good oral health is a vital quality of life issue, affecting both mental and physical wellness. The Surgeon General's Report on Oral Health confirms that oral diseases can affect our ability to eat, the foods we choose, how we look, and the way we communicate. Research continues to establish links between periodontal disease and several serious health conditions including: heart disease and stroke, osteoporosis, low birth-weight pregnancy, diabetes, and respiratory infection. These diseases can affect economic productivity and compromise our ability to work at home, at school, or on the job.

*Convenient, affordable dental coverage is an important part of the health care package you should offer your employees and their families.* It's a benefit that brightens employee satisfaction and well-being – and helps cover the cost of essential preventive care as well as necessary procedures. Backed by the strength and integrity of Blue Cross of California and BC Life & Health Insurance Company, part of the company that was named Most Admired Health Care Company for an unprecedented six consecutive years by *Fortune Magazine*, we offer *the coverage choices your employees want and the financing options you need.*

### More Ways to Save:

- **6% Life savings & 6% Dental savings** – purchase both \$25,000 of Life and any of our insured Dental plan(s) at the same time, and receive 6% savings on your Life premium and 6% savings on your Dental premium
- **1% Medical savings** – when you purchase \$25,000 of Life along with Medical (at the same time), you'll receive 1% savings on your Medical premiums...an amount that often covers a significant portion of the Life premium cost

## Blue Cross Dental Plans: Get the Advantage

Blue Cross of California and BC Life & Health Insurance Company offer a variety of affordable, easy-to-administer PPO, HMO and Voluntary dental plans that fit your employees' needs and your budget. You and your employees will benefit from:

**Flexibility:** Multiple employer contribution options

**Choice:** Offer any or all of our plans

**Network:** Access to 4,000 HMO providers and 13,000 PPO providers ([www.bluecrossca.com](http://www.bluecrossca.com))

**Leadership:** For over 65 years, Blue Cross has led the industry in California

# Convenient & Affordable

# Flexible Features



## Maximizing Your Choice

Our dental plans blend reliability with flexibility. You choose the number of insured dental plans\* you want to offer your employees (one plan, a mix of HMO and/or PPO plans, or all of our plans) giving your employees affordable choices that best fit their lifestyle and your budget. It is truly – your choice.

## Controlling Costs

For our traditional dental plans, we give you two ways to set your monthly contribution to each employee's premium cost – and they pay the rest through payroll deduction:

- Traditional Option: Pay a minimum of 50% of employees' monthly premiums
- Fixed Dollar Option: Pay any flat amount of at least \$15 per employee in \$5 increments

We believe the result of blending reliability with flexibility allows more cost control for you and your employees while simply giving them the quality dental coverage they deserve.

## Tax Savings

Our Premium Only Plan (P.O.P)\*\* is another great opportunity for savings. With this IRS-sanctioned plan, employees can use pre-tax dollars to pay their share of benefit premiums, which results in a reduced taxable payroll for you.

### For Employers:

- If you are also enrolled in Blue Cross Medical and Life plans, P.O.P is **free** for the first year if you have 10 or more enrolling employees. Otherwise, you pay only \$125 a year.
- Consider applying your payroll tax savings toward enhanced employee benefits – it's a great way to increase employee satisfaction at no net cost.

### For Employees:

- Increase take-home pay by using pre-tax dollars for dental coverage.
- Offset part of their premium cost with tax savings.

*\*Contributory and Voluntary dental plans cannot be combined.*

*\*\*Administrative services for P.O.P. provided by Ceridian Benefits Services, Inc., an independent company not affiliated with Blue Cross of California, its affiliates or parent company.*

*Our dental plans blend **reliability and flexibility**. The result?  
More cost control for you and your employees ... and the **quality dental coverage** they deserve.*

# Overview of PPO Dental Plans

## A Variety of Choices for Any Budget

Selecting a BC Life & Health Insurance Company PPO Dental plan gives your employees many flexible options. Highlights include:

- Freedom to choose any dentist or specialist
- Access to quality care at discounted fees
- One of the largest provider networks in California
- Coverage for both routine visits and more extensive procedures
- **HealthyExtensions<sup>SM</sup>** provides information about 10-50% discounts on health and wellness products and services from independent vendors and practitioners\*

## Our PPO Dental coverage enables your employees to choose any dentist or specialist.

However, like our medical PPO plans, members pay less when they see one of our network providers.

## Pricing Based on Group Size

You may want to consider our BC Life & Health Silver, Gold, and Platinum product series:

- Silver 1000
- Gold 1500
- Gold Preferred 1500
- Platinum 2000
- Platinum Preferred 2000

These five plans waive all waiting periods for groups of 25 or more enrolling employees, and offer group size-based pricing. The larger the group, the lower the rate. We assign pricing based on three group size ranges:

- Groups of 2-9 enrolling employees
- Groups of 10-24 enrolling employees
- Groups of 25-50 enrolling employees



Please turn the page to view a side-by-side comparison chart for all of our PPO plans. **Offer one to your employees – or all eight.** Whatever you choose, you'll have peace of mind knowing that you are offering quality dental plans from one of the most trusted, experienced companies in California.

*\* This program is provided by Blue Cross as a service to our members. This service does not constitute benefits under Blue Cross plans and is subject to change or cancellation without notice. Goods and services available through discount programs are not benefits of coverage. Blue Cross does not endorse or recommend any goods or services provided at a discount by these vendors or practitioners. These programs may be changed or withdrawn at any time without notice by the offering vendor or practitioner.*

# PPO Dental Plans Comparison

# PPO Dental

Refer to the Summaries of Features for each plan, and go to the Exclusions and Limitations in this brochure. Applicants are advised to review the Exclusions and Limitations prior to applying for coverage, and to refer to the comprehensive description of coverage, benefits and limitations contained in their Certificates for full plan provisions.

**Note:** Shading below is used to indicate change, if applicable, from plan to plan.

WHAT THE PLAN PAYS:			Group Size Priced PPO Plans						
			Silver 1000	Gold 1500	Gold Preferred 1500	Platinum 2000	Platinum Preferred 2000	Basic Option PPO	Standard Option PPO
<b>Annual Deductible</b> <sup>1</sup> Waived in-network for Preventive & Diagnostic Services			\$50/3				\$75/3	\$50/3	
<b>Annual Maximum</b> – per member			\$1,000	\$1,500		\$2,000		\$1,000	\$2,000
<b>Preventive &amp; Diagnostic Services</b> Cleanings Fluoride Application Oral Exams, X-rays & Consultations	In-Network <sup>2</sup>	▶ We Pay	100%						
	Out-of-Network <sup>3</sup>		80%		100%	50%	80%		
<b>Minor Restorative Services</b> Filling of cavities (Amalgam/Resin)	In-Network <sup>2</sup>	▶ We Pay	80%		90%	50%	80%		
	Out-of-Network <sup>3</sup>		60%		80%	50%	80%		
<b>Major Restorative Services</b> Oral Surgery: tooth extraction	In-Network <sup>2</sup>	▶ We Pay	50%	80%	60%	90%	50%	80%	
	Out-of-Network <sup>3</sup>		40%	60%	50%	80%	50%	80%	
Endodontics: root canal therapy	In-Network <sup>2</sup>	▶ We Pay	50%	80%	60%	90%	50%	80%	
	Out-of-Network <sup>3</sup>		40%	60%	50%	80%	50%	80%	
Periodontics: scaling (root planing) <sup>4</sup>	In-Network <sup>2</sup>	▶ We Pay	50%	80%	60%	90%	50%		
	Out-of-Network <sup>3</sup>		40%	60%	50%	80%	50%		
Prosthodontics: removable and fixed <sup>4</sup>	In-Network <sup>2</sup>	▶ We Pay	50%		60%		50%		
	Out-of-Network <sup>3</sup>		40%		50%		50%		
<b>Orthodontic Services</b>	In-Network <sup>2</sup> or Out-of-Network <sup>3</sup>	▶ We Pay	50%				Not Covered		50%
	Lifetime Maximum Per Member		\$1,000		\$1,500		Not Covered		\$1,500

See contract for benefit and frequency limitations.

<sup>1</sup> Applies to Individuals/Families; 3-member maximum.

<sup>2</sup> Percentage applies to negotiated provider fee after the deductible is met.

<sup>3</sup> Percentage applies to covered expenses after the deductible is met. The covered expense on the Group Size Priced PPO Plans are based on the following: We purchase claims data from an outside vendor, which determine amounts dentists charge in a given area for various services. Out-of-network reimbursement is based on the 80th percentile of that data (80 percent of the dentists included in the data charge that amount or less). Covered expense on the Basic,

Standard and High Option PPO Plans is based on a dental limited fee schedule.

Members are responsible for costs in excess of covered expenses, in addition to their copays and deductibles.

<sup>4</sup> 12-month waiting period for periodontics and prosthodontics. Waiting period waived for groups of 25 or more enrolling employees on the Silver, Gold and Platinum Plans.

# Plans Comparison



The **Financing Options** you need  
and the **Coverage Choices** your employees want.

# Overview of HMO Dental Plans

## Comprehensive Care at an Affordable Price

Choosing a Blue Cross of California HMO Dental plan offers your employees affordable, easy-to-use coverage. Highlights include:

- No deductibles or annual maximums
- Low out-of-pocket costs
- No waiting periods on preventive, diagnostic and minor restorative services
- Orthodontic services for children and adults
- **HealthyExtensions<sup>SM</sup>** provides information about 10-50% discounts on health and wellness products and services from independent vendors and practitioners\*

**It's easy to use:** An employee simply chooses a participating provider from one of our HMO networks. This provider will coordinate all care including referrals to specialists. Please note that only services received from a participating provider are covered by our HMO Dental plans.

The side-by-side comparison chart on the following page details some of the features of our HMO plans. **Offer one or both to your employees or combine with our PPO plans.**

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## Dental Network Availability:

The Blue Cross Dental SelectHMO Plan has participating dental providers in the following counties:

San Diego, Orange, Los Angeles, Santa Barbara, San Luis Obispo, Solano, Sonoma, San Francisco, Marin, Contra Costa, Alameda, Santa Clara, Sacramento and San Joaquin.

## Counties with Limited Availability:

Ventura, Riverside, El Dorado, San Bernardino, Kern, Fresno, Kings, Monterey, Placer, San Mateo, Santa Cruz and Tulare.

Our HMO Dental plans **balance the comprehensive coverage**  
your employees want with the lower costs they need.

# HMO Dental Plans Comparison

# Comparison

Benefits	Member's Copay	
	Dental SelectHMO	Dental Net
	Participating Dental Office Only*	Participating Dental Office Only*
<b>Diagnostic</b>		
Oral examinations	No charge	No charge
X-rays	No charge	No charge
<b>Preventive</b>		
Prophylaxis: adult	No charge **	No charge
Prophylaxis: child	No charge **	No charge
Topical Fluoride: child	No charge	No charge
<b>Restorative</b>		
Fillings: amalgams and anterior composites	No charge	\$16
Stainless steel crowns: primary teeth	\$106	\$20
<b>Endodontics</b>		
Pulp cap: direct	\$32	No charge
Root canal: anterior	\$289	\$120
Root canal: bicuspid	\$341	\$140
Root canal: molar	\$459	\$160
Pulpotomy	\$62	\$10
<b>Periodontics</b>		6 month waiting period
Gingivectomy: one to three teeth per quadrant	\$72	\$16
Gingivectomy: four or more contiguous teeth per quadrant	\$194	\$100
Scaling/root planing: per quadrant	\$101	\$34
Osseous surgery: per quadrant	\$520	\$240

Benefits (cont'd)	Member's Copay	
	Dental SelectHMO	Dental Net
	Participating Dental Office Only*	Participating Dental Office Only*
<b>Oral Surgery</b>		
Extraction of erupted tooth or exposed root	\$60	\$20
Impaction: soft tissue	\$136	\$55
Impaction: partial bony	\$176	\$75
Impaction: full bony	\$200	\$85
<b>Prosthodontics</b>		6 month waiting period
Crown: porcelain fused to high noble metal	\$432	\$190
Post/core prefabrication	\$121	\$40
Complete denture	\$577	\$280
Partial denture	\$430	\$320
Denture reline: chairside	\$103	\$40
Denture: broken tooth repair	\$57	\$25
<b>Other Services</b>		
Out-of-area emergency care maximum payment: \$50	All charges over \$50 including applicable copay(s)	All charges over \$50 including applicable copay(s)
Office visit: after hours	\$56	\$45
Local anesthesia	\$14	No charge
<b>Orthodontics</b>		
24 months of standard orthodontic care, exclusive of records fees	Services Rendered at Participating Orthodontists	Services Rendered at Participating Orthodontists
Adult (age 18 and over)	\$3,045	\$1,850
Child (through age 17)	\$2,870	\$1,450

All listed amounts are the member's responsibility to pay. See contract for benefit and frequency limitations.

\* These copays apply only when services are rendered by a participating dentist. Specialty services provided by a Specialty dentist are included on a separate schedule in your contract or Evidence of Coverage.

See contract for benefit and frequency limitations.

\*\* First two cleanings in 12 consecutive months. All additional cleanings in 12 consecutive months require a copay.

Dental Net and Dental SelectHMO Plans are offered by Blue Cross of California, a health care service plan regulated by the Department of Managed Health Care (DMHC).

# Overview of Voluntary Dental Plans

## Voluntary PPO Dental Plan

Our BCL&H Voluntary PPO Dental Plan allows employers to offer quality, comprehensive dental protection at discounted costs. Under this plan:

- Employers may choose any dentist
- Employers pay just 49% or less of the premium allowing employees to pay up to 100% of the premiums
- Employee and dependent premiums are collected through payroll deductions
- Preventive and diagnostic care begin immediately after approval
- Many services are offered at little or no cost

## Voluntary Dental Saver SelectHMO Plan

Our Blue Cross of California Voluntary Dental Saver SelectHMO Plan allows employers to offer highly affordable, easy-to-understand dental coverage. Under this plan:

- Members receive unlimited benefits with participating dentists, low office copays, no annual maximums and no deductibles
- Employers pay just 49% or less of the premiums allowing employees to pay up to 100% of the premiums
- Employee and dependent premiums are collected through payroll deductions
- Preventive and diagnostic care begin immediately after approval
  - **Dental Network Availability:** The Voluntary Dental Saver SelectHMO Plan has participating dental providers in the following counties: San Diego, Orange, Los Angeles, Santa Barbara, San Luis Obispo, Solano, Sonoma, San Francisco, Marin, Contra Costa, Alameda, Santa Clara, Sacramento and San Joaquin.
  - **Counties with Limited Availability:** Ventura, Riverside, El Dorado, San Bernardino, Kern, Fresno, Kings, Monterey, Placer, San Mateo, Santa Cruz and Tulare.

## To enroll in our Voluntary PPO or Voluntary HMO Plan:

- Two or more eligible employees must be enrolled in Blue Cross Medical coverage
- A minimum of three participating employees or 25% of eligible employees (whichever is greater) must enroll in the Voluntary PPO Dental Plan and/or Voluntary Dental Saver SelectHMO Plan
- Employee and dependent premiums must be paid through payroll deduction

# Comprehensive Protection

# Voluntary Dental Plans Comparison

# Dental Plans

	Member's Copay	Insurance Plan Pays	
	Dental Saver SelectHMO	PPO Dental Plan	
Benefits	Participating Dental Office Only*	Participating Dental Office	Non-Participating Dental Office
<b>Diagnostic Care</b>			
Periodic oral examinations	No charge	100%	\$16
Full mouth X-rays	No charge	100%	\$45
<b>Preventive Care</b>			
Prophylaxis: adult/child	No charge**	100%	\$35/\$22
Topical fluoride: child	No charge	100%	\$15
<b>Restorative: Filling - Permanent</b>		6 month waiting period	
1 surface	\$54	\$28	\$28
2 surfaces	\$64	\$37	\$37
3 surfaces	\$75	\$42	\$42
4 or more surfaces	\$89	\$50	\$50
<b>Oral Surgery</b>		6 month waiting period	
Single extraction	\$60	\$60	\$60
Impaction: soft tissue	\$136	\$80	\$80
Impaction: partial bony	\$176	\$95	\$95
Impaction: complete bony	\$200	\$120	\$120
<b>Endodontic Care</b>		12 month waiting period	
Root canal: anterior	\$289	\$120	\$120
Root canal: bicuspid	\$341	\$145	\$145
Root canal: molar	\$459	\$185	\$185
<b>Periodontics</b>		12 month waiting period	
Scaling/root planing: per quadrant	\$101	\$36	\$36
Gingivectomy: one to three contiguous teeth per quadrant	\$72	\$32	\$32
Gingivectomy: four or more contiguous teeth per quadrant	\$194	\$115	\$115

See contract for benefit and frequency limitations.

\*These copays apply only when services are rendered by a participating dentist.

Specialty services provided by a Specialty dentist are included on a separate schedule in your contract or Evidence of Coverage.

See contract for benefits and frequency limitations.

\*\*First two cleanings in 12 consecutive months. All additional cleanings in 12 consecutive months require a copay.

\*\*\*If a combined total of 10 or more employees enroll in the Small Group Voluntary PPO Dental Plan and/or the Dental Saver SelectHMO Plan, child orthodontic benefits (up to \$500 lifetime maximum per child) will be added to the Voluntary PPO Dental Plan at no additional cost. Please refer to the Certificate for more information.

	Member's Copay	Insurance Plan Pays	
	Dental Saver SelectHMO	PPO Dental Plan	
Benefits (cont'd)	Participating Dental Office Only*	Participating Dental Office	Non-Participating Dental Office
<b>Prosthodontic Care</b>		12 month waiting period	
Crown: porcelain with high noble metal	\$432	\$200	\$200
Complete upper or lower dentures	\$577	\$260	\$260
Partial denture	\$430	\$240	\$240
<b>Orthodontic Care</b>			
Child	\$2,870	See below***	See below***
Adult	\$3,045	Not covered	Not covered
Retention	\$300	Not covered	Not covered
<b>Cosmetic Care – Resin Filling</b>			
Permanent, one surface, posterior	\$75	No charge	No charge
Labial veneer (laminate) – chairside	\$187	No charge	No charge
<b>Other Services</b>			
Office visit	\$5	N/A	N/A
Annual deductible	None	\$50 per person 3 member maximum	
Annual maximum benefit	Unlimited	\$1,000 per member	

# Exclusions and Limitations

# Exclusions

This is an overview only. A comprehensive description of exclusions and limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

## Exclusions and Limitations Common to All Dental Plans:

- Services or supplies that are not medically necessary.
- Any services in excess of the maximum amounts stated in the plan.
- Services received before your effective date or after your coverage ends.
- Services for which you are not legally obligated to pay or for services which no charge is made to you in the absence of insurance coverage.
- Any condition for which benefits are recovered or can be recovered either by adjudication, settlement or otherwise, under any workers' compensation, or similar law, even if you do not claim those benefits.
- Any services you actually received that were provided by a local, state or federal government agency except when payment under this Plan is expressly required by federal or state law. Blue Cross will not cover payment for these services if you are not required to pay for them or they are given to you for free. Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid.
- Services for treatment of cysts and neoplasms.
- All hospital costs and any additional fees charged by the dentist for hospital treatment.
- Professional services received from a person who lives in the insured's home or who is related to the insured by blood, marriage or adoption.
- Prescription drugs, prescribed drugs, pre-medication or analgesia (including nitrous oxide).
- Charges for treatment by other than a licensed dentist or physician, except charges for dental prophylaxis performed by a licensed dental hygienist.
- Dental treatment or procedures (other than those for replacement of structure lost due to dental decay) required in conjunction with opening a bite or replacing tooth structure lost by wear, erosion or abrasion or due to bruxism. (Does not apply to alteration by removable prosthodontics.)
- Gold or porcelain fillings on primary teeth.

## Orthodontic Exclusions and Limitations common to all Dental Plans which include Orthodontic Benefits:

- Replacement of lost or stolen orthodontic appliances or repair of orthodontic appliances broken due to negligence of the insured.
- Surgical procedures incidental to orthodontic treatment, including but not limited to, extraction of teeth, solely for orthodontic reasons, exposure of impacted teeth, correction of micrognathia or macrognathia, or repair of cleft palate.
- Changes in treatment necessitated by an accident of any kind.
- Myofunctional therapy and related services. (Myofunctional therapy involves the use of muscle exercises as an adjunct to orthodontic mechanical correction or malocclusion.)
- Treatment of orthodontic cases begun prior to the insured's effective date of coverage or after the termination of eligibility for coverage.
- Treatment related to the joint of the jaw (temporo-mandibular joint, TMJ) and/or hormonal imbalance.

## Additional Orthodontic Exclusions and Limitations Specific to the High Option PPO, FFS, Silver, Gold, Gold Preferred, Platinum, Platinum Preferred and Dental Net Plans:

- Any orthopedic/orthodontic treatment which may be deemed advantageous or necessary by the participating orthodontist prior to standard active treatment. Orthodontic treatment for malocclusions, which in the opinion of the participating orthodontist will not produce beneficial results.
- The re-treatment of a previously treated orthodontic case (whether treated under this coverage, at fee-for-service, or under another benefit plan) is not covered.
- Special orthodontic appliances including but not limited to lingual or invisible braces, sapphire or clear braces, or ceramic braces are considered cosmetic and not included as covered benefits under the Certificate.
- Orthodontic records including, but not limited to, cephalometric tracing, photographs, study models, and diagnostic radiographs.

## Exclusions and Limitations Common to All PPO Plan/FFS and Dental Net:

- Diagnosis or treatment of the joint of the jaw and/or occlusion (the way the upper and lower teeth meet) services, supplies or appliances provided in connection with any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means.

- Any treatment, including crowns, caps and/or bridges to change the way the upper and lower teeth meet (occlusion).
- Dental treatment or procedures (other than those for replacement of structure lost due to dental decay) required in conjunction with opening a bite or replacing tooth structure lost by wear, erosion or abrasion or due to bruxism. (Does not apply to alteration by removable prosthodontics.)
- Oral examinations including prophylaxis (teeth cleaning) exceeding two visits per member per calendar year.
- Any services performed for cosmetic purposes, including but not limited to bleaching of non-vital discolored teeth, veneers and all other cosmetic procedures (unless specifically shown as a covered benefit).
- Replacement of an existing prosthesis which in the opinion of the dentist can be made satisfactory or one that has been lost or stolen.
- Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusions. These include but are not limited to:
  - Changing the vertical dimension.
  - Replacing or stabilizing lost tooth structure by attrition, abrasion, erosion or bruxism.
  - Realignment of teeth.
  - Gnathological recording.
  - Occlusal equilibration.
  - Splinting.
- Dental treatment to correct a congenital or developmental malformation of the maxilla and/or mandible (including but not limited to supernumery and/or over retained deciduous teeth).
- Fixed bridges, removable cast partials and/or cast/crown with or without veneers and inlays for members under sixteen (16) years of age. Space maintainers for members under sixteen (16) years of age.
- Replacement of crowns and cast restorations including porcelain inlays and porcelain crowns, if such replacement occurs within five (5) years of the original placement.
- Services on teeth that appear to have a poor prognosis, or that are not reasonably necessary or customarily performed are not covered.
- Temporary services are considered an integral part of the final services rather than a separate service, and are therefore not eligible for benefits.
- In cases where multiple acceptable methods of treatment exist, the least expensive professionally acceptable treatment is considered the covered benefit.

# & Limitations

- Dental procedures and charges incurred as part of implants or the removal of same.

## **Exclusions and Limitations Common to All PPO/FFS Plans:**

- Services not included as a covered procedure, unless they are similar in nature to an included procedure; in such event the benefit payable will be based on the most nearly comparable services included.
- More than one set of full-mouth X-rays or a panorex in a three-year period.
- Fluoride applications are limited to once per member per calendar year up to the age of 18.
- Adjustment, repairs or relines of prostheses for a period of six months from initial placement if the prostheses were paid for under the Certificate.
- If a principle member transfers from the care of one dentist to another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, BC Life & Health shall be liable only for the amount it would have been liable for had one dentist rendered the services.
- Oral hygiene instruction.
- Materials implanted into or on bone or soft tissue and all adjunctive services (including, but not limited to, surgery, prostheses, cleaning, etc.) performed in conjunction with the placement or removal of implants.
- Replacement of teeth missing prior to the effective date of coverage with partial dentures, complete dentures or fixed bridges.
- If multiple endodontic treatments are necessary on the same tooth within a period of one year, the allowance will be made for only one procedure.
- The extraction of immature erupting third molars and nonpathologic, asymptomatic third molar extractions.
- Sealants are limited to one treatment every 36 months for children under 15 years of age for unrestored permanent first and second molars.
- Periodontal scaling and root planing will be limited to once per quadrant per 24 months. Polishing of all teeth is considered part of this treatment.
- Osseous and mucogingival surgery will be limited to once per quadrant per 36 months.
- Gross debridement allowed one time at the beginning of a periodontal treatment plan, prior to pocket depth charting. Subsequent requirement for debridement is considered patient neglect and would be the financial responsibility of the member.
- Crown lengthening is not covered.

- Replacement of a fixed or removable prosthesis if such replacement occurs within five (5) years of the original placement, unless used during the healing period for recently extracted anterior teeth. Initial placement of prosthetics if teeth being replaced have been missing before insured was covered by the plan.

## **Additional Exclusions and Limitations Specific to the Basic and Standard Option PPO and FFS Dental Plans and PPO Voluntary Plan without Orthodontic Benefits:**

- Braces, appliances and all related orthodontic services and surgery necessary in conjunction with orthodontic treatment are not covered.

## **Exclusions and Limitations Common to All HMO Dental Plans:**

- Dental services must be received from the member's participating dental office unless an exception is specifically authorized by the member's selected participating dental office and/or Blue Cross in writing.
- In the event of a member's loss of coverage, for any reason, and at the time of loss of coverage the member is still receiving orthodontic treatment during the 24 month treatment period, the member and NOT Blue Cross will be responsible for the remainder of the cost for that treatment, at the contracted fee for the months of treatment remaining.
- Any treatment to correct a dental condition that resulted from dental services performed by a non-participating dentist while this coverage is in effect, and any dental services started by a non-participating dentist will not be the responsibility of the participating dental office or Blue Cross for completion.
- Treatment of fractures or dislocations.
- Histopathological exams, and/or removal of tumors, cysts, neoplasms and foreign bodies.
- Teeth with questionable, guarded or poor prognosis are not covered for endodontic, periodontal surgery, or crown and bridge.

## **Orthodontic Exclusions and Limitations Common to All HMO Dental Plans:**

- Orthodontic services must be received from a participating orthodontic office.

## **Additional Exclusions and Limitations Specific to the Dental Net Plan:**

- Any procedure not specifically listed as a covered service.
- Periodontal scaling and root planing and/or gingival curettage are limited to one course of therapy per quadrant in a 12-month period.

- Partial dentures are not eligible for replacement within five (5) years of original placement unless required as a result of additional tooth loss which cannot be restored by modification of the existing partial denture.
- For crowns, nonremovable bridges and periodontal surgery, the member must meet the six-month waiting period described in the Exclusions and Limitations section of the Evidence of Coverage before any of these services are covered.
- Complete and/or partial denture relines are limited to one per denture in a 12-month period.
- The use of alloys with 25 percent or more noble metal content for any restorative procedure is considered optional and if used, the additional cost for such alloy is the member's responsibility.
- Removal of impacted teeth is limited to impactions which show radiographic evidence of pathologic condition or for which the member experiences symptoms of infection, swelling or chronic pain.
- Pediatric dental specialist services are limited to \$500 in a 12-month period. Charges exceeding \$500 in a 12-month period are the member's responsibility.
- For active orthodontic treatment extending beyond the 24-month period, but before the retention phase begins, the member will be required to pay the participating orthodontist up to \$55 for each additional month of active treatment.
- Retention services include initial fabrication, placement, observation and adjustment of passive retention appliances for a 12-month period. The retention services fee of \$250 is the member's responsibility and is payable at the beginning of the retention phase of treatment.
- Coverage for any dental treatment which, because of the member's general health, or mental, emotional, behavioral or physical limitations cannot be performed in the participating dental office.
- Tooth implantation or transplantation, orthognathic surgery, soft tissue or osseous grafts, hemisection, root amputation, apexification, alveoloplasty, vestibuloplasty or ostectomy procedures.
- Dental treatment or expenses incurred in connection with periodontal splinting.
- General anesthesia, inhalation sedation, intravenous sedation or intramuscular sedation.



**Annual Maximum Benefit** – The maximum dollar amount that a plan will pay per calendar year for covered expenses

**Annual Deductible** – The amount you pay each calendar year for covered services before your plan begins paying part of the cost.

**Copayment** – A set amount you pay for a specific dental service, such as a \$10 fee for an office visit.

**Covered Expenses** – The amount you incur for medically necessary covered services. For participating dentists on all PPO plans, the covered expense will not include any amount exceeding the negotiated rate. For non-participating dentists on the Basic, Standard and High Option plans, the covered expense will not include any amount exceeding the dental limited fee schedule. For non-participating dentists on the Gold, Silver and Platinum plans, the covered expense is the lesser of the dentist's actual charge or the amount we determine to be the maximum covered expense. (Covered expense is determined as follows: we purchase claims data from a reliable third party vendor showing us what dentists charge in a given area for various services; for each area and each service we determine the 80th percentile; i.e., 80% of the dentists included in the third party's data charge that amount or less for that service.)

**Dental Limited Fee Schedule** – The maximum amounts Blue Cross will pay for certain procedures provided by a non-participating dentist.

**Major Restorative Services** – Typically includes such services as oral surgery, tooth extraction, root canal therapy, treatment of gum disease and removable and fixed prosthodontics.

**Minor Restorative Services** – Typically includes such services as fillings.

**Negotiated Fees** – Discounted fees that Blue Cross of California and BC Life & Health have negotiated with dentists.

**Preventive Care** – Typically includes such services as office visits, cleanings and fluoride applications.

**Benefit Waiting Period** – The amount of time between enrollment and when benefits begin.

*Offering a variety of affordable, easy-to-administer PPO, HMO and Voluntary dental plans that fit your employees' needs and your budget.*

## Eligible Employees

### **Full-Time**

Employees must be employed on a permanent, full-time basis and have a normal work schedule of at least 30 hours per week. In addition, they must be compensated for that work by the employer (subject to withholding appearing on a W-2 form).

### **Part-Time**

Employees must be employed on a permanent, part-time basis and have a normal work schedule of 15 to 29 hours per week. The employer must choose one of two part-time options, either 15 to 29 or 20 to 29 hours. All part-time employees must be compensated for that work by the employer (subject to withholding appearing on a W-2 form). Note: It is the employer's option to offer health coverage to part-time employees. If that option is exercised, all similarly situated individuals must be offered coverage under the employer's benefit plan.

### **Sole Proprietors/Partners/Corporate Officers**

Sole proprietors, partners and corporate officers must work at least 20 hours per week to be eligible for coverage.

## Eligible Dependents

An eligible dependent has one of the following relationships with an eligible employee:

- Lawful spouse
- Registered domestic partner
- Unmarried child under age 19 (natural or legally adopted) of the employee or the employee's enrolled spouse/domestic partner (restrictions may apply)
- Unmarried child (between 19 and 24) who is a full-time student and qualifies as a dependent for federal income tax purposes
- Ward (child) of a permanent legal guardian

## Ineligible Employees

Temporary, seasonal, leased or substitute workers and persons compensated on a 1099 basis are not eligible to enroll in a Blue Cross Small Group plan.

### **Effective Date**

The date coverage takes effect for a group must be the 1st or 15th of a month.

### **Employer Waiting Periods**

After employees are hired, there may be a specific period they must be employed, known as an employer waiting period, before they and their eligible dependents become eligible for group coverage. The employee's eligibility date is the first of the month after the waiting period ends. Employers may choose a waiting period of the first of the month following an employee's date of hire, or one, two, three, four, five or six months of employment before an employee becomes eligible for benefits.

### **Spouses**

A husband and wife employed at the same company may both be covered as employees. Children may be considered the dependents of either one or both of the employees.

To be eligible as a Domestic Partner, the Subscriber and Domestic Partner must have properly filed a Declaration of Domestic Partnership with the California Secretary of State pursuant to the California Family Code, or have properly filed an equivalent document in accordance with the laws of another jurisdiction recognizing the creation of domestic partnerships.

### **Adding Employees and Dependents**

New employees and dependents must submit completed applications to Blue Cross within 30 days of becoming eligible for coverage. Applications must be received no later than the last day of the month in which the employee is eligible. Applications received beyond that date will be treated as a late enrollee.

### **Declining Coverage**

Employees who choose not to participate in a group's health plan must decline coverage by completing Sections 2 and 4 of the Small Group Employee Application within 30 days of becoming eligible.

### **Late Enrollment/Open Enrollment**

Employees and dependents eligible for coverage who choose to enroll at a later date may be considered late enrollees. Late enrollees who initially declined coverage are eligible to enroll on their group's anniversary date. This process is known as Open Enrollment.



## Term of Coverage

Coverage remains in force as long as the group pays the required premium on time and remains eligible for membership. Coverage will cease if the group becomes ineligible for reasons including, but not limited to, the following:

- Failure to provide accurate eligibility information or other breach of contract
- Material misrepresentations
- Nonpayment of premium
- Failure to meet minimum contribution and participation requirements

## Dental Employer Contributions

Employers must contribute either: a minimum of 50 percent of the employee's monthly dental premium (Traditional Option); or pay any flat amount of at least \$15 per employee in \$5 increments (Fixed Dollar Option). Voluntary Plan contribution is also available (see pages 8 & 9). The employer is not required to contribute toward dependents' coverage.

## Employee Participation

The standard employee participation requirement in the group's dental plan is a minimum of 75 percent of eligible employees.

If an employer is paying 100 percent of employees' dental premiums, 100 percent of eligible employees must enroll.

An employee who declines coverage because he/she is covered by a spouse's employer's group medical or dental plan may be excluded in determining participation.

In order to offer Voluntary Dental plans, there must be a minimum of 25 percent or three employees, whichever is greater, in either the Voluntary PPO or HMO Dental plans (or a combination of both) with medical coverage.

## Changes in Coverage

A group may request changes in its waiting period, contribution approach, coverage, plans or benefits six months after the original effective date or once in a 12-month period. Requests for coverage changes must be received 30 days prior to the requested effective date, and these requests are subject to underwriting review.

Certain other change requests can only become effective on the group's anniversary date and may be subject to underwriting review, including:

- Adding part-time employee coverage

## Your Right to Privacy

Blue Cross of California and BC Life & Health Insurance Company are fully committed to protecting our members' privacy. Our complete Notice of Privacy Practices provides a comprehensive overview of the policies and practices we enforce to preserve our members' privacy rights and control use of their health care information, including:

- Your right to authorize release of your private health information
- Your right to limit access to your private health information
- Protection of oral, written and electronic information
- Use of data
- Information shared with employers

You may obtain our complete Notice of Privacy Practices from our Web site at [www.bluecrossca.com](http://www.bluecrossca.com) or by calling Blue Cross Small Group Customer Service at (800) 627-8797.

## Grievances

All complaints and disputes relating to a member's coverage must be resolved in accordance with Blue Cross' grievance procedure. You can report your grievance by phone or in writing; see your Blue Cross ID card for the appropriate contact information. All grievances received by Blue Cross that cannot be resolved by phone (when appropriate) to the mutual satisfaction of the member and Blue Cross will be acknowledged in writing, together with a description of how Blue Cross proposes to resolve the grievance. Grievances that cannot be resolved by these procedures shall be resolved as indicated through binding arbitration, or if the plan you are covered under is subject to the Employee Retirement Income Security Act of 1974 (ERISA), in compliance with ERISA rules.

If the group is subject to ERISA, and a member disagrees with Blue Cross' proposed resolution of a grievance, the member may submit an appeal by phone or in writing, by contacting the phone number or address printed on the letterhead of the Blue Cross response letter.

For the purposes of ERISA, there is one level of appeal. For urgent care requests for benefits, Blue Cross will respond within 72 hours from the date the appeal is received. For pre-service requests for benefits, the member will receive a response within 30 calendar days from the date the appeal is received. For Post-Service claims, Blue Cross will respond within 60 calendar days from the date the appeal is received.

If the member disagrees with Blue Cross' decision on the appeal, the member may elect to have the dispute settled through alternative resolution options, such as mediation.

## Department of Managed Health Care (for HMO dental plans only)

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 888-209-7852 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

## Binding Arbitration

If the plan is subject to ERISA, any dispute involving a request or claim for medical services must be resolved under ERISA claims procedure rules, and is not subject to mandatory binding arbitration. Members may pursue voluntary binding arbitration after they have completed an appeal under ERISA rules.

If the member has another dispute that does not involve a request or claim for medical services, or if the group is not subject to ERISA, the following provisions apply: Any dispute between the employer and/or the member and Blue Cross must be resolved by binding arbitration (not by lawsuit or trial by jury or other court process, except as California law provides for judicial review of arbitration proceedings), if the amount in dispute exceeds the jurisdictional limit of the Small Claims Court.

Under this coverage, both the member and Blue Cross are giving up the right to participate in class arbitration or have any dispute decided in a court of law before a jury.

## Third Party Liability

If a member is injured, the responsible party may be legally obligated to pay for dental expenses related to that injury. Blue Cross may recover benefits paid for dental expenses if the member recovers damages from a legally liable third party. Examples of third party liability situations include auto accidents and work-related injuries.

## Voiding Coverage for False and Misleading Information

False or misleading information or failure to submit any required enrollment materials may form the basis for voiding coverage from the date a plan was issued or retroactively adjusting the premium to what it would have been if the correct information had been furnished. No benefits will be paid for any claim submitted if coverage is made void. Premiums already paid for the time period for which coverage was rescinded will be refunded, minus any claims paid.

# Rating Areas & Rates

Rates rounded to whole dollars

**Area 1:** Del Norte, Lassen, Modoc, San Benito (ZIP code 95004 only), Monterey, Plumas, San Luis Obispo (ZIP code 93426 only), Shasta, Sierra, Siskiyou, Tehama, Trinity

**Area 2:** Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings (ZIP code 93631 only), Madera, Marin, Mariposa, Merced, Mono, Nevada, Placer, Sacramento, San Benito (except ZIP code 95004), San Joaquin, San Mateo, Santa Clara (ZIP code 94303 only), Stanislaus, Tuolumne

**Area 3:** Alameda, Butte, Colusa, Contra Costa, Glenn, Humboldt, Lake, Mendocino, Napa, San Francisco, Santa Clara (except ZIP code 94303), Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba

**Area 4:** Orange, Riverside (ZIP code 92883 only)

**Area 5:** Los Angeles (except ZIP codes beginning with 906-912, 915, 917-918, 935), Ventura (ZIP codes beginning with 913)

**Area 6:** Imperial, Riverside (except ZIP code 92883), San Bernardino, San Diego

**Area 7:** Kern, Kings (except ZIP code 93631), Tulare

**Area 8:** San Luis Obispo (except ZIP code 93426), Santa Barbara, Ventura (except ZIP codes beginning with 913)

**Area 9:** Los Angeles (ZIP codes beginning with 906-912, 915, 917-918, 935)

Areas:		Silver 1000*			Gold 1500*			Gold Preferred 1500*			Platinum 2000*			Platinum Preferred 2000*		
		1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	Group Size 2-9	\$36	\$40	\$43	\$37	\$42	\$46	\$42	\$48	\$52	\$50	\$53	\$57	\$57	\$61	\$65
	10-24	33	36	39	34	39	42	38	43	47	45	48	51	51	54	58
	25-50	30	32	35	31	35	38	35	39	43	42	45	48	48	52	55
Employee & Spouse	Group Size 2-9	71	78	84	73	83	91	83	94	103	99	104	113	113	121	129
	10-24	64	70	76	66	75	82	75	85	93	88	93	101	101	108	115
	25-50	58	64	69	60	69	75	68	77	84	83	89	95	95	101	108
Employee & Child	Group Size 2-9	67	73	79	68	78	85	77	88	96	93	99	106	105	113	120
	10-24	60	66	71	62	71	77	70	80	87	82	88	94	94	100	107
	25-50	55	60	65	56	64	70	64	72	79	78	83	89	88	95	101
Employee & Children	Group Size 2-9	100	109	118	102	116	127	115	131	143	138	148	158	158	169	180
	10-24	90	98	106	93	105	115	104	118	129	123	132	141	140	150	160
	25-50	81	89	96	84	95	104	94	107	117	116	124	132	132	142	151
Family	Group Size 2-9	121	132	143	124	141	154	140	160	174	168	180	192	191	204	218
	10-24	109	119	129	112	127	139	126	144	157	150	160	171	170	182	194
	25-50	99	108	117	102	116	126	114	130	142	141	151	161	160	172	183

\*Underwritten by BC Life & Health Insurance Company; all other plans underwritten by Blue Cross of California

# Rating Areas & Rates

Areas:	Basic Option PPO/FFS*			Standard Option PPO/FFS*			High Option PPO/FFS*			Dental Net			Dental SelectHMO		
	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 3, 7	4, 5, 6, 9	8	All Areas Same Rate - Limited Service Areas		
Employee Only	\$24	\$26	\$28	\$32	\$38	\$41	\$47	\$51	\$54	\$20	\$14	\$17	\$13	\$13	\$13
Employee & Spouse	46	51	55	67	72	80	94	100	109	31	24	28	26	26	26
Employee & Child	37	40	43	54	61	67	88	95	100	31	24	28	26	26	26
Employee & Children	53	59	63	84	91	100	131	141	151	47	36	42	39	39	39
Family	73	82	88	105	117	128	159	171	183	47	36	42	39	39	39

Voluntary PPO Dental Plan*			
All Areas Same Rate			
Employee Only	\$26	\$26	\$26
Employee & Spouse	53	53	53
Employee & Child	39	39	39
Employee & Children	56	56	56
Family	78	78	78

Voluntary Dental Saver SelectHMO Plan			
All Areas Same Rate - Limited Service Areas			
Single	\$9	\$9	\$9
Two-party	18	18	18
Three-party - employee, spouse and child(ren), or employee and child(ren)	27	27	27

Dental rates effective May 1, 2005



**BlueCross**  
of California



**BC Life & Health**  
Insurance Company

This is an overview of coverage. A comprehensive description of coverage, benefits, exclusions and limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA. Dental Net and Dental SelectHMO are offered by BCC. Blue Cross PPO and Fee-for-Service dental plans offered by BCL&H.

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