Blue Shield of California
Dental PPO Plan

Enhanced Dental PPO 50/1250*

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

	In-Network Coverage	Out-of-Network Coverage
Calendar Year Deductible	$50 per member / $150 per family	$150 per member / $450 per family
Deductible applies to	Basic and major services only	All services
Calendar Year Maximum per Member	$1,250	

Covered Services	**Member Coinsurance Amounts**	
	In-Network Coverage	**Out-of-Network Coverage**
Diagnostic and Preventive Services – cleanings, exams, X-rays	No charge	20%
Basic Restorative Services[1] – minor restorations, oral surgery	20%	40%
Major Restorative Services[1] – bridges, crowns, dentures, endodontics, implants, periodontics	50%	50%

Please Note: Benefits are subject to modification for subsequently enacted state or federal legislation.

* Pending regulatory approval.
1 Waiting Periods

- No waiting periods for cleanings, exams and X-Rays
- Six-month waiting period for basic services
- 12-month waiting period for major services