

# APPENDIX A

## Dental PPO Plan 1000 For Medicare Supplement Subscribers

Effective Date July 1, 2022

Plan # DENS01

This appendix is part of your Agreement. Keep this with your Agreement for your records.

### **Monthly Dues**

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#### **Subscriber**

\$36.10

Benefit questions should be directed to:

**Blue Shield Dental Customer Service at: (888) 679-8928.**

Dues billing and benefits questions should be directed to:

**Blue Shield Customer Service at: (800) 248-2341.**

For the hearing-impaired: **711** (TTY number).

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