



Modified Prudent Buyer Dental Plan

We're Committed To Providing You With Great Dental Care Options

Dental Benefits

Dental care is an important part of your comprehensive health care coverage and well-being. BC Life & Health Insurance Company knows the importance of being protected by dental insurance is an important safeguard for you and your family.

Diagnostic and preventive services are the key to maintaining good dental health. Dental coverage is designed to guarantee that you receive regular preventive care. With routine examinations, minor dental problems can be diagnosed and treated before major, more costly problems set in. Prudent Buyer PPO Dental Plan can be instrumental in your long-term dental health.

Prudent Buyer PPO Dental Plan Advantages

- You and your covered family members can take advantage of one of the largest dental networks in California with nearly 11,000 dentists
- You can enjoy negotiated rates and no payment due at time of service (excluding any applicable copayments)

How the Program Works

Prudent Buyer Dental is a preferred provider organization (PPO) plan from BC Life & Health Insurance Company (BC Life & Health), an affiliate of Blue Cross of California.

The Prudent Buyer PPO Dental Plan provides you with the freedom to select virtually any licensed dentist. If you choose a Prudent Buyer PPO participating dentist, you also take advantage of negotiated discounts and more generous reimbursement.

In addition, your copayment percentage for many covered dental services will be lower. You are responsible for an annual deductible and for your portion of the covered services. Please note that you must verify that the dentist you use is a member of the Prudent Buyer PPO network.

Please note, if you choose a licensed dentist who does not participate in the PPO Dental network, your out-of-pocket expenses will be greater. You will be responsible for your annual deductible and for your portion of the Covered Expenses plus charges in excess of Covered Expenses. Covered Expense is either the customary and reasonable charge or the Maximum Allowable Fee Schedule for professional services, depending on your plan. Please see your Certificate of Insurance (Certificate) for details. You will also be asked to pay your portion of the bill at the time of service and submit claim forms for reimbursement.

After enrolling in the Prudent Buyer PPO Dental Plan, you will receive a Directory of Participating Dentists. If you have a particular dentist in mind and he or she is not in the directory, you may call the customer service telephone number on your ID card to see if the dentist has recently joined the network.

Late Entrant Benefit Waiting Period

If you do not enroll in your dental plan within 31 days of your eligibility date, you will be subject to a Late Entrant Waiting Period. This means that you will not be covered immediately for certain dental services.

Details of the Late Entrant Waiting Period can be found in the Exclusions and Limitations section of this document.

Filing A Claim

When you use a participating dentist, you do not need to submit a claim form for covered dental expenses. Your participating dentist will complete and submit the claim form to BC Life & Health. BC Life & Health will pay the benefits of the plan directly to your dentist. If your dentist is not in the network, you must complete and submit your own claim forms.

Dental Deductible

A deductible is the amount of money you pay for a covered dental expense prior to benefits being paid under the plan. Only charges that are considered a covered dental expense will apply toward satisfaction of the deductible. Please refer to the deductible amount in the chart.

Pre-Authorization

When the anticipated expense for any course of treatment exceeds \$350, you should submit a request for pre-authorization. If you use a participating dentist, your dentist will submit the authorization form for you. If your dentist is not part of the network, you will have to submit a pre-authorization form to your dentist for completion and then send it to BC Life & Health for approval.

Conditions of Service

Services must be provided by a licensed dentist and must be for treatment of dental disease, defect or injury, and are subject to any Exclusions and Limitations or Benefit Maximums specified under the plan.

Your First Visit

Because preventive dental care is so important, your Prudent Buyer PPO Dental Plan provides benefits for X-rays and teeth cleaning. Soon after enrollment, you should call your participating dental office for an initial diagnostic examination. X-rays will usually be taken at this time to determine the overall condition of your teeth. Through routine check-ups, minor dental problems can often be diagnosed and treated before they become major problems. We encourage you to call your participating dental office whenever you need dental care.

Customer Service

A Customer Service Representative is available to answer your questions and inquiries at (800) 627-0004.

Benefit Maximums

Dental benefits are limited to a maximum payment for expenses incurred by each insured person during a calendar year. Please refer to the amount on the chart.

Continuing Coverage

As required by federal law, certain restrictions and conditions apply to the right to continue coverage and are described in your Certificate.

Calendar Year Deductible	\$50/insured person; maximum of \$150/family
Annual Maximum	\$1,500
Predetermination of Benefits	Charges in excess of \$350
Covered Expense	Plan payments will be applied to the lesser of the charges billed by the provider or the following:
PPO Dentists	The Prudent Buyer Dental Plan negotiated rate or fee. <i>When using a participating dentist, insured persons are <u>not</u> responsible for the difference between the provider's usual charges and the negotiated amount.</i>
Non-PPO Dentists	The customary and reasonable charge or the maximum allowable charge for professional services as specified in the Certificate. <i>When using a non-participating dentist, insured persons are responsible for the difference between the allowed amount and actual charges, in addition to any deductible and dollar copayment amounts.</i>

Covered Services	Per Insured Person Copay	
	PPO Dentists	Non-PPO Dentists
Diagnostics <i>(exams)</i>	Full Coverage <i>(deductible waived)</i>	
Preventive <i>(teeth cleanings)</i>	Full Coverage <i>(deductible waived)</i>	
Restorative <i>(fillings, sealants, and space maintainers)</i>	10%	15%
Endodontics <i>(root canal therapy)</i>	10%	15%
Periodontics <i>(gum surgery)</i>	40%	50%
Oral Surgery <i>(extractions)</i>	10%	15%
Prosthodontics <i>(dentures, crowns, bridges)</i>	40%	50%

This Summary of Benefits is a brief review of benefits. Once enrolled, insured persons will receive the Certificate, which explains the exclusions and limitations, as well as the full range of covered services of the plan, in detail.

Prudent Buyer Dental Exclusions & Limitations

Duplicate Services or Supplies. Any covered services or supplies, or any services or supplies for which benefits would be provided under any other insurance policy, health care service plan or similar arrangement which the group sponsors to make dental benefits available.

Services Provided Before or After the Term of This Coverage. Services received before the insured person's effective date. Services received after the insured person's coverage ends, as specified as covered in the Certificate.

Experimental or Investigative Procedures. Any procedures which are considered experimental or investigative or which are not widely accepted as proven and effective procedures within the organized dental community.

Medically Necessary. Any services or supplies which are not medically necessary.

Workers' Compensation. Any work-related conditions if benefits are recovered or can be recovered either by adjudication, settlement or otherwise under any workers' compensation, employer's liability law or occupational disease law, even if the insured person does not claim those benefits.

Government Programs. Services provided by or payment made by any local, state, county or federal government agency, including Medicare and any foreign government agency.

No Charge Services. Services received for which no charge is made to the insured person or for which no charge would be made to the insured person in the absence of insurance coverage.

Results of War. Disease contracted or injuries sustained as a result of war, declared or undeclared, or from exposure to nuclear energy, whether or not the result of war.

Provider Related to Insured Person. Professional services received from a person who lives in the insured person's home or who is related to the insured person by blood or marriage.

Excess Expense. Any amounts in excess of covered dental expense or the Dental Benefit Maximums.

Professionally Acceptable Treatment. If more than one treatment plan would be considered acceptable services for a dental condition, any amount exceeding the cost of the least expensive professionally acceptable treatment plan is not covered.

Transfer of Care. If the insured person 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, we shall be liable only for the amount we would have been liable for had one dentist rendered the services.

Hospital Charges. Hospital costs and any additional charges by the dentist for hospital treatment.

Services Not Included as a Covered Procedure. Services not specifically provided for by the plan 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.

Treatment By An Unlicensed Dentist. Charges for treatment by other than a licensed dentist or physician except charges for dental prophylaxis performed by a licensed dental hygienist, under the supervision and direction of a dentist.

Treatment of the Joint of the Jaw and/or Occlusion Services. Diagnosis, services, supplies or appliances provided in connection with any of the following:

- 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; or
- Any treatment, including crowns, caps and/or bridges to change the way the upper and lower teeth meet (occlusion); or
- Treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means including the restoration of vertical dimension because teeth have worn down.

Vertical Dimension and Attrition. Procedures requiring appliances or restorations (other than those for replacement of structure lost due to dental decay) that are necessary to alter, restore or maintain occlusion. These include, but are not limited to:

changing the vertical dimension

replacing or stabilizing tooth structure lost by attrition, abrasion, or erosion

realignment of teeth

gnathological recording

occlusal equilibration

periodontal splinting

Prosthetic Replacements. Replacement of an existing fixed or removable prosthesis, is not a benefit if the replacement occurs within five years of the original placement, unless the prosthesis is a stayplate used during the healing period for recently extracted anterior teeth. Replacement of a removable partial will be allowed if the partial is no longer useable, cannot be made serviceable and meets the five year requirement.

Orthodontics. Orthodontic braces, appliances and all related services.

Crown Replacements. Crowns, Inlays, onlays or cast restorations on the same tooth in excess of once every five years of the original replacement.

Denture Repairs, Adjustments or Relines. Repairs, adjustments or relines of full or partial dentures, or other prostheses are not covered for a period of six months from the initial placement if they were paid for under this plan.

Lost or Stolen Dentures or Appliances. Replacement of existing full or partial dentures or prosthetic appliances which have been lost or stolen if replacement occurs within five years of the original placement.

Prosthetics (patients under 16 years old). Fixed bridges, removable cast partials, cast crowns, with or without veneers and inlays for persons under 16 years of age.

Implants. Implants (materials implanted into or on bone or soft tissue) or the removal of implants. However, if implants are provided in connection with a covered prosthetic appliance, we will allow the cost of a standard complete or partial denture, or a bridge, toward the cost of the implants and the prosthetic appliances.

Malignancies and Neoplasms. Services for treatment of malignancies and neoplasms.

Cosmetic Dentistry. Any services performed for cosmetic purposes, unless they are for correction of functional disorders or as a result of an accidental injury occurring while the insured person was covered for dental benefits under this plan.

Congenital or Developmental Malformation. Services to correct a congenital or developmental malformation including, but not limited to, cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (discoloration of the teeth) and anodontia (congenitally missing teeth).

X-rays. More than one set of full-mouth X-rays or its equivalent in a three-year period. Periapical x-rays submitted individually will be combined and paid up to the amount of a full mouth series.

Bite Wing X-rays. Bite wing X-rays in excess of two series for standard or 8 films for vertical bite wings twice in any 12-month period.

Oral Exams. Oral exams are limited to two per calendar year.

Prophylaxis or Periodontal Prophylaxis. Prophylaxis or periodontal prophylaxis procedures are limited to two treatments per calendar year. Periodontal prophylaxis must be preceded by active periodontal treatment, such as scaling and root planing or osseous (gum) surgery.

Sealants. Sealants are limited to children under 16 years of age for permanent unrestored molars. Treatment is limited to once every 36 months per tooth.

Prescription Drugs and Medications. Any prescribed drugs, pre-medication or analgesia.

Oral Hygiene. Oral hygiene instruction.

Space Maintainers. Use of space maintainers in excess of one treatment per lifetime, which includes one adjustment within six month of placement.

Periodontal Surgery. Periodontal surgery exceeding one time per quadrant in a 36-month period.

Root Canal Therapy. Root canal therapy in excess of one treatment per tooth for initial treatment and one retreatment per tooth.

Periodontal Scaling. Periodontal scaling exceeding one time per quadrant in a 24 month period.

Oral Surgery. Extraction of third molars (wisdom teeth) if the patient is under the age of 16.

Teeth Lost Prior to this Coverage. Teeth lost prior to coverage under this plan are not eligible for prosthetic replacement unless the prosthetic replacement replaces one or more eligible natural teeth lost during the term of this coverage.

Restorations. Restorations exceeding one every 12 months per surface per tooth for patients under the age of 19 and one every 36 months per surface per tooth for patients over the age of 19.

Precision Attachments. Precision attachments and the replacement of part of a precision attachment, magnetic retention or overdenture attachments.

Overdentures. Overdentures and related services, including root canal therapy on teeth supporting an overdenture.

Third Molars. The replacement of extracted or missing third molars/wisdom teeth.

Replacement of Existing Restorations. Replacement of existing restorations for any purpose other than restoring active decay.

Harmful Habit Appliances. Fixed and Removable appliances to inhibit thumb sucking.

Late Entrant Waiting Periods

If the insured person does not enroll within 31 days of eligibility date, the following late entrant waiting periods will apply to services for:

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|---|-----------|
| ➤ Preventive and Diagnostic | None |
| ➤ Restorative, Periodontics, Endodontics, or Oral Surgery | 6 months |
| ➤ Prosthodontics | 12 months |

Third Party Liability

BC Life & Health Insurance Company is entitled to reimbursement of benefits paid if the insured person recovers damages from a legally liable third party.

Coordination of Benefits

The benefits of this plan may be reduced if the insured person has any other group dental coverage so that the services received from all group coverages do not exceed 100% of the covered expense.

The Power of Blue.SM

BC Life & Health Insurance Company is an Independent Licensee of the Blue Cross Association. The Blue Cross name and symbol are registered service marks of the Blue Cross Association.

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BC Life