

# Dental coverage

Complete your Blue Shield health coverage with our affordable dental plans.

## Dental coverage

Because dental health is an important part of your total wellness, we offer affordable HMO and PPO dental coverage options. All applicants who qualify for a Blue Shield health plan may choose between the Blue Shield dental PPO plan and the Blue Shield dental HMO plan for quality dental coverage at affordable rates.

### Blue Shield Dental

PPO		HMO	
Choose any dental provider. Out-of-pocket costs for covered services are lowest when you receive care from network dentists.		Choose a dental care provider from our dental HMO provider network to provide all of your family's network dental care.	
	Monthly rate		Monthly rate
Subscriber	\$35	Subscriber	\$17
Subscriber and spouse	\$74	Subscriber and spouse	\$34
Subscriber and child	\$53	Subscriber and child	\$30
Subscriber and children	\$79	Subscriber and children	\$35
Family	\$123	Family	\$66
<b>Plan features:</b> <ul style="list-style-type: none"> <li>• Access to over 19,000 general care and specialty dentists in California*</li> <li>• Coverage when using a non-network dentists</li> <li>• Fixed copayments in network</li> <li>• Calendar-year deductible of \$50 per member</li> <li>• Calendar-year benefit maximum of \$1,000 per member</li> <li>• Wide range of dental benefits, with most diagnostic and preventive services fully covered when using network providers</li> <li>• Orthodontic benefits for children and adults</li> <li>• No waiting period, after enrollment, for diagnostic or preventive services</li> <li>• Enhanced dental benefits for pregnant women</li> </ul>		<b>Plan features:</b> <ul style="list-style-type: none"> <li>• Access to over 8,600 dental provider locations in California*</li> <li>• No calendar-year maximums</li> <li>• Fixed copayments and no deductibles</li> <li>• Wide range of dental benefits, including most diagnostic and preventive services at no out-of-pocket cost to you</li> <li>• Specialty care available with referral from your dental provider</li> <li>• Orthodontic benefits for children and adults</li> <li>• No waiting period for any type of service, other than orthodontics</li> <li>• Practically no claims forms</li> </ul>	

\* Dental providers in California are contracted through Dental Benefit Providers of California.

**Please note:** Monthly rates for the dental HMO and dental PPO plans are in addition to the monthly rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, dental and, if applicable, life insurance premiums. If you select the HMO medical plan, your dental HMO plan and health coverage effective dates must be the first of the month. (No benefits are paid for services received before the effective date.) If you select the PPO medical plan along with a dental HMO or dental PPO plan, you may request any effective date for both plans.

Dental PPO and dental HMO plan benefits supersedes Access+ Dentist and Essential<sup>SM</sup> plans' dental benefits. If you're an Access+ HMO or Essential plan member who purchases the dental PPO or dental HMO plan, you receive the more generous benefits of the plan you have chosen and will not receive any of the dental benefits of Access+ Dentist or the Essential plan.

## Dental PPO and Dental HMO Highlights Matrix

This chart is only a summary. For a complete list of the benefits, exclusions, and limitations of the dental PPO or dental HMO, please refer to the Supplement to the Service Agreement/Policy for your health plan. For a complete description of the Access+ Dentist feature, please see the Access+ HMO Service Agreement. We will automatically send you a copy of the applicable supplement when your health plan application is approved. To have a Supplement sent sooner, please call **(800) 431-2809**.

Service	Dental PPO <sup>1</sup>		Dental HMO <sup>3,4</sup>	Access+ Dentist
	With network dentists, you pay:	With non-network dentists, the plan reimburses you up to:	You pay:	(Access+ HMO members only) <sup>5</sup> You pay:
<b>Diagnostic services</b>				
Comprehensive oral exams	\$0	\$40	\$0	\$20 (plus \$10 for full-mouth series X-rays)
<b>Preventive care</b>				
<b>Prophylaxis (cleanings, every 6 months)</b>				
Adult	\$0	\$48	\$0	\$20
Child	\$0	\$34	\$0	\$20
Sealant/per tooth <sup>6</sup> (covered to age 16)	\$0	\$22	\$11	\$10
<b>Restorative services<sup>2</sup></b>				
One-surface composite (filling)	\$37	\$30	\$15	80%**
Crown (porcelain fused to noble metal)	\$320	\$256	\$300*	80%**
<b>Endodontics<sup>2</sup></b>				
Anterior root canal	\$156	\$125	\$155	80%**
Molar root canal	\$234	\$187	\$290	Not covered
<b>Periodontics<sup>2</sup></b>				
Osseous surgery/per quadrant	\$263	\$210	\$303	Not covered
Periodontal root planing/per quadrant	\$65	\$52	\$75	80%**
<b>Prosthetics<sup>2</sup></b>				
Bridge pontic/false tooth - high noble metal (per unit)	\$293	\$234	\$300*	80%**
Bridge retainer - porcelain fused to high noble metal (per unit)	\$313	\$250	\$300*	80%**
Complete denture (upper or lower)	\$388	\$310	\$400	80%**
<b>Oral surgery<sup>2</sup></b>				
Extraction (single tooth)	\$40	\$32	\$34	80%**
Removal of impacted tooth (complete bony)	\$113	\$90	\$125	Not covered
<b>Enhanced dental services for pregnant women<sup>7</sup></b> (not subject to plan deductibles with network dentists)	\$0	100% of charge	Not covered	Not covered
<b>Orthodontics<sup>2,4,8</sup></b>				
Fully banded (2-year) case – child	\$2,350***	Not covered	\$2,350***	Not covered
Fully banded (2-year) case – adult	\$2,650***	Not covered	\$2,650***	Not covered

\* Plus the cost of precious or semi-precious metals.

\*\* Based on the attending dentist's billed charges.

\*\*\* Plus up to \$250 for records.

- 1 Use any network dentist to take advantage of contracted rates and pay lower out-of-pocket costs. When you use dentists who are not in our network, the plan reimburses up to the amount listed and you are responsible for all charges in excess of that amount and a \$50 calendar-year deductible.
- 2 Dental PPO members have certain waiting periods: three months for minor restorative services and procedures (such as fillings), endodontics, periodontics, and oral surgery; 12 months for major restorative services and procedures (such as crowns), orthodontics, and removable and fixed prosthetics.
- 3 All services must be performed, prescribed, or authorized by your dentist, chosen from the Blue Shield Dental HMO Dental Provider Directory. If you need to see a specialist, you must get a referral from your dental provider to receive covered services.
- 4 Dental HMO members have a 12-month waiting period for orthodontics. (There are no waiting periods for other covered services.)
- 5 Services available only when you use Access+ Dentist. (Access+ Dentists are listed in the Blue Shield Directory of Access+ Dentists.)
- 6 Coverage for sealants is limited to the first and second permanent molars.
- 7 One additional routine adult prophylaxis (including periodontal prophylaxis for gingivitis) for women during pregnancy and one periodontal maintenance visit if warranted by a history of periodontal treatment and one course (up to four quadrants) of periodontal scaling and root planing for women during pregnancy with a documented existing periodontal condition.
- 8 Orthodontic services have a fixed patient copayment and do not apply to your \$1,000 in-network plan maximum.

# Life insurance

## Individual term life insurance\* coverage

Protect your family when they need it most. Whether it's to contribute toward mortgage payments or a child's education, or to provide financial support in uncertain times, Blue Shield Life can help you prepare for the unexpected or unknown. We offer the financial protection and security of \$10,000, \$30,000, \$60,000 or \$90,000 in term life insurance.

Individual term life insurance is available to primary subscribers (ages 1 to 64) of any Blue Shield health plan for individuals and families, including YouthCare subscribers, except those members of Blue Shield guaranteed-issue plans.

Individual term life insurance is underwritten by Blue Shield of California Life & Health Insurance Company.

## Monthly individual term life insurance rates

### Amount of insurance

Age range	\$10,000	\$30,000	\$60,000*	\$90,000*
1-18*	\$1.95	\$2.95	N/A	N/A
19-29	\$2.75	\$5.35	\$9.25	\$13.15
30-39	\$3.05	\$6.25	\$11.05	\$15.85
40-49	\$5.85	\$14.65	\$27.85	\$41.05
50-59	\$13.85	\$38.65	\$75.85	\$113.05**
60-64	\$20.45	\$58.45	\$115.45	\$172.45**

\* Those younger than age 19 are not eligible for \$60,000 and \$90,000 life insurance options.

\*\* \$90,000 benefit amount is not available for new sales to those ages 50 years or older, but current members who turn age 50 are eligible to keep their coverage until age 65.

## It's easy to enroll

Applying for dental or term life insurance coverage couldn't be easier. Just complete the dental and/or life insurance part of your Blue Shield health plan application. If coverage is approved your health plan, dental and/or life insurance effective dates will be the same, and you'll receive a single combined monthly bill.

If you are signing up for the Blue Shield dental HMO, please be sure to list a dental provider for yourself and your family on your application. If you do not have a copy of Blue Shield's Dental HMO Dental Provider Directory, please visit the *Find a Provider* section of [blueshieldca.com](https://blueshieldca.com) or call **(800) 431-2809**.

If you choose to apply for individual term life insurance after you are approved for a Blue Shield health plan, you must request a Blue Shield Life Evidence of Insurability form by calling us at (800) 431-2809, or download it from [blueshieldca.com](https://blueshieldca.com). If coverage is approved, your life insurance effective date will be the first day of the month following approval.