Smile PPO

Policy for Individuals and Families

This dental Policy is issued by Blue Shield of California Life & Health Insurance Company ("Blue Shield Life"), to the Insured whose identification cards are issued with this Policy. In consideration of statements made in the application and timely payment of Premiums, Blue Shield Life agrees to provide the Benefits of this Policy.

NOTICE TO NEW SUBSCRIBERS

Please read this Policy carefully. If you have questions, contact Blue Shield Life. You may surrender this Policy by delivering or mailing it with the identification cards, within ten (10) days from the date it is received by you, to BLUE SHIELD LIFE, 50 BEALE STREET, SAN FRANCISCO, CA 94105. Immediately upon such delivery or mailing, the Policy shall be deemed void from the beginning, and Premiums paid will be refunded.

IMPORTANT!

No Insured has the right to receive the benefits of this Plan for Services or supplies furnished following termination of coverage. Benefits of this Plan are available only for Services and supplies furnished during the term it is in effect and while the individual claiming benefits is actually covered by this Policy. Benefits may be modified during the term of this Plan as specifically provided under the terms of this Policy or upon renewal. If benefits are modified, the revised benefits (including any reduction in benefits or the elimination of benefits) apply for Services or supplies furnished on or after the effective date of the modification. There is no vested right to receive the benefits of this Plan.

TABLE OF CONTENTS

PART PAGE

Summary of Benefits and Insured's Copayments

The following chart outlines specific Dental procedures covered by the Plan and the Insured's Copayment Responsibility for those procedures. Services are listed with the American Dental Association (ADA) Current Dental Technology procedure codes .

For dental Services received from a Participating Dentist, the Insured will be responsible for the amount indicated under the column, "In Network Member Pays:".

For dental Services received from a Non-Participating Dentist, the Plan will reimburse the Insured up to the maximum amount listed under the column, "Out-of-Network Max. Plan Payment:" and the Insured will be responsible for the remainder of the Dentist's billed charges.

Note: See the end of this Summary of Benefits for important benefit footnotes.

ADA CODE	PROCEDURE	In Network Member Pays:	Out-of-Network Max. Plan Payment:
	Diagnostic (Exams and X-Rays) [1]		
0120	Periodic oral exam (Every 6 months)	$0	$16
0140	Limited oral evaluation – problem focused	$0	$24
0150	Comprehensive oral evaluation	$0	$40
0210	Intraoral radiographs – complete series (including bitewings)	$0	$56
0220	Intraoral periapical radiograph – first film	$0	$16
0230	Intraoral periapical radiograph – each additional film	$0	$8
0240	Intraoral occlusal radiograph	$0	$28
0270	Bitewing radiograph – single film	$0	$14
0272	Bitewing radiograph – two films	$0	$20
0274	Bitewing radiograph – four films	$0	$24
0330	Panoramic x-ray	$0	$40
0431	Adjunctive pre-diagnostic test that aids in detection of muscosal abnormalities	$0	$25
0460	Pulp vitality tests	$0	$18
0470	Diagnostic casts	$0	$40
	Preventive (Cleanings and Fluoride) [1]		
1110	Prophylaxis (Adult) Every 6 months	$0	$48
1120	Prophylaxis (Child) Every 6 months	$0	$34
1201	Topical application of fluoride including prophylaxis (Every 6 months) (Covered through age 15)	$0	$35
1203	Topical application of fluoride excluding prophylaxis (Every 6 months) (Covered through age 15)	$0	$15
1205	Topical application of fluoride including prophylaxis (Every 6 months) (Covered age 16 and above)	$0	$48

ADA CODE	PROCEDURE	In Network Member Pays:	Out-of-Network Max. Plan Payment:
	Preventive (Cleanings and Fluoride) [1] ***continued***		
1206	Topical fluoride varnish (covered through age 15)	$0	$19
1351	Sealant application per tooth (Covered through age 15) Maximum of 4 per molar every 5 years	$0	$22
1510	Space maintainer – fixed – unilateral	$0	$148
1515	Space maintainer – fixed – bilateral	$0	$228
1520	Space maintainer – removable – unilateral	$0	$200
1525	Space maintainer – removable – bilateral	$0	$228
1550	Recementation of space maintainer	$0	$25
	Additional Coverage for Women during Pregnancy [1]		
1110	Prophylaxis (Adult) Every 6 months	$0	100% of charge
4341	Periodontal scaling and root planing four (4) or more teeth – per quadrant	$0	100% of charge
4342	Periodontal scaling and root planing – one (1) to three (3) teeth – per quadrant	$0	100% of charge
4910	Periodontal maintenance procedures (limited to two (2) times within 12 months after osseous surgery)	$0	100% of charge
	Minor Restorative (Fillings) There is a 6 month waiting period for these procedures.		
2140	Amalgam – permanent, one surface, primary or permanent	$35	$28
2150	Amalgam – permanent, two surfaces, primary or permanent	$43	$34
2160	Amalgam – permanent, three surfaces, primary or permanent	$53	$42
2161	Amalgam – permanent, four surfaces, primary or permanent	$68	$54
2330	Resin – one surface (anterior) including acid etch	$37	$30
2331	Resin – two surfaces (anterior) including acid etch	$56	$44
2332	Resin – three surfaces (anterior) including acid etch	$68	$54
2335	Resin – four or more surfaces (anterior) involving incisal angle including acid etch	$68	$54
2391	Resin – one surface, posterior including acid etch	$41	$32
2392	Resin – two surfaces posterior including acid etch	$53	$41
2393	Resin – three surfaces, posterior including acid etch	$74	$58
2394	Resin – four surfaces, posterior including acid etch	$100	$79

ADA CODE	PROCEDURE	In Network Member Pays:	Out-of-Network Max. Plan Payment:
	Major Restorative (Crowns) There is a 12 month waiting period for these procedures.		
2510	Inlay – metallic – one surface	$173	$138
2520	Inlay – metallic – two surfaces	$183	$146
2530	Inlay – metallic – three surfaces	$210	$168
2542	Onlay metallic – two surfaces	$142	$112
2543	Onlay metallic – three surfaces	$158	$124
2544	Onlay metallic – four or more surfaces	$175	$138
2610	Inlay – porcelain/ceramic – one surface	$148	$118
2620	Inlay – porcelain/ceramic – two surfaces	$175	$140
2630	Inlay – porcelain/ceramic – three surfaces	$188	$150
2642	Onlay – porcelain/ceramic – two surfaces	$128	$101
2643	Onlay – porcelain/ceramic – three surfaces	$150	$118
2644	Onlay – porcelain/ceramic – four surfaces	$165	$130
2650	Inlay – composite/resin – one surface (lab procedure)	$138	$110
2651	Inlay – composite/resin – two surfaces (lab procedure)	$146	$117
2652	Inlay – composite/resin – three surfaces (lab procedure)	$168	$134
2710	Crown – resin (laboratory)	$160	$128
2712	Crown – ¾ resin (laboratory)	$160	$160
2740	Crown – porcelain/ceramic substrate	$265	$212
2750	Crown – porcelain fused to high noble metal	$320	$256
2751	Crown – porcelain fused to predominantly base metal	$315	$252
2752	Crown – porcelain fused to noble metal	$320	$256
2780	Crown – ¾ cast high noble metal	$298	$238
2781	Crown – ¾ cast predominantly base metal	$298	$238
2782	Crown – ¾ cast noble metal	$298	$238
2790	Crown – full cast high noble metal	$320	$256
2791	Crown – full cast predominantly base metal	$31	$252
2792	Crown – full cast noble metal	$35	$252
2794	Crown – full cast titanium metal	$320	$371
2910	Re-cement inlay, onlay, or partial coverage restoration	$22	$17
2915	Re-cement cast or prefabricated post and care	$22	$22
2920	Re-cement crown	$25	$20

ADA CODE	PROCEDURE	In Network Member Pays:	Out-of-Network Max. Plan Payment:
	Major Restorative (Crowns) There is a 12 month waiting period for these procedures. ***continued***		
2930	Crown – prefabricated stainless steel (primary)	$53	$42
2931	Crown – prefabricated stainless steel (permanent)	$59	$47
2932	Crown – prefabricated resin	$51	$41
2934	Crown – prefabricated esthetic coated stainless steel (primary)	$53	$53
2940	Sedative filling	$21	$16
2950	Crown buildup (including any pins)	$54	$43
2951	Pin retention (per tooth) – in addition to restoration	$28	$22
2952	Cast post and core (in addition to crown)	$86	$69
2953	Each additional cast post – same tooth (with 2952)	$43	$33
2954	Prefabricated post with core buildup (in addition to crown)	$81	$64
2957	Each additional prefabricated post – same tooth (with 2954)	$40	$31
2980	Crown repair	$50	$40
	Endodontics (Root Canals) There is a 6 month waiting period for these procedures		
3110	Pulp cap (direct excluding final restoration)	$18	$14
3120	Pulp cap (indirect excluding final restoration)	$26	$21
3220	Pulpotomy (excluding final restoration)	$33	$26
3310	Root canal therapy – anterior (one canal) (excluding final restoration)	$156	$125
3320	Root canal therapy – bicuspid (two canals) (excluding final restoration)	$188	$150
3330	Root canal therapy – molar (excluding final restoration)	$234	$187
3351	Apexification / Recalcification (initial treatment visit)	$73	$58
3352	Apexification / Recalcification (interim treatment visit)	$73	$58
3353	Apexification / Recalcification (final treatment visit)	$73	$58
3410	Apicoectomy / Periradicular Surgery – Anterior	$200	$160
3421	Apicoectomy / Periradicular Surgery – Bicuspid, first root	$200	$160
3425	Apicoectomy / Periradicular Surgery – Molar, first root	$218	$174
3426	Apicoectomy / Periradicular Surgery – Molar, each additional root	$100	$80
3430	Retrograde filling – per root	$101	$80
3450	Root amputation – per root	$71	$56
3920	Hemisection (including any root removal; not including root canal therapy)	$100	$80

ADA CODE	PROCEDURE	In Network Member Pays:	Out-of-Network Max. Plan Payment:
	Periodontics (Gum Disease) There is a 6 month waiting period for these procedures.		
4210	Gingivectomy or gingivoplasty four or more teeth	$161	$128
4211	Gingivectomy or gingivoplasty one to three teeth	$59	$46
4240	Gingival flap procedure including root planing four or more teeth	$115	$92
4241	Gingival flap procedure including root planing one to three teeth	$69	$54
4249	Clinical crown lengthening – by report	$138	$110
4260	Osseous surgery including flap entry, grafts, and closures four or more teeth per quadrant	$263	$210
4261	Osseous surgery including flap entry, grafts, and closures one to three teeth per quadrant	$158	$124
4263	Osseous graft (using intra-oral graft tissues)	$160	$128
4264	Osseous graft, multiple (using intra-oral graft tissues)	$203	$162
4266	Guided tissue regeneration, resorbable, per site	$240	$192
4267	Guided tissue regeneration, non-resorbable barrier, per site	$240	$192
4270	Pedicle soft tissue graft procedure	$132	$105
4271	Free soft tissue graft procedure (including donor site surgery)	$175	$140
4273	Subepithelial connective tissue graft procedures (per tooth)	$259	$207
4276	Combination connective tissue ; double pedicle graft (per tooth)	$132	$170
4320	Provisional splinting – intracoronal	$81	$64
4321	Provisional splinting – extracoronal	$68	$54
4341	Periodontal sealing and root planing – four or more teeth / per quadrant	$65	$52
4342	Periodontal scaling and root planing – one to three teeth / per quadrant	$32	$25
4355	Full month debribement before comprehensive treatment (limited to once per 36 months)	$53	$42
4910	Periodontal maintenance procedures (limited to two times within 12 months osseous surgery)	$33	$35
9940	Occlusal guards – by report	$113	$90
9942	Repair and/or reline of occlusal guard	$34	$34
9951	Occlusal adjustment – limited	$50	$40
9952	Occlusal adjustment – complete	$200	$160

ADA CODE	PROCEDURE	In Network Member Pays:	Out-of-Network Max. Plan Payment:
	Prosthetics Removal (Dentures) There is a 12 month waiting period for these procedures.		
5110	Denture – complete upper	$388	$310
5120	Denture – complete lower	$388	$310
5130	Denture – immediate upper	$388	$310
5140	Denture – immediate lower	$388	$310
5211	Denture – upper partial, resin base including conventional claps, rests, and teeth	$375	$300
5212	Denture – lower partial, resin base including conventional claps, rests, and teeth	$375	$300
5213	Denture – upper partial cast mental base, resin saddles, with conventional claps, rests, and teeth	$450	$360
5214	Denture – lower partial cast mental base, resin saddles, with conventional claps, rests, and teeth	$450	$360
5225	Denture – upper partial/ flexible base including clasps, rests, and teeth	$450	$495
5226	Denture – lower partial, flexible base including claps, rests, and teeth	$450	$495
5281	Removable unilateral partial denture, one piece cast metal (including clasps and teeth)	$215	$172
5410 – 5411	Adjust complete or partial denture	$28	$22
5510	Denture repair – complete denture, broken base	$53	$42
5520	Denture repair – complete denture, missing, or broken teeth (per tooth)	$53	$42
5610	Denture repair – acrylic saddle or base	$53	$42
5620	Denture repair – cast framework	$53	$42
5630	Denture repair – repair or replace clasp	$69	$55
5640	Denture repair – broken tooth (per tooth)	$43	$34
5650	Add tooth to partial denture	$43	$34
5660	Add clasp to partial denture	$75	$60
5670	Replace all teeth and acrylic on Cast frame Maxillary	$236	$186
5671	Replace all teeth and acrylic on Cast frame Mandibular	$236	$186
5710	Denture rebase – complete or partial, upper or lower	$140	$112
5730	Denture reline chair-side (limited to one per 36 months)	$80	$64
5750	Denture reline – laboratory (limited to one per 36 months0	$135	$108
5820	Temporary partial stayplace – upper or lower	$134	$107
5850	Tissue conditioning – maxillary	$33	$26
5851	Tissue conditioning – mandibular	$33	$26

ADA CODE	PROCEDURE	In Network Member Pays:	Out-of-Network Max. Plan Payment:
	Prosthetics Fixed (Bridges) There is a 12 month waiting period for these procedures.		
6210	Bridge pontic – high noble metal	$293	$234
6211	Bridge pontic – predominantly base metal	$293	$234
6212	Bridge pontic – noble metal	$293	$234
6214	Bridge pontic – titanium metal	$293	$293
6240	Bridge pontic – porcelain fused to high noble metal	$293	$234
6241	Bridge pontic – porcelain fused to predominantly base metal	$293	$234
6242	Bridge pontic – porcelain fused to noble metal	$293	$234
6520	Inlay – metallic – two surfaces	$238	$190
6530	Inlay – metallic – three or more surfaces	$243	$194
6624	Inlay – titanium metal	$267	$267
6540	Onlay – metallic – three or more surfaces	$158	$126
6634	Onlay – titanium metal	$185	$185
6545	Retainer – cast metal for acid etched bridge	$123	$98
6750	Bridge retainer – crown – porcelain / fused to high noble metal	$313	$250
6751	Bridge retainer – crown – porcelain / fused to predominantly base metal	$298	$238
6752	Bridge retainer – crown – porcelain / fused to noble metal	$305	$244
6780	Crown – ¾ cast high noble metal	$313	$250
6790	Bridge retainer – crown – full cast high noble metal	$313	$250
6791	Bridge retainer – crown – full cast predominantly base metal	$298	$233
6792	Bridge retainer – crown – full cast noble metal	$305	$244
6794	Bridge retainer – crown titanium metal	$313	$378
6930	Recement bridge	$38	$30
6970	Cast post and core in addition to f/b retainer	$97	$77
6972	Prefabricated post and core in addition to f/b retainer	$87	$69
6976	Each additional cast post – same tooth (with 6970)	$49	$38
6977	Each additional prefabricated post – same tooth (with 6976)	$43	$34

ADA CODE	PROCEDURE	In Network Member Pays:	Out-of-Network Max. Plan Payment:
	Oral Surgery (Extractions) There is a 6 month waiting period for these procedures.		
7111	Extraction of coronal remnants – deciduous tooth	$20	$16
7140	Extraction of erupted tooth or exposed root	$40	$32
7210	Surgical removal; of erupted tooth	$63	$50
7220	Surgical removal of tooth (soft tissue impaction, per tooth)	$68	$54
7230	Surgical removal of tooth (partial bony impaction, per tooth)	$104	$83
7240	Surgical removal of tooth (complete bony impaction, per tooth)	$113	$90
7250	Surgical removal of residual tooth roots (cutting procedure)	$55	$44
7260	Oroantral fistula closure	$70	$56
7270	Tooth reimplantation	$140	$112
7280	Surgical exposure of an impacted or un-erupted tooth not intended to be extracted	$85	$68
7283	Placement of device to facilitate eruption	$43	$56
7285	Biopsy of oral tissue – hard [2]	$63	$50
7286	Biopsy of oral tissue – soft [2]	$63	$50
7287	Exfoliative cytological sample collection	$38	$30
7288	Brush biopsy transepithelial sample collection	$32	$44
7291	Transseptal fiberotomy	$75	$60
7310	Alveoplasty in conjunction with extractions – per quadrant	$57	$46
7320	Alveoplasty not in conjunction with extractions – per quadrant	$63	$50
7410	Radical excision – lesion diameter up to 1.25 cm [2]	$140	$112
7471	Removal of exostosis	$88	$70
7472	Removal of torus palatinus	$88	$70
7473	Removal of torus mandibularis	$88	$70
7510	Incision & drainage of abscess – intraoral soft tissue	$38	$30
7511	Incision & drainage of abscess – complicated mult. Fac. Spaces	$48	$65
7550	Sequestrectomy for ostomyelitis	$100	$80
7910	Suture of recent small wounds up to 5 cm	$30	$24
7960	Frenectomy / Frenotomy – separate procedure	$88	$70
7963	Frenuloplasty	$88	$122
7970	Excision of hyperplastic tissue – per arch [2]	$100	$80
7971	Excision of pericontonal gingival [2]	$43	$34

ADA CODE	PROCEDURE	In Network Member Pays:	Out-of-Network Max. Plan Payment:
	Orthodontics (See Orthodontics Footnotes) There is a 12 month waiting period for these procedures).		
8080	Child Fully Banded Case (24 Months)	$2,350	No Bene-fit
8090	Adult Fully Banded Case (24 Months)	$2650	No Bene-fit
	Additional Procedures		
9110	Palliative treatment	$25	$20
9210	Local anesthesia not in conjunction with outpatient surgical procedures	$0	$0
9215	Local anesthesia in conjunction with outpatient surgical procedures	$0	$0
9220	General anesthesia – first 30 minutes	$23	$58
9221	General anesthesia – each additional 15 minutes	$30	$24
9230	Analgesia (per half hour)	$15	$12
9241	IV sedation (per half hour)	$98	$78
9242	IV sedation (each additional 15 minutes)	$30	$24
9310	Consultation (Diagnostic service by non-treating practitioner	$30	$24
9910	Application of desensitizing medicament	$10	$8
9220	General anesthesia – first 30 minutes	$23	$58
9221	General anesthesia – each additional 15 minutes	$30	$24
9241	IV sedation (per half hour)	$98	$78
9242	IV sedation (each additional 15 minutes)	$30	$24
9940	Occlusal guards – by report	$113	$90
9942	Repair and/or reline of osslusal guard	$34	$34
9951	Occlusal adjustment – limited	$50	$40
9952	Occlusal adjustment – complete	$200	$160
9980	Sterilization surcharge [3]	$0	No Bene-fit

Footnotes:

1. Services that are considered diagnostic or preventive by Blue Shield of California Life & Health Insurance Company, as listed in the Summary of Benefits, are not subject to the Calendar Year deductible.
2. The Subscriber pays lab fees for biopsies and excisions.
3. No Benefits are provided if these Covered Services are performed by a Non-Participating Dentist.

Orthodontic Footnotes:

1. Orthodontic treatment is limited to one full case during the lifetime of the Insured and consists of 24 continuous months of usual and customary Orthodontic care.
2. Full case fee includes consultation, treatment plan, tooth movement, and retention. Orthodontist may charge the Insured separately for records, limited to $250 per case.
3. For cases requiring less than 24 months, the Insured's Copayment will be prorated base on length of treatment.
4. If the Plan pays for interceptive therapy, minor tooth movement, or other orthodontic treatment prior to fully banded care, the Plan's payment for interceptive therapy, minor tooth movement or other orthodontic treatment will be deducted from the Plan's payment for fully banded care.
5. Any orthodontic treatment exceeding 24 months is the responsibility of the patient.
6. There is a 12-month waiting period prior to beginning orthodontic treatment.
7. Orthodontic services are fixed payment Copayments and do not apply to the Plan's network Plan Maximum.
8. No Benefits are provided if covered Orthodontic services are performed by a Non-Participating Dentist.

Introduction to the Smile PPO

Blue Shield's dental plans are administered by a Dental Plan Administrator (DPA) which is a dental care service plan which contracts with Blue Shield to underwrite and administer the delivery of dental services through a network of Participating Dentists.

Before Obtaining Dental Care Services

You are responsible for assuring that the Dentist you choose is a Participating Dentist. Note: A Participating Dentist's status may change. It is your obligation to verify whether the Dentist you choose is currently a Participating Dentist in case there have been any changes to the list of Participating Dentists. A list of Participating Dentists located in your area, can be obtained by contacting a Dental Plan Administrator at 1-888-679-8928. You may also access a list of Participating Dentists through Blue Shield Life's internet site located at http://www.blueshieldca.com. You are also responsible for following the Pre-certification of Dental Benefits Program that includes obtaining or assuring that the Dentist obtains Pre-certification of Benefits.

Note: A Dental Plan Administrator will respond to all requests for pre-certification and prior authorization within five (5) business days from receipt of the request. For urgent services in situations in which the routine decision making process might seriously jeopardize the life or health of an Insured or when the Insured is experiencing severe pain, a Dental Plan Administrator will respond within 72 hours from receipt of the request.

Failure to meet these responsibilities may result in denial of benefits. However, by following the Pre-certification process both you and your Dentist will know in advance which services are covered and that benefits are payable.

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

Choice of Dentists

The Smile PPO is specifically designed for you to use Participating Dentists. Participating Dentists agree to accept a Dental Plan Administrator's payment, plus your payment of any applicable Deductible and Copayment, as payment in full for Covered Services. This is not true of Non-Participating Dentists.

Participating Dentists submit claims for payment after Dental Care Services have been rendered. Payments for these claims go directly to the Participating Dentist. You or your Non-Participating Dentists submit claims for reimbursement after services have been rendered. If you receive Dental Care Services from Non-Participating Dentists, you have the option of having payments sent directly to the Non-Participating Dentist or sent directly to you. A Dental Plan Administrator will notify you of its determination within 30 days after receipt of the claim.

Participating Dentists do not receive financial incentives or bonuses from Blue Shield Life.

You may access a Directory of Participating Dentists through Blue Shield Life's Internet site located at http://www.blueshieldca.com. The names of Participating Dentists in your area may also be obtained by contacting a Dental Plan Administrator at 1-888-679-8928.

Pre-certification of Dental Benefits

Before any course of treatment expected to cost more than $250 is started, you should obtain Pre-certification of Benefits. Your Dentist should submit the recommended treatment plan and fees together with appropriate diagnostic X-rays to a Dental Plan Administrator. A Dental Plan Administrator will review the dental treatment plan to determine the benefits payable under the plan. The Benefit determination for the proposed treatment plan will then be promptly returned to the Dentist. When the treatment is completed, your claim form should be submitted to a Dental Plan Administrator for payment determination. A Dental Plan Administrator will notify you of its determination within 30 days after receipt of the claim.

The dental plan provides Benefits for Covered Services at the most cost-effective level of care that is consistent with professionally recognized standards of care. If there are two (2) or more professionally recognized procedures for treatment of a dental condition, this Plan will in most cases provide Benefits based on the most cost-effective procedure. The Benefits provided under this plan are based on these considerations but you and your Dentist make the final decision regarding treatment.

Failure to obtain Pre-certification of Benefits may result in a denial of benefits. If the Pre-certification process is not followed, a Dental Plan Administrator will still determine payment by taking into account alternative procedures; services, or materials for the dental condition based on professionally recognized standards of dental practice. However, by following the Pre-certification process both you and your Dentist will know in advance which services are covered and the Benefits that are payable.

The covered dental expense will be limited to the Allowable Amount for the procedure, service, or material which meets professionally recognized standards of quality dental care and is the most cost effective as determined by a Dental Plan Administrator. If you and your Dentist decide on a more costly procedure, service, or material than a Dental Plan Administrator determined is payable under the Plan, then Benefits will be applied to the selected treatment plan up to the benefit maximum for the most cost effective alternative. You will be responsible for any charges in excess of the Benefit amount. A Dental Plan Administrator reserves the right to use the services of Dental consultants in the Pre-certification review.

Example:

- If a crown is placed on a tooth which can be restored by a filling, benefits will be based on the filling;

- If a semi-precision or precision partial denture is inserted, benefits may be based on a conventional clasp partial denture.

Participating Dentists
When you receive Covered Services from a Participating Dentist, you will be responsible for a fixed Copayment as outlined under the section entitled Summary of Benefits and Insured's Copayments. Participating Dentists will file claims on your behalf.

Services rendered for diagnostic and preventive care will be paid at 100%, subject to certain limitations as specified in the section entitled Covered Services and Supplies.

Participating Dentists will be paid directly by the Plan, and have agreed to accept a Dental Plan Administrator's payment, plus your payment of any applicable Deductible or Copayment, as payment in full for Covered Services.

If the Insured recovers from a third party the reasonable value of Covered Services rendered by a Participating Dentist, the Participating Dentist who rendered these services is not required to accept the fees paid by a Dental Plan Administrator as payment in full, but may collect from the Insured the difference, if any, between the fees paid by a Dental Plan Administrator and the amount collected by the covered Insured for these services.

Non-Participating Dentists
When you receive Covered Services from a Non-Participating Dentist, you will be reimbursed up to a specified maximum amount as outlined in the section entitled Summary of Benefits and Insured's Copayments. You will be responsible for the remainder of the Dentist's billed charges. You should discuss this beforehand with your Dentist if he is not a Participating Dentist. Any difference between a Dental Plan Administrator's or Blue Shield Life's payment and the Non-Participating Dentist's charges are your responsibility. Insureds are expected to follow the billing procedures of the dental office.

If your receive Covered Services from a Non-Participating Dentist, either you or your Dentist may file a claim using the dental claim form which may be obtained by calling Dental Insured Services at:

1-888-679-8928

Only claims for Benefits for Enhanced Dental Services for Pregnant Women should be sent to:

Blue Shield Life / CAT Team
Dental Plan Administrator
Coverage for Women during Pregnancy
425 Market Street, 12th Floor
San Francisco, CA 94105

Claims for all other Covered Services rendered by Non-Participating Dentists, should be sent to:

Blue Shield Life
P. O. Box 272590
Chico, CA 95927-2590

Continuity of Care by a Terminated Dentist
Insureds who are being treated for acute dental conditions, serious chronic dental conditions, or who are children from birth to 36 months of age, or who have received authorization from a now-terminated Dentist for dental surgery or another dental procedure as part of a documented course of treatment can request completion of care in certain situations with a Dentist who is leaving a Dental Plan Administrator's network of Participating Dentists. Contact Customer Service to receive information regarding eligibility criteria and the policy and procedure for requesting continuity of care from a terminated Dentist.

Financial Responsibility for Continuity of Care Services
If an Insured is entitled to receive Covered Services from a terminated Dentist under the preceding Continuity of Care provision, the responsibility of the Insured to that Dentist for Services rendered under the Continuity of Care provision shall be no greater than for the same Covered Services rendered by a Participating Dentist in the same geographic area.

Premiums
Monthly Premiums are as stated in the Appendix. Blue Shield Life offers a variety of options and methods by which you may pay your Premiums. Please call Customer Service at 1-800-431-2809 to discuss these options or visit the Blue Shield Life internet site at http://www.blueshieldca.com.

Payments by mail are to be sent to:

Blue Shield Life
P.O. Box 51827
Los Angeles, CA 90051-6127.

Additional Premiums may be charged in the event that a state or any other taxing authority imposes upon Blue Shield Life a tax or license fee, which is calculated upon, base Premiums or Blue Shield Life's gross receipts or any portion of either. Premiums may increase from time to time as determined by Blue Shield Life. You will receive thirty (30) days written notice of any changes in the monthly Premiums for this Plan.

Conditions of Coverage

Enrollment

1. Enrollment of Subscribers or Dependents is not effective until Blue Shield Life approves an application and accepts the applicable Premiums. Only Blue Shield Life can approve applications.

2. An applicant, upon completion and approval by Blue Shield Life of the application, is entitled to the Benefits of this Policy upon the Effective Date.

   By completing an application, the Subscriber and/or Dependent(s) agrees to cooperate with Blue Shield Life by providing, or providing access to, documents and other information that the Plan may request to corroborate the information for coverage. If the Subscriber and/or Dependent(s) fail or refuse to provide these documents or information to Blue Shield Life, coverage under this Plan may be cancelled.

3. The Effective Date of the Benefits of a newborn child will be the date of birth if the Subscriber contact Blue Shield Life at the Customer Service telephone number listed at the back of this booklet to have the newborn child added to this Policy as a Dependent. Such request must be made within 31 days of the newborn child's date of birth. If a request to add the child as a Dependent is not made within 31 days of birth, the coverage for that child shall terminate on the 32nd day.

   If the Subscriber wishes to add a newborn child as a Dependent 32 or more days after birth, Blue Shield Life will require the submission of a completed application and the child will be subject to medical underwriting. This may result in the child being declined coverage by Blue Shield Life.

4. The Effective Date of benefits for an adopted child will be the date the Subscriber or spouse or Domestic Partner has the right to control the child's health care, if the Subscriber request the child be added to this Policy as a Dependent. Such request must be made within 31 days of the date the Subscriber, spouse, or Domestic Partner has the right to control the child's health care. If a request to add the child as a Dependent is not made within 31 days of the date the Subscriber, spouse, or Domestic Partner has the right to control the child's health care, the coverage for that child shall terminate on the 32nd day.

   To add a child placed for adoption to this Policy as a Dependent, the Subscriber must contact Blue Shield Life at the Customer Service telephone number listed at the back of this booklet. The Customer Service Department will advice the Subscriber of the exact process for adding a child placed for adoption as a Dependent, including, but not limited to, the necessary documentation and how the documentation shall be submitted to Blue Shield Life. Enrollment requests for an adopted child must be accompanied by evidence of the Subscriber's or spouse's or Domestic Partner's right to control the child's health care, which includes a facility minor release report, a medical authorization form, or a relinquishment form.

   If the Subscriber wishes to add a child placed for adoption as a Dependent 32 or more days after the date the Subscriber, spouse, or Domestic Partner has the right to control the child's health care, Blue Shield Life will require the submission of a completed application, and the child will be subject to medical underwriting. This may result in the child being declined coverage by Blue Shield Life.

5. If a court has ordered that you provide coverage for your spouse or Domestic Partner, or Dependent child, under your Plan, their coverage will become effective within 31 days of presentation of a court order by the district attorney, or upon presentation of a court order or request by a custodial party, as described in subdivision (j) of Section 14124.93 of the Welfare and Institutions Code or Medi-Cal program.

Limitation on Enrollment

1. Subscribers must be Residents of California. Upon change of residence to another jurisdiction, this Policy will terminate

2. Dependent Benefits shall be discontinued as of the following, except as specifically set forth in the definition of Dependent in the section entitled Definitions:

   a. The date the Dependent child attains age 26;

   b. The date the Dependent spouse or Domestic Partner enters a final decree of divorce, annulment, or dissolution, or termination of domestic partnership or marriage from the Subscriber.

Duration of the Policy

This Policy shall be renewed upon receipt of prepaid Premiums. Renewal is subject to Blue Shield Life's right to amend this Policy. Any change in Premiums or benefits, including but not limited to Covered Services, Deductible, Copayment, coinsurance, and Calendar Year Maximum Payment, are effective after 30 days notice from date of mailing to the Subscriber's address of record with Blue Shield Life.

Renewal of the Policy

Blue Shield Life shall renew this Policy, except under the following conditions:

1. Non-payment of Premiums;

2. Fraud, misrepresentation, or omission;

3. Termination of plan type by Blue Shield Life;

4. Subscriber moves out of California or the Subscriber is no longer a Resident of California;

5. If a bona fide association arranged for the Subscriber's coverage under this Policy, when that Subscriber's membership in the association ceases.

Termination / Reinstatement of the Policy
This Policy may be terminated or cancelled as follows:

1. Termination by the Subscriber:
   A Subscriber desiring to terminate this Policy shall give Blue Shield Life 30 days written notice.

2. Termination by Blue Shield Life through cancellation:

   Blue Shield Life may cancel this Policy immediately upon written notice for the following reasons:

   a. Fraud or deception in obtaining, or attempting to obtain, benefits under this Policy;

   b. Knowingly permitting fraud or deception by another person in connection with this Policy, such as, without limitation, permitting someone to seek benefits under this Policy, or improperly seeking payment from Blue Shield Life for benefits provided;

   c. Abusive or disruptive behavior which: (1) threatens the life or well being of Blue Shield Life personnel and providers of Services; or (2) substantially impairs the ability of Blue Shield Life to arrange for Services to the Insured; or (3) substantially impairs the ability of providers of Service to furnish Services to the Insured or to other patients; or

   Cancellation of the Policy under this section will terminate the Policy effective as of the date that written notice of termination is mailed to the Subscriber. It is not retroactive to the original Effective date of the Policy.

3. Termination by Blue Shield Life if Subscriber moves out of California:

   Blue Shield Life may cancel this Policy upon thirty (30) days written notice if the Subscriber moves out of California. See the section entitled Transfer of Coverage for additional information.

   Within 30 days of the notice of cancellation under sections 2 or 3 above, Blue Shield Life shall refund the prepaid Premiums, if any, that Blue Shield Life determines will not have been earned as of the termination date. Blue Shield Life reserves the right to subtract from any such Premiums refund any amounts paid by Blue Shield Life for benefits paid or payable by Blue Shield Life prior to the termination date.

4. Termination by Blue Shield Life due to withdrawal of the Policy from the Market:

   Blue Shield Life may terminate this Policy together with all like Policies to withdraw it from the market. In such instances you will be given 90 days written notice and the opportunity to enroll in any other individual dental Policy without regard to health status-related factors.

5. Cancellation of the Policy for Nonpayment of Premiums:

   Blue Shield Life may cancel this Policy for failure to pay the required Premiums, when due. If the Policy is being cancelled because you failed to pay the required Premiums when due, then coverage will end retroactively back to the last day of the month for which Premiums were paid. This retroactive period will not exceed 60 days from the date of mailing of the Notice Confirming Termination of Coverage. The Plan will notify you in a Prospective Notice of Cancellation if your Premiums have not been received. This notice will provide you with the following information:

   a. That Premiums due have not been paid and that the Policy will be cancelled if you do not pay the required Premium within 15

days from the date the Prospective Notice of Cancellation is mailed;

b. The specific date and time when coverage for you and all of your Dependants will end if Premiums are not paid;

c. Information regarding the consequences of any failure to pay the Premiums within 15 days.

Within five (5) business days of canceling Policy, the Plan will mail you a Notice Confirming Termination of Coverage, which will inform you of the following:

d. That the Policy has been cancelled, and the reasons for cancellation; and

e. The specific date and time when coverage for you and all your Dependents ended.

6. Reinstatement of the Policy after Termination for Non-Payment:

If the Policy is cancelled for nonpayment of Premiums, the Plan will permit reinstatement of the Policy or coverage twice during any twelve-month period without a change in Premiums and without consideration of the medical condition of you or any Dependent(s), if the amounts owed are paid within 15 days of the date the Notice Confirming Termination of Coverage is mailed to you.

If your request for reinstatement and payment of all outstanding amounts is not received with the required 15 days, or the Policy is cancelled for nonpayment of Premiums more than twice during the preceding twelve-month period, then the Plan is not required to reinstate you, and you will need to re-apply for coverage. In this case, the Plan may impose different Premiums and consider the medical condition of you and your Dependent(s).

Calendar Year Deductible
There is a Calendar Year Deductible of $50 that applies to all Covered Services and supplies furnished by Participating and Non-Participating Dentists [1]. It is the amount that you must pay out of pocket before benefits will be provided for Covered Services. This Deductible applies each Calendar Year. This Deductible applies separately to each covered Insured, each Calendar Year.

[1] The Calendar Year Deductible does not apply to those Dental Services considered by Blue Shield Life to be diagnostic or preventive. Services that are considered diagnostic or preventive by Blue Shield Life are listed in section entitled the Summary of Benefits and Insured's Copayments.

Calendar Year Maximum Payment
Your Plan pays up to a maximum of $1,000 per Insured, per Calendar Year for Covered Services and supplies provided by Participating Dentists.

Your Plan pays a maximum of $500 per Insured, per Calendar Year for Covered Services and supplies provided by Non-Participating Dentists.

The maximum payment per Insured, per Calendar Year for Covered Services and supplies provided by any combination of Participating and Non-Participating Desists is $1,000.

No Benefits in excess of this amount will be provided to or on behalf of any Insured.

Covered Services and Supplies
Benefits of the Plan are provided for services customarily performed by licensed Dentists and oral surgeons for treatment of teeth, jaws and their dependent tissues.

The following services are Benefits when provided by a Dentist and when necessary and customary as determined by the standards of generally accepted dental practice. These Benefits are subject to the general limitations and exclusions of the Plan. Payments are subject to the dental benefit Deductible and to the Copayment amounts indicated in the section entitled Summary of Benefits and Insured's Copayments.

Diagnostic and Preventive Services
Please refer to the section entitled Summary of Benefits and Insured's Copayments for information on Copayments and maximum reimbursement amounts.

Clinical oral examinations;

dental prophylaxis;

x-rays; and

space maintainers.

Enhanced Dental Benefits for Pregnant Women
Please refer to the Summary of Benefits and Insured's Copayments for information on Copayments and maximum reimbursement amounts.

This Plan provides additional or enhanced Benefits for certain services for women who are pregnant. When the Benefits below are available, they are not subject to the Calendar Year Deductible.

1. One (1) additional routine adult prophylaxis including periodontal prophylaxis for gingivitis for women during pregnancy. Note: This prophylaxis is in addition to the prophylaxis provided under the section entitled Diagnostic, Preventive, and Minor Restorative Services.
2. One (1) periodontal maintenance visit if warranted by a history of periodontal treatment; and

3. One (1) course of up to four (4) quadrants of periodontal scaling and root planing for women during pregnancy with a documented existing periodontal condition [1].

[1] If these Covered Services are required outside of pregnancy, coverage is available under the section entitled Endodontics, Oral Surgery, Periodontics, and Restorative Services.

Basic Services
Endodontics, Oral Surgery, Periodontics and Minor Restorative Services
These Services are covered after six (6) months of continuous coverage under the plan.

Refer to the section entitled Summary of Benefits and Insured's Copayments for fixed Copayments and maximum reimbursement amounts.

Anesthesia — General, or intravenous sedation only when provided in conjunction with a covered oral surgical procedure.

Endodontics — Pulp capping; therapeutic pulpotomy deciduous teeth only (in addition to restoration); vital pulpotomy — deciduous teeth only; apexification; root canals on permanent teeth only, including pulpotomy or other palliative treatment and necessary X-rays and cultures, but excluding final restoration; root canal therapy; apicoectomy (including apical curettage).

Oral Surgery — Extractions; removal of impacted teeth, radical excision of small (to 1.25 cm) non-malignant lesions; other surgical procedures; includes local anesthesia and routine pre and postoperative care.

Palliative — Emergency treatment for relief of pain.

Periodontics — Emergency treatment including but not limited to periodontal abscess and acute periodontitis; root planing (not prophylaxis); subgingival curettage, debribement, gingival and osseous surgery (including post-surgical visits — Amalgam restorations; synthetic restorations (i.e. silicate cement filling, porcelain filling, plastic filling and composite filling); stainless steel crowns when the tooth cannot be restored with a filling material.

Sealants — limited to first and second adult molars, through age 15.

Major Services
Major Restorative, Prosthetics, and Orthotic Services
These Covered Services are covered after twelve months of continuous coverage under the Plan.

Refer to the section entitled Summary of Benefits and Insured's Copayments or fixed Copayments and maximum reimbursement amounts.

Prosthetics — Bridges, dentures, partials and relining or rebasing dentures, adding teeth to partial denture to replace extracted teeth, full and partial denture repairs, stayplate, and tissue conditioning per denture. This also applies to the damage of any prostheses that is not directly related to faulty lab work.

Replacement of dentures (complete or partial), crowns, or fixed bridgework due to provider error. The provider is financially responsible for comparable replacement. If replacement is warranted because of an action by, or the noncompliance of, the patient, that patient is financially liable for replacement of the prosthesis (this includes decay or periodontal disease). The Plan will pay for a replacement in this instance after the sixty (60) months waiting period from initial placement has elapsed.

Denture relines (either complete or partial conventional dentures) within six (6) months after insertion of the prosthesis. In the case of immediate full or partial dentures, the final reline must be performed no sooner than eight weeks after tooth extractions and denture insertion. Chair-side tissue conditioners can be used for temporary relief of discomfort and/or to increase retention and be considered palliative treatment. Relines for immediate full and partial dentures will not be covered within two (2) weeks of tooth extraction and prosthesis insertion. One reline for each prosthesis is included in the immediate denture fee between two (2) and six (6) months following insertion.

Cast Restorations — Cast or other laboratory prepared restorations and crowns are covered only when teeth cannot be restored with a filling material. There is no coverage for replacement of an existing crown, inlay or onlay, or other cast restoration which is less than five (5) years old. Repair or recementing of onlays and crowns, is covered for six (6) months after installation.

Orthodontics — Dental Care Services specifically related to necessary services for the treatment for malocclusion and the proper alignment of teeth are covered, if rendered by a Participating Dental Provider. Orthodontic treatment is limited to one full case during the lifetime of the Member and consists of 24 continuous months of usual and customary Orthodontic care.

General Exclusions and Limitations

General Exclusions

Unless exceptions to the following are specifically made elsewhere in this booklet, no benefits are provided for:

1. Charges for services which are not listed in the Summary of Benefits;

2. Charges for services in connection with any treatment to the gums for tumors, cysts, and neoplasms;

3. Charges for implants or the removal of implants (surgically or otherwise) and any appliances and/or crown attached to implants;

4. Services incident to any injury or disease arising out of, or in the course of, any employment for salary, wage or profit if such injury or disease is covered by any workers' compensation law, occupational disease law or similar legislation. However, if a Dental Plan Administrator or Blue Shield Life provides payment for such services, it shall be entitled to establish a lien upon such other benefits up to the amount paid by a Dental Plan Administrator or Blue Shield Life for the treatment of such injury or disease;

5. Charges for vestibuloplasty (i. e., surgical modification of the jaw, gums, and adjacent tissues), and for any procedure, service, or supply including office visits, examination, and diagnosis provided directly or indirectly to treat a muscular, neural, or skeletal disorder, diagnostic services and treatment of jaw joints by any method. These jaw joint problems include such conditions as temporomandibular joint syndrome (TMJ) 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. Charges for services performed by a close relative or by a person who ordinarily resides in the Subscriber's home;

7. Congenital mouth malformations or skeletal imbalances, including treatment required as the result of Orthognathic surgery, orthodontic treatment, and oral maxillofacial services, associated hospital and facility fees, anesthesia, and radiographic imaging. Congenital anomalies and developmental malformation include, but are not limited to: cleft palate; cleft lip; upper or lower jaw malformations, (e. g., prognathism); enamel hypoplasia (defective development); fluorosis (a type of enamel discoloration); treatment involving or required by supernumerary teeth; and anodontia (congenitally missing teeth);

8. All prescription and non-prescription drugs;

9. Services, procedures, or supplies which are not Dentally Necessary;

10. Services, procedures, or supplies which are Experimental or Investigational in nature or which do not have uniform professional endorsement;

11. 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;

12. Procedures which are principally cosmetic in nature, including, but limited to, bleaching, veneer facings, crowns, bridges, and/or dentures, or pontics posterior to the second bicuspid shall always be considered cosmetic;

13. The replacement of an appliance (i. e., a denture, partial denture, space maintainer, crown, or onlay, etc…) within five (5) years of its installation;

14. Myofunctional therapy; biofeedback procedures; athletic mouth-guards; precision or semi-precision attachments; denture duplication; treatment of jaw fractures;

15. Orthognathic surgery, including, but not limited to, osteotomy, ostectomy, and other services or supplies to augment or reduce the upper or lower jaw;

16. Charges for services in connection with orthodontia, except as listed under Orthodontic Services;

17. Alloplastic bone grafting materials;

18. Bone grafting done for socket preservations after tooth extraction or in preparation for implants;

19. Charges for temporary services are considered an integral part of the final dental service and will not be separately payable;

20. Any procedure not performed in a dental office setting;

21. Extra-oral grafts (i. e., the grafting of tissues from outside the mouth to oral tissues);

22. Dental services performed in a hospital or any related hospital fee;

23. 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;

24. Services for which the Person is not legally obligated to pay, or for Services for which no charge is made;

25. Treatment as a result of accidental injury including setting of fractures or dislocation;

26. Treatment for which payment is made by any governmental agency, including any foreign government;

27. Charges for prosthetic appliances, fixed or removable, which are related to periodontal treatment;

28. Charges for crowns installed as multiple abutments;

29. Charges for dental appointments which are not kept, except as specified under the Summary of Benefits;

30. Charges for services incident to any intentionally self-inflicted injury; and

31. General anesthesia including intravenous and inhalation sedation, except when of Dental Necessity.

    General anesthesia is considered dentally necessary when its use is:
    a) In accordance with covered oral surgery procedures and generally accepted professional standards; and
    b) Not furnished primarily for the convenience of the patient, the attending Dentist, or other provider; or
    c) Due to the existence of a specific medical condition; and

    Patient apprehension or patient anxiety will not constitute Dental Necessity;

32. Removal of 3rd molar (wisdom) teeth other than for Dental Necessity. Dental Necessity is defined as a pathological condition which includes horizontal, medial or distal impactions, or cystic sequelae. Removal of wisdom teeth due to pericornitis alone is not dental necessity;

33. 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;

34. For 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:

35. Any service, procedure, or supply which is received or started prior to the patient's effective date of coverage. For the purpose of this imitation, the date or 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, 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 preformed; and
e. For all other services: on the date the services is preformed.

Orthodontic Limitations and Exclusions

1. Charges for services in connection with orthodontia when rendered by a Non-Participating Provider;

2. Treatment for a malocclusion that is not causing difficulty in chewing, speech, or overall dental functioning;

3. Treatment in progress (after banding) at inception of eligibility;

4. Surgical orthodontics (including extraction of teeth) incidental to orthodontic treatment;

5. Treatment for myofunctional therapy;

6. Changes in treatment necessitated by an accident;

7. Treatment for TMJ (Temporomandibular Joint) disorder or dysfunction;

8. Special orthodontic appliances, including but not limited to invisalign, lingual or invisible braces, sapphire or clear braces, or ceramic braces which are considered to be cosmetic;

9. Replacement of lost or stolen appliance or repair of same if broken through no fault of orthodontist;

10. Treatment exceeding twenty-four (24) months;

11. In the event of a Insured's loss of coverage for any reason, if at the time of loss of coverage the Insured is still receiving Orthodontic treatment during the 24 month treatment period, the Insured and not a 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;

12. If the Insured is reinstated after Cancellation, there are no Orthodontic benefits for treatment begun prior to his or her reinstatement effective date;

13. There is a twelve (12) month waiting period before beginning orthodontic treatment.

Dental Necessity Exclusion

All Services must be of Dental Necessity. The fact that a Dentist or other provider may prescribe, order, recommend, or approve a service does not, in itself, make it of Dental Necessity, even though it is not specifically listed as an exclusion or limitation. The Plan may limit or exclude benefits for services that are not of Dental Necessity.

Alternate Benefit Provision

If dental standards indicate that a condition can be treated by a less costly alternative to the service proposed by the attending Dentist, the Dental Plan will pay benefits based upon the less costly service.

General 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) Routine prophylaxis;
   c) Fluoride treatment;
   d) Bitewing x-rays (maximum four (4) per year);
   e) Recementations if the crown 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 months

2. One (1) in a twenty-four month period:
   a) Full mouth debridement;
   b) Sealants;
   c) Scaling and root planing per area;
   d) Occlusal guards;
   e) Diagnostic casts;

f) Full mouth series and panoramic e-rays

3. One (1) in a twelve month period:
   a) Denture (complete or partial) reline
   b) Oral cancer screening

4. One (1) in a thirty-six month period:
   a) Mucogingival surgery per area;
   b) Osseous surgery per quad;
   c) Gingival flap per quad;
   d) Gingivectomy per quad;
   e) Gingivectomy per tooth;
   f) Bone replacement grafts for periodontal purposes;
   g) Guided tissue regeneration for periodontal purposes

5. One (1) in a five (5) year period:
   a) Single crown;
   b) Single post and core build-ups;
   c) Crown build-up 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 build-ups;
   k) Diagnostic cast

6. Space maintainers – only eligible for Insureds through age eleven 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;

7. Sealants – one per tooth per two (2) year period through age fifteen on permanent first and second molars;

8. Child fluoride (including fluoride varnish) and child prophylaxis – one (1) per six (6) month period through age fifteen;

9. Oral surgery services are limited to removal of teeth, bony protuberances, and frenectomy;

10. 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 of a partial denture will be applied when there are bilaterally missing teeth or more than 3 teeth missing in one (1) quadrant or in the anterior region. The ABP does not commit the Insured to the less costly treatment. However, if the Insured can the dentist choose the more expensive treatment, the Insured is responsible for the additional charges beyond those allowed for in the ABP.

11. General or IV Sedation is covered for:
   a) 3 or more surgical extractions;
   b) 1 or more impactions;
   c) Full mouth or arch alveolopasty;
   d) Surgical root recovery from sinus;
   e) Medical problem contraindicates the use of local anesthesia;

   General or IV Sedation is not a covered benefit for dental phobic reasons.

12. Restorations, crowns, and onlays - covered only if necessary to treat diseased or accidentally fractured teeth;

13. Root canal treatment – one (1) per tooth, per lifetime;

14. Root canal retreatment – one (1) per tooth, per lifetime;

15. Pulpal therapy – through age fine (5) on primary anterior teeth and through ager twelve on primary posterior teeth.

Claims Review

The Plan reserves the right to review all claims to determine if any exclusions or limitations apply, and may use the services of Dentist consultants, peer review committees of professional societies, and other consultants.

Reductions - Acts of Third Parties

If an Insured is injured through the act or omission of another person (a "third party"), the Plan shall, with respect to services required as a result of that injury, provide the benefits of this Policy and have

an equitable right to restitution or other available remedy to recover the reasonable costs of the Services provided to the Insured paid by the Plan on a fee-for-service basis. The Insured is required to:

1. Notify the Plan in writing of any actual or potential claim or legal action which such Insured anticipates bringing or has brought against the third party arising from the alleged acts or omissions causing the injury or illness, not later than 30 days after submitting or filing a claim or legal action against the third party; and

2. Agree in writing to fully cooperate with the Plan to execute any forms or documents needed to assist them in exercising their equitable right to restitution or other available remedies; and

3. Provide the Plan with a lien, in the amount of reasonable costs of benefits provided calculated in accordance with California Civil Code section 3040. The lien may be filed with the third party, the third party's agent or attorney, or the court, unless otherwise prohibited by law.

An Insured's failure to comply with items one (1) through three (3) above, shall not in any way act as a waiver, release, or relinquishment of the rights of the Plan.

General Provisions

Non-Assignability
The coverage and Benefits of this Plan are assignable to Participating and Non-Participating Dentists.

Possession of a Blue Shield Life Identification Card confers no right to Services or other benefits of this Policy. To be entitled to Covered Services, the Insured must be a Subscriber who has maintained enrollment under the terms of this Policy.

Plan Interpretation
Blue Shield Life shall have the power and discretionary authority to construe and interpret the provisions of this Policy, to determine the benefits of this Policy and determine eligibility to receive benefits under this Policy. Blue Shield Life shall exercise this authority for the benefit of all Insureds entitled to receive benefits under this Policy.

Confidentiality of Personal and Health Information
Blue Shield Life protects the confidentiality/privacy of your personal and health information. Personal and health information includes both medical information and individually identifiable information, such as your name, address, telephone number, or Social Security Number. Blue Shield Life will not disclose this information without your authorization, except as permitted by law.

A STATEMENT DESCRIBING BLUE SHIELD LIFE'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Blue Shield Life's policies and procedures regarding our confidentiality/privacy practices are contained in the "Notice of Privacy Practices", which you may obtain either by calling the Customer Service Department at the number listed in the back of this booklet or accessing Blue Shield Life's Internet site located at http://www.blueshieldca.com and printing a copy.

If you are concerned that Blue Shield Life may have violated your confidentiality/privacy rights, or you disagree with a decision we made about access to your personal and health information, you may contact us at:

Correspondence Address:
Blue Shield Life Privacy Official
P. O. Box 272540
Chico, CA 95927-2540

Toll-Free Telephone Number:
1-888-266-8080

E-mail Address:
BlueShieldca_Privacy@blueshieldca.com

Access to Information
Blue Shield Life may need information from medical providers, from other carriers or other entities, or from you, in order to administer benefits and eligibility provisions of this Policy. You agree that any provider or entity can disclose to Blue Shield Life that information that is reasonably needed by Blue Shield Life. You agree to assist Blue Shield Life in obtaining this information, if needed, (including signing any necessary authorizations) and to cooperate by providing Blue Shield Life with information in your possession. Failure to assist Blue Shield Life in obtaining necessary information or refusal to provide information reasonably needed may result in the delay or denial of benefits until the necessary information is received. Any information received for this purpose by Blue Shield Life will be maintained as confidential and will not be disclosed without your consent, except as otherwise permitted by law.

Independent Contractors
Providers are neither agents nor employees of the Plan but are independent contractors. In no instance shall the Plan be liable for the negligence, wrongful acts, or omissions of any person receiving or providing services, including any Dentist or their employees.

Entire Policy: Changes
This Policy, including the appendices, constitutes the entire agreement between parties. Any statement made by an Insured shall, in the absence of fraud, be deemed a representation and not a warranty. No change in this Policy shall be valid unless approved by a corporate officer of Blue Shield Life and a written endorsement issued. No agent has authority to change this Policy or to waive any of its provisions.

Benefits, such as covered Services, Calendar Year Benefits, Deductible, Copayment, Coinsurance, Maximum per Insured Calendar Year Copayment/Coinsurance Responsibility, or Maximum per Insured and Family Calendar Year Copayment/Coinsurance Responsibility amounts are subject to change at any time. Blue Shield Life will provide at least 30 days written notice of any such change.

Benefits provided after the Effective Date of any change will be subject to the change. There is no vested right to obtain Benefits.

Time Limit on Certain Defenses
After an Insured has been covered under this Policy for two (2) consecutive years, Blue Shield Life will not use any misstatement, except a fraudulent misstatement, made by the Applicant in an individual application to void the Policy, deny a claim, or reduce coverage.

Grace Period
After payment of the first Premium, the Subscriber is entitled to a grace period of 28 days for the payment of any Premium due. During this grace period, the Policy will remain in force. However, the Subscriber will be liable for payment of Premiums accruing during the period the Policy continues in force.

Notice and Proof of Claim

Notice and Claim Forms
In the event a Dentist does not bill Blue Shield Life directly, you should use a Blue Shield Life Insured's Statement of Claim form in order to receive reimbursement. To receive a claim form, written notice of a claim must be given to Blue Shield Life within 20 days of the date of Service. If this is not possible, Blue Shield Life must be notified as soon as it is reasonably possible to do so.

When Blue Shield Life receives Notice of Claim, Blue Shield Life will send you an Insured's Statement of Claim form for filing proof of a claim. If Blue Shield Life fails to furnish the necessary claim forms within 15 days, you may file a claim without using a claim form by sending Blue Shield Life written proof of claim as described below.

If you receive Covered Services from a Non-Participating Dentist, either you or your Dentist may file a claim using the dental claim form which may be obtained by called Dental Insured Services at:

1-888-679-8928

Only claims for Benefits for Enhanced Dental Services for Pregnant Women should be sent to:

Blue Shield Life
Dental Plan Administrator
Coverage for Women during Pregnancy
425 Market Street, 12th Floor
San Francisco, CA 94105

Claims for all other Covered Services rendered by Non-Participating Dentists, should be sent to:

Blue Shield Life
P. O. Box 272590
Chico, CA 95927-2590

Proof of Claim
Blue Shield Life must receive written proof of claim within 90 days after the date of service for which claim is being made from a Participating Dentist and no later than 180 days for claims from a Non-Participating Dentist.

A claim will not be reduced or denied for failure to provide proof within this time if it is shown that it was not reasonably possible to furnish proof, and that proof was provided as soon as it was reasonably possible. However, no claim will be paid if proof is received more than one (1) year after the date of loss, unless the Insured was legally unable to notify Blue Shield Life.

Payment of Benefits

Time and Payment of Claims
Claims will be paid promptly upon receipt of proper written proof and determination that benefits are payable.

Payment of Claims
Participating Dentists are paid directly by Blue Shield Life.

If the Insured receives Covered Services from a Non-Preferred Dentist, payment will be made directly to the Subscriber, and the Insured is responsible for payment to the Non-Participating Dentist.

Commencement of Legal Action
Any suit or action to recover benefits under this Plan, or damages concerning the provision of coverage or benefits, the processing of claims, or any other matter arising out of this Plan, may not be brought prior to the expiration of 60 days after written proof of claim has been furnished and must be commenced no later than three years after the date the coverage for benefits in question were first denied.

Organ and Tissue Donation
Many residents in the state of California are eligible to become organ and tissue donors. By deciding to be an organ and tissue donor, you can affect the well-being of one or more of the estimated 100,000 people in the United States of America who must face death daily while waiting for an organ

transplant. One person on this list dies about every three hours – all the while waiting for an organ or tissue donation.

For more information on organ and tissue donation, or to register as a donor, visit the California Transplant Doctor Network's internet site at http://www.ctdn.org or Donate Life California's internet site at http://www.donatelifecalifornia.org. You may also call the regional organ procurement agency in the city nearest you for additional information on organ and tissue donation.

Endorsements and Appendices
Attached to and incorporated in this Policy by reference are appendices pertaining to deductibles and Premiums. Endorsements may be issued from time to time subject to the notice provisions of the section entitled Duration of the Policy. Nothing contained in any endorsement shall affect this Policy, except as expressly provided in the endorsement.

Notices
Any notice required by this Policy may be delivered by United States mail, postage prepaid. Notices to the Subscriber may be mailed to the address appearing on the records of Blue Shield Life and notice to Blue Shield Life may be mailed to:

Blue Shield Life
50 Beale Street
San Francisco, CA 94105

Commencement or Termination of Coverage
Whenever this Policy provides for a date of commencement or termination of any part or all of the coverage herein, such commencement or termination shall be effective at 12:01 A.M. Pacific Time of that date.

Identification Cards
Identification cards will be issued by Blue Shield Life to all Insureds.

Legal Process
Legal process or service upon Blue Shield Life must be served upon a corporate officer of Blue Shield Life.

Notice
The Subscriber hereby expressly acknowledges its understanding that this Policy constitutes a contract solely between the Subscriber and Blue Shield Life (hereafter referred to as "the Plan"), which is an independent corporation operating under a license from the Blue Cross and Blue Shield Association ("Association"), an Association of independent Blue Cross and Blue Shield plans, permitting the Plan to use the Blue Shield Service Mark in the State of California and that the Plan is not contracting as the agent of the Association.

The Subscriber further acknowledges and agrees that it has not entered into this Policy based upon representations by any person other than the Plan and that neither the Association nor any person, entity or organization affiliated with the Association, shall be held accountable or liable to the Subscriber for any of the Plan's obligations to the Subscriber created under this Policy. This paragraph shall not create any additional obligations whatsoever on the part of the Plan, other than those obligations created under other provisions of this Policy.

Dental Customer Services

Questions about Covered Services, Dentists, how to use this Plan, or concerns regarding the quality of care or access to care that you have experienced should be directed to your Dental Customer Service at the telephone number or address which appear below:

1-888-679-8928

Blue Shield Life
Dental Plan Administrator
425 Market Street, 12th Floor
San Francisco, CA 94105

Dental Customer Service can answer many questions over the telephone.

If the grievance involves a Non-Participating Dentist, the Subscriber should contact the appropriate Blue Shield Life Customer Service Department shown on the last page of this Policy.

Note: A Dental Plan Administrator has established a procedure for our Subscribers to request an expedited decision. A Subscriber, Physician, or representative of a Subscriber may request an expedited decision when the routine decision making process might seriously jeopardize the life or health of a Subscriber, or when the Subscriber is experiencing severe pain. A Dental Plan Administrator shall make a decision and notify the Subscriber and Dentist within 72 hours following the receipt of the request. If you would like additional information regarding the expedited decision process, or if you believe your particular situation qualifies for an expedited decision, please contact the Dental Customer Service Department at the number listed above.

Grievance Process

Subscribers, a designated representative, or a provider on behalf of the Subscriber, may contact the

Dental Customer Service Department by telephone, letter or online to request a review of an initial determination concerning a claim or service. Subscribers may contact the Dental Customer Service Department at the telephone number as noted below. If the telephone inquiry to the Dental Customer Service Department does not resolve the question or issue to the Subscriber's satisfaction, the Subscriber may request a grievance at that time, which the Dental Customer Service Representative will initiate on the Subscriber's behalf.

Note: You may have the right to receive continued coverage pending the outcome of your grievance. To request continued coverage during your grievance, contact Dental Customer Service at the telephone number listed below.

The Subscriber, a designated representative, or a provider on behalf of the Subscriber, may also initiate a grievance by submitting a letter or a completed "Grievance Form". The Subscriber may request this Form from the Dental Customer Service Department. If the Subscriber wishes, the Dental Customer Service staff will assist in completing the grievance form. Completed grievance forms must be mailed to a Dental Plan Administrator at the address provided below. The Subscriber may also submit the grievance to the Dental Customer Service Department online by visiting http://www.blueshieldca.com.

1-888-679-8928

Blue Shield Life
Dental Plan Administrator
425 Market Street, 12th Floor
San Francisco, CA 94105

A Dental Plan Administrator will acknowledge receipt of a written grievance within five (5) calendar days. Grievances are resolved within 30 days.

The grievance system allows Subscribers to file grievances for at least 180 days following any incident or action that is the subject of the Subscriber's dissatisfaction. See the previous Customer Service section for information on the expedited decision process.

California Department of Insurance Review

The California Department of Insurance is responsible for regulating health insurance. The Department's Consumer Communications Bureau has a toll-free number (1-800-927-HELP (4357) or TDD 1-800-482-4833) to receive complaints regarding health insurance from either the Insured or his or her provider.

If you have a complaint against Blue Shield of California Life & Health Insurance Company, you should contact Blue Shield Life first and use their grievance process. If you need the Department's help with a complaint or grievance that has not been satisfactorily resolved by Blue Shield Life, you may call the Department's toll-free telephone number from 8:00 a.m. to 6:00 p.m., Monday through Friday (excluding holidays). You may also submit a complaint in writing to: California Department of Insurance, Consumer Communications Bureau, 300 S. Spring Street, South Tower, Los Angeles, California 90013 or through the website www.insurance.ca.gov.

Definitions

Whenever the following definitions are capitalized in this booklet, they will have the meaning stated below.

Allowable Amount — the Allowance is:

1. The amount a Dental Plan Administrator has determined is an appropriate payment for the Service(s) rendered in the provider's geographic area, based upon such factors as evaluation of the value of the Service(s) relative to the value of other Services, market considerations, and provider charge patterns; or

2. Such other amount as the Participating Dentist and a Dental Plan Administrator have agreed will be accepted as payment for the Service(s) rendered; or

3. If an amount is not determined as described in either (1.) or (2.) above, the amount a Dental Plan Administrator determines is appropriate considering the particular circumstances and the Services rendered.

Blue Shield Life — Blue Shield of California Life & Health Insurance Company, a California corporation licensed as a life and disability insurer.

Calendar Year – A period beginning on January 1 of any year and terminating on January 1 of the following year.

Copayment – The amount that an Insured is required to pay for certain Covered Services after meeting any applicable deductible.

Coinsurance – the percentage of the Allowable Amount that an Insured is required to pay for specific Covered Services after meeting any applicable Deductible.

Covered Services (Benefits) - Only those services which an Insured is entitled to receive pursuant to the terms of this Policy.

Deductible - The Calendar Year amount you must pay for specific Covered Services that are a benefit of this Policy before you become entitled to receive certain Benefit payments from the Plan for those Covered Services.

Dental Care Services — Necessary treatment on or to the teeth or gums, including any appliance or device applied to the teeth or gums, and necessary dental supplies furnished incidental to Dental Care Services.

Dental Plan Administrator (DPA) — Blue Shield has contracted with the Plan's Dental Plan Administrators (DPA). A DPA is a dental care service plan which contracts with Blue Shield to underwrite and administer delivery of dental services through a network of Participating Dentists. A DPA also contracts with Blue Shield to serve as a claims administrator for the processing of claims for services received from Non-Participating Dentists

Dentist — a duly licensed Doctor of Dental Surgery or other practitioner who is legally entitled to practice dentistry in the state of California.

Dental Necessity – Services which are of Dental Necessity include only those which have been established as safe and effective and are furnished in accordance with generally accepted professional standards in California, to treat dental disease or injury, and which are:

1. Consistent with the symptoms or diagnosis; and
2. Not furnished primarily for the convenience of the patient, the attending Dentist or other provider; and
3. Furnished at the most appropriate level which can be provided safely and effectively to the patient.

Dependent —

1. A Subscriber's legally married spouse who is:
   a. Resident of California; and
   b. Not covered for benefits as a Subscriber; and
   c. Not legally separated from the Subscriber; or

2. A Subscriber's Domestic Partner, who is:
   a. Not covered for Benefits as a Subscriber; and
   b. A Resident of California.

3. A Subscriber's, spouse's, or Domestic Partner's child (including any stepchild or child placed for adoption or any other child for whom the Subscriber, spouse, or Domestic Partner has been appointed as a non-temporary legal guardian by a court of appropriate legal jurisdiction) not covered for benefits as a Subscriber who is:
   a. Resident of California (unless a full-time student); and
   b. Less than 26 years of age; or

   and who has been enrolled and accepted by Blue Shield Life as a Dependent and has maintained membership in accordance with this Policy.

   Note: Children of Dependent children (i. e. grandchildren of the Subscriber, spouse, or Domestic Partner) are not Dependents unless the Subscriber, spouse, or Domestic Partner has adopted or is the legal guardian of the grandchild.

4. If coverage for a Dependent child would be terminated because of the attainment of age 26 and the Dependent child is disabled, benefits for such Dependent will be continued upon the following conditions:
   a. The child must be chiefly dependent upon the Subscriber, spouse, or Domestic Partner for support and maintenance and be incapable of self-sustaining employment by reason of physically or mentally disabling injury, illness, or condition;
   b. The Subscriber, spouse, or Domestic Partner submits to the Plan a Physician's written certification of disability within 60 days from the date of the Plan's request; and
   c. Thereafter, certification from a Physician is submitted to the Plan on the following schedule:
      i. Within 24 months after the month when the Dependent would otherwise have been terminated; and
      ii. Annually thereafter on the same month when certification was made in accordance with item (1) above. In no event will coverage be continued beyond the date when the Dependent child becomes ineligible for coverage under this plan for any reason other than attained age.

Domestic Partner - an individual who is personally related to the Subscriber by a domestic partnership that meets the following requirements:

1. Both partners are:
   a. 18 years of age or older; and
   b. Of the same or different sex; and
   c. Residents of California.

2. The partners share:
   a. An intimate and committed relationship of mutual caring; and
   b. The same common residence.

3. The partners are:
    a. Not currently married nor have had another domestic partner within the last six (6) months, unless such former partner is deceased; and
    b. Not so closely related by blood that legal marriage or registered domestic partnership would otherwise be prohibited

4. Both partners were mentally competent to consent to a contract when their domestic partnership began.

Insured — either a Subscriber or Dependent.

Elective Dental Procedure — any dental procedures which are unnecessary to the dental health of the patient, as determined by a Dental Plan Administrator.

Emergency Services – Covered Services to alleviate severe pain or other symptoms or for the diagnosis and treatment of an unforeseen illness or injury, which a reasonable person under the circumstances would believe, if not treated immediately could lead to serious jeopardy of health or impairment.

Experimental or Investigational in Nature — Any treatment, therapy, procedure, drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supplies which are not recognized in accordance with generally accepted professional medical standards as being safe and effective for use in the treatment of the illness, injury, or condition at issue. Services which require approval by the Federal government or any agency thereof, or by any State government agency, prior to use and where such approval has not been granted at the time the services or supplies were rendered, shall be considered Experimental or Investigational in Nature.

Services or supplies which themselves are not approved or recognized in accordance with accepted professional medical standards, but nevertheless are authorized by law or by a government agency for use in testing, trials, or other studies on human patients, shall be considered Experimental or Investigational in Nature.

Maximum Plan Payment — the maximum amount that the Person will be reimbursed for services obtained from a Non-Participating Dentist.

Non-Participating Dentist- a Doctor of Dental Surgery who has not signed a contract with a Dental Plan Administrator to provide dental services to Insureds.

Participating Dentist — a Doctor of Dental Surgery who has signed a service contract with a Dental Plan Administrator to provide dental services to Insureds.

Pedodontics — Dental Care Services related to the diagnosis and treatment of conditions of the teeth and mouth in children.

Plan – The Smile PPO or Blue Shield of California Life & Health Insurance Company.

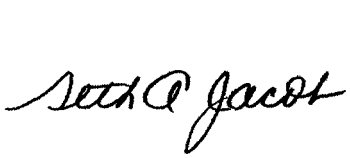
Prosthodontics – Dental Care Services specifically related to necessary procedures for providing artificial replacement for missing natural teeth.

Resident of California – an individual who spends in the aggregate more than 180 days each year within the State of California and has not established a permanent residence in another state or country.

Subscriber – An individual who satisfies the eligibility requirements of this Policy, and who is enrolled and accepted by the Plan as a Subscriber, and has maintained Plan membership in accord with this Policy.

Treatment in Progress — Partially completed dental procedures including prepped teeth, root canals in process of treatment, and full and partial denture cases after final impressions have been taken.

IN WITNESS WHEREOF, Blue Shield of California Life & Health Insurance Company, through its duly authorized Officers, execute this Policy, to take effect on the Subscriber's Effective Date.



Seth A. Jacobs, Secretary
Blue Shield of California Life & Health Insurance Company

Duncan Ross, President & Chief Executive Officer
Blue Shield of California Life & Health Insurance Company

Dental Customer Service Telephone Numbers:

Blue Shield Life
Dental Plan Administrator
1-888-679-8928

Blue Shield Life
1-800-431-2809

Dental Customer Service Correspondence Addresses:

Blue Shield Life
Dental Plan Administrator
Dental Customer Service
425 Market Street, 12th Floor
San Francisco, CA 94105

Claims for Benefits for Enhanced Dental Services for Pregnant Women should be sent to:
Blue Shield Life / CAT Team
Dental Plan Administrator
Coverage for Women during Pregnancy
425 Market Street, 12th Floor
San Francisco, CA 94105

Claims for all other Covered Services should be sent to:
Blue Shield Life
P. O. Box 272590
Chico, CA 95927-2590