

# Affordable dental plan options for Blue Shield members

Effective January 1 – December 31, 2020

Blue Shield offers two optional supplemental dental plans to Blue Shield of California Medicare Advantage Prescription Drug plan members. Members can choose between an Optional Supplemental Dental HMO\* plan and a Dental PPO plan. These plans offer a wide range of dental benefits, including many diagnostic and preventive services at no charge to you.

\* The Optional Supplemental Dental HMO plan is not available for Blue Shield Medicare (PPO) members in Alameda County and Blue Shield 65 Plus (HMO) members in the San Luis Obispo (partial) and Santa Barbara (partial) Counties.

## HMO plan

- \$11.60 additional monthly plan premium
- Access to a large network of dentists, and you must choose a participating dentist
- No deductibles
- No waiting period

## PPO plan

- \$37.90 additional monthly plan premium
- See any dentist; you will generally be charged less for services if you use a participating dentist
- \$50 calendar-year deductible for services beyond diagnostic and preventive services
- No waiting period for preventive services
- Six-month waiting period for major services

You can find a network dentist by logging in to your account at [blueshieldca.com/login](https://blueshieldca.com/login), going to [blueshieldca.com/fad](https://blueshieldca.com/fad), or calling Member Services.

## Enroll today!

Sign up for dental coverage by filling out the Optional Supplemental Dental HMO or PPO plan enrollment form and sending it to us at the fax or address provided on the enrollment form. You can enroll for the first time in either plan when you enroll in your Blue Shield Medicare Advantage Plan, or any time after!

If you have questions about how this coverage may compare with coverage you already have, contact your broker or call Member Services at **(800) 776-4466** [TTY **711**], 8 a.m. to 8 p.m., seven days a week from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m., Saturday and Sunday) from April 1 through September 30.

MULTI-PLAN\_19\_454A\_M Accepted 08172019

	Optional Supplemental Dental HMO	Optional Supplemental Dental PPO	
<b>Monthly Optional Supplemental Dental plan premium</b>	\$11.60	\$37.90	
<b>Calendar-year deductible per member (not applicable to diagnostic and preventive services)</b>	\$0	You pay \$50	
<b>Calendar-year maximum per member</b>	\$1,000 for covered endodontic, periodontic, and oral surgery services when performed by a network dental specialist. <sup>1</sup>	\$1,500 for covered preventive and comprehensive dental services combined, no matter if the services are performed by a participating general dentist or a dental specialist. Up to \$1,000 of this maximum amount may be used for covered preventive and comprehensive dental services performed by non-participating dentists in a calendar year. You pay any amount above the \$1,500 calendar-year benefit maximum.	
Waiting periods – major services only	No waiting period	No waiting period for preventive diagnostic services. Six-month waiting period for major services	
<b>Network access</b>	<b>Participating dentists only</b>	<b>Participating dentists</b>	<b>Non-participating dentists</b>
<b>Summary list of services covered (ADA code)<sup>2</sup></b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>
<b>Diagnostic services</b>			
Comprehensive oral exam (D0150)	\$5 copay (2 visits in 12 months)	0% (2 visits in 12 months)	20% (2 visits in 12 months)
Complete X-rays (D0210)	\$0 copay (1 series every 24 months)	0% (1 series every 36 months)	20% (1 series every 36 months)
<b>Preventive care</b>			
Prophylaxis – adult (D1110)	\$5 copay (1 cleaning every 6 months)	0% (1 cleaning every 6 months)	20% (1 cleaning every 6 months)
<b>Restorative services</b>			
One surface composite resin restoration – anterior (D2330)	\$11 copay	20%	30%
Crown (porcelain fused to noble metal) (D2750)	\$275 copay <sup>3</sup>	50%	50%
<b>Endodontics</b> For the Optional Supplemental Dental HMO plan, your copayment will be higher if these services are performed by a specialist.			
Anterior root canal therapy (D3310)	\$195 copay	50%	50%
Molar tooth therapy (D3330)	\$335 copay	50%	50%

	Optional Supplemental Dental HMO	Optional Supplemental Dental PPO	
<b>Network access</b>	Participating dentists only	Participating dentists	Non-participating dentists
<b>Summary list of services covered (ADA code)<sup>2</sup></b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>
<b>Periodontics</b> For the optional supplemental dental HMO plan, your copayment will be higher if these services are performed by a specialist.			
Periodontal scaling & root planing/four or more teeth per quadrant (D4341)	\$45 copay	50%	50%
<b>Prosthetics</b>			
Bridge pontic/false tooth – porcelain fused to high noble metal (per unit) (D6240)	\$210 copay <sup>3</sup>	50%	50%
Bridge retainer – crown porcelain fused to high noble metal (per unit) (D6750)	\$275 copay <sup>3</sup>	50%	50%
Complete denture (upper or lower) (D5110 or D5120)	\$285 copay	50%	50%
<b>Oral surgery</b> For the Optional Supplemental Dental HMO plan, your copayment will be higher if these services are performed by a specialist.			
Extraction (single erupted tooth) (D7111)	\$10 copay	50%	50%
Removal of impacted tooth (complete bony) (D7240)	\$80 copay	50%	50%

- 1 All services must be performed, prescribed, or authorized by your network dentist. If you need to see a specialist, you must get a referral from your primary care dentist to receive covered specialist services. The plan pays a maximum of \$1,000 per calendar year for covered specialist services. You are responsible for amounts above \$1,000. If you are enrolled in the Optional Supplemental Dental PPO plan and you need to see a specialist, you may go directly to the specialist.
- 2 ADA codes are procedure codes established by the American Dental Association for efficient processing and reporting of dental claims.
- 3 You pay the copayment plus the cost of precious or semi-precious metals. Porcelain on molar crowns is not a covered benefit.

This information is not a complete description of benefits. Call your broker or Member Services at **(800) 776-4466** [TTY: **711**] for more information. You must continue to pay your Medicare Part B premium and, if applicable, your Blue Shield of California Medicare Advantage Prescription Drug plan premium, in addition to the Optional Supplemental Dental HMO or PPO plan premium.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad. Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視

Blue Shield of California is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal.





I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State of California) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under the State of California's law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Today's date

If you are the legally authorized representative (i.e., power of attorney or legal guardian – see description above), you must sign above and provide the following information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number  
(     )

\_\_\_\_\_  
Relationship to enrollee

**Producer information:**

FMO/GMO/Agency name \_\_\_\_\_  
(please print appointed agency name)

FMO/GMO/Agency ID No. \_\_\_\_\_  
(please print agency ID)

Producer name \_\_\_\_\_  
(please print writing agent name)

Producer ID No. \_\_\_\_\_  
(please print agent ID number or NPN)

Producer NPN No. \_\_\_\_\_  
(please print NPN number)

Producer phone number \_\_\_\_\_

Producer email address \_\_\_\_\_

Date application received by producer \_\_\_\_\_

Producer signature \_\_\_\_\_

With my signature, I hereby certify that I have read and understand the CMS Medicare Communications and Marketing Guidelines and Enrollment rules and confirm that the enrollee has received a complete enrollment kit. I agree that this enrollment of a Medicare beneficiary, on behalf of Blue Shield of California, has complied with these rules.

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Blue Shield of California is an independent member of the Blue Shield Association MR15027 (10/19)