



Individual and Family

DENTAL, VISION, LIFE

DENTAL PLANS, VISION PLANS,
AND LIFE INSURANCE



PLAN GUIDE
EFFECTIVE 1/22

A COMPLETE PLAN IS A BETTER PLAN

There's more to good health than eating right, exercising, and getting regular checkups. Taking care of your oral health and vision is just as important. That's why we offer a variety of dental and vision* plans for you to choose from. If you're all about convenience, you can even get dental and vision coverage in a single plan with Specialty Duo^{SM,*}

SMILE, WE'VE GOT YOUR DENTAL PLAN

Protect your smile with one of our PPO or HMO dental plans, and you'll enjoy a range of dental benefits including cleanings and X-rays for \$0. If you have children under age 19, their basic dental and vision needs are covered by the pediatric dental and pediatric vision benefits we include in every individual and family medical plan.

Not sure which plan to choose? We can help. HMO plans generally cost less per month and have lower out-of-pocket costs for services compared with PPO plans. PPO plans, however, offer more flexibility in your choice of dentists.



See page 7 for helpful definitions of important medical terms.

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

Get a quote and apply at
buyblueshieldca.com.

Protecting your loved ones' financial security is important, too. Life insurance from Blue Shield of California Life & Health Insurance Company can help offer protection at a time when they need it most.

So, if you value greater choice in dental providers and you're willing to pay a bit more, a PPO plan may be right for you. If you're more concerned with keeping costs down than having a wider selection of dentists, an HMO plan may be what you are looking for. Visit **blueshieldca.com/fad** to find PPO or HMO dentists in your area.

Now that you have a high-level view of your choices, compare plan details on pages 2 and 3 and plan rates on page 6.

DENTAL PLANS

	DENTAL STANDARD HMO	DENTAL HMO	ENHANCED DENTAL PPO 50/1250	DENTAL PPO	SPECIALTY DUO DENTAL + VISION PACKAGE*
	PLANS AVAILABLE DIRECT THROUGH BLUE SHIELD				
Monthly rates starting at	\$12.00	\$22.80	\$32.60	\$37.60	\$42.10
BENEFIT	WITH PARTICIPATING PROVIDERS, MEMBERS PAY: ¹				
Diagnostic and preventive services (cleanings, X-rays, and initial and periodic oral examinations)	\$0	\$0	0%	\$0 ²	\$0 ²
Restorative services – fillings (one surface resin composite, anterior)	\$20	\$18	20% ³	\$37 ⁴	\$37 ⁴
Oral surgery (extraction of erupted tooth or exposed root)	\$40	\$34	20% ³	\$40 ⁴	\$40 ⁴
Removal of impacted tooth (complete bony)	\$225	\$125	50% ⁵	\$113 ⁴	\$113 ⁴
Root canal (anterior root canal)	\$175	\$155	50% ⁵	\$156 ⁴	\$156 ⁴
Root canal (molar)	\$355	\$290	50% ⁵	\$234 ⁴	\$234 ⁴
Crowns (full cast high noble metal)	\$350 ⁶	\$300 ⁶	50% ⁵	\$320 ⁵	\$320 ⁵
Pontic (porcelain fused to high noble metal)	\$350	\$300	50% ⁵	\$293 ⁵	\$293 ⁵
Orthodontics	\$2,350 for under age 26, fully banded, two years \$2,650 for age 26+, fully banded, two years	\$2,350 for under age 26, fully banded, two years ⁵ \$2,650 for age 26+, fully banded, two years ⁵	Not covered	\$2,350 for under age 26, fully banded, two years ^{5,7} \$2,650 for age 26+, fully banded, two years ^{5,7}	\$2,350 for under age 26, fully banded, two years ^{5,7} \$2,650 for age 26+, fully banded, two years ^{5,7}
Periodontal scaling and root planing (four or more teeth)	\$75	\$55	50% ⁵	\$65 ⁴	\$65 ⁴
Surgical placement of implant body – endosteal implant	Not covered	\$1,375	50% ⁵	\$612 ⁵	\$612 ⁵
Denture (full upper or lower)	\$400	\$400	50% ⁵	\$388 ⁵	\$388 ⁵
Calendar-year deductible	\$0	\$0	\$50 per individual/ \$150 per family	\$50 per individual	\$50 per individual
Calendar-year benefit maximum	None	None	\$1,250 per individual	\$1,000 per individual	\$1,000 per individual

 = Benefit is available prior to meeting any deductible.

 = Benefit is subject to a deductible.

This chart is an overview of benefits. For additional benefit information cost for services, waiting periods, and exclusions and limitations, please see the *Summary of Benefits and Important Legal Information* booklets. To get these documents, call us at **(888) 256-3650**.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

1 The amounts indicated are a percentage of the allowed charges. Network providers accept

Blue Shield's allowed charges as payment in full for covered services.

2 Diagnostic and preventive services do not apply to the calendar-year benefit maximum for this plan.

3 There is a six-month waiting period for these services unless you had prior coverage. Contact Member Services at **(888) 271-4880** for more information about obtaining a waiver.

4 There is a three-month waiting period for these services unless you had prior coverage. Contact Member Services at **(888) 271-4880** for more information about obtaining a waiver.

5 There is a 12-month waiting period for these services unless you had prior coverage. Contact Member Services at **(888) 271-4880** for more information about obtaining a waiver.

6 If precious metals are used, the member will be charged at the dentist's cost. For Dental HMO, porcelain on molar teeth is subject to an additional charge of \$75.

7 Amounts do not accrue toward the calendar-year benefit maximum.

8 Lifetime maximum is per person. Deductible is \$50 per person or \$150 per family.

DENTAL PLANS

	ENHANCED DENTAL PPO 50/2000	ENHANCED DENTAL PPO 50/2000 LIFETIME ORTHO 1500	FAMILY DENTAL HMO	FAMILY DENTAL PPO
	PLANS AVAILABLE DIRECT THROUGH BLUE SHIELD		PLANS AVAILABLE THROUGH COVERED CALIFORNIA	
Monthly rates starting at	\$51.10	\$55.50	\$13.40	\$43.70
BENEFIT	WITH PARTICIPATING PROVIDERS, MEMBERS PAY: ¹			
Diagnostic and preventive services (cleanings, X-rays, and initial and periodic oral examinations)	0%	0%	0%	0% ²
Restorative services – fillings (one surface resin composite, anterior)	20% ³	20% ³	\$30	20%
Oral surgery (extraction of erupted tooth or exposed root)	20% ³	20% ³	\$65	50% ³
Removal of impacted tooth (complete bony)	50% ⁵	50% ⁵	\$160	50% ³
Root canal (anterior root canal)	50% ⁵	50% ⁵	\$200	50% ³
Root canal (molar)	50% ⁵	50% ⁵	\$300	50% ³
Crowns (full cast high noble metal)	50% ⁵	50% ⁵	\$300	50% ^{3,6}
Pontic (porcelain fused to high noble metal)	50% ⁵	50% ⁵	\$300	50% ^{3,6}
Orthodontics	Not covered	50% (\$1,500 lifetime maximum and subject to separate deductible) ^{5,7,8}	\$350 for under age 19 when medically necessary, not covered for age 19+	50% for under age 19 when medically necessary, not covered for age 19+
Periodontal scaling and root planing (four or more teeth)	50% ⁵	50% ⁵	\$55	20%
Surgical placement of implant body – endosteal implant	50% ⁵	50% ⁵	Not covered	Not covered
Denture (full upper or lower)	50% ⁵	50% ⁵	\$300 for under age 19, \$400 age 19+	50% ³
Calendar-year deductible	\$50 per individual/ \$150 per family	\$50 per individual/ \$150 per family	\$0	\$75 per individual/ \$150 per family for up to age 19, \$50 per individual for age 19+
Calendar-year benefit maximum	\$2,000 per individual	\$2,000 per individual	None	None for under age 19, \$1,500 per individual age 19+

 = Benefit is available prior to meeting any deductible.

 = Benefit is subject to a deductible.

This chart is an overview of benefits. For additional benefit information cost for services, waiting periods, and exclusions and limitations, please see the *Summary of Benefits and Important Legal Information* booklets. To get these documents, call us at **(888) 256-3650**.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

1 The amounts indicated are a percentage of the allowed charges. Network providers accept

Blue Shield's allowed charges as payment in full for covered services.

2 Diagnostic and preventive services do not apply to the calendar-year benefit maximum for this plan.

3 There is a six-month waiting period for these services unless you had prior coverage. Contact Member Services at **(888) 271-4880** for more information about obtaining a waiver.

4 There is a three-month waiting period for these services unless you had prior coverage. Contact Member Services at **(888) 271-4880** for more information about obtaining a waiver.

5 There is a 12-month waiting period for these services unless you had prior coverage. Contact Member Services at **(888) 271-4880** for more information about obtaining a waiver.

6 If precious metals are used, the member will be charged at the dentist's cost. For Dental HMO, porcelain on molar teeth is subject to an additional charge of \$75.

7 Amounts do not accrue toward the calendar-year benefit maximum.

8 Lifetime maximum is per person. Deductible is \$50 per person or \$150 per family.

SEE THE VALUE OF VISION COVERAGE

For as little as \$6.90 per month, you can get valuable vision coverage to help you pay for your vision care needs. With one of the largest vision networks in California – including private-practice optometrists and ophthalmologists as well as retail locations like LensCrafters and Target, wholesalers like Walmart, and warehouse chains like Costco – finding an eye doctor who's right for you should be easy. Visit blueshieldca.com/fad to find eye doctors in your area.

Our vision plans also allow you to order contact lenses online and give you access to a valuable LASIK discount via QualSight LASIK and NVISION Laser Eye Centers.

We offer three vision plans to choose from:

- The Ultimate Vision 15/25/150* is a comprehensive vision plan that features a \$150 frame allowance and many lens options.
- Or, if you are looking to save a little money without sacrificing dependable benefits, the Ultimate Vision 15/25/120* may be right for you.
- Specialty Duo* offers the convenience of vision and dental coverage in a single package.

COMPARE PLAN BENEFITS AND RATES

VISION PLANS	ULTIMATE VISION 15/25/120	ULTIMATE VISION 15/25/150	SPECIALTY DUO DENTAL + VISION PACKAGE
Monthly rates starting at	\$6.90	\$12.90	\$42.10
BENEFIT	COPAYS WITH PARTICIPATING PROVIDERS:¹		
Eye exam	\$15 (every 12 months)	\$15 (every 12 months)	\$0 copay (every 12 months)
Materials (standard single vision, lined bifocal or lined trifocal with scratch coating lenses)	\$25 (every 12 months)	\$25 (every 12 months)	\$25 copay (every 24 months)
Diabetes Management Referral ²	\$0 copay	\$0 copay	\$0 copay
	ALLOWANCES WITH PARTICIPATING PROVIDERS:¹		
Frame allowance	Up to \$120 (every 12 months)	Up to \$150 (every 12 months)	Up to \$100 (every 24 months)
Lens options and treatments	Polycarbonate lenses (only for dependent children)	\$100	\$100
	Photochromic lenses	\$115–\$200	\$115–\$200
	Progressive lenses	\$140	\$140
	Anti-reflective lens coating	\$50	\$50
Contact lenses ³	Elective (cosmetic or convenience) \$120 (every 12 months)	\$120 (every 12 months)	\$120 (every 24 months)

= All benefits are available prior to meeting any deductible.

This chart is an overview of benefits. For additional benefit information, cost for services, waiting periods, and exclusions and limitations, please see the *Summary of Benefits and Important Legal Information* booklets. To get these documents, call us at **(888) 256-3650**.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

1 Network providers accept Blue Shield's allowed charges as payment in full for covered services. There is a 90-day waiting period for all vision benefits.

2 This benefit is only available if you also have a Blue Shield medical plan.

3 You may select contact lenses instead of eyeglasses.

PROTECT YOUR FAMILY WITH LIFE AND AD&D INSURANCE

Facing financial burdens after the loss of a loved one can be challenging, but having life and Accidental Death and Dismemberment (AD&D) insurance can help. Individual term life and AD&D insurance plans from Blue Shield of California Life & Health Insurance Company help provide critical financial protection that can be used to help cover living expenses, college education costs, mortgage payments, and more.¹

AD&D insurance provides another layer of protection. In the case of accidental death, the amount of your accidental death benefit matches your life insurance coverage. If you are accidentally injured, the dismemberment benefit will be a portion of the benefit amount.

* All plans terminate at age 65.

1 Within the first two years of the policy, if the insured dies because of suicide, no life insurance benefit will be paid; however, the premiums will be returned. Please refer to the policy for a complete description of this limitation.

2 Those under age 20 are only eligible for \$10,000, \$15,000, and \$25,000 coverage amounts.

We offer the financial protection and security of \$10,000, \$15,000, \$25,000, \$50,000, \$75,000, or \$100,000 in term life and AD&D insurance, with low monthly rates based on your age, sex, and nicotine use.²

Life insurance coverage may be purchased without AD&D, but AD&D may only be purchased with life insurance coverage. Coverage is available to all individuals ages 1 to 64* with or without a Blue Shield health plan. Simply complete and submit the Application for Individual Term Life and AD&D Insurance Coverage to apply.

MONTHLY INDIVIDUAL TERM LIFE AND AD&D INSURANCE RATES

To calculate the monthly premium, locate your age, sex, and nicotine status, and multiply the rate by the life insurance benefit amount. If you would like AD&D insurance as well, multiply the AD&D rate by the matching AD&D benefit amount.

For example, a 45-year-old female non-nicotine user who wants \$50,000 of life insurance coverage would pay \$12.40 ($\0.248×50) per month. If she adds \$50,000 in AD&D benefits, it would be an additional \$5 ($\0.10×50) per month, for a total of \$17.40 ($\$12.40 + \5) per month.

LIFE RATES PER \$1,000 OF COVERAGE				
Age range	MALE		FEMALE	
	Non-nicotine user	Nicotine user	Non-nicotine user	Nicotine user
1-19	\$0.122	\$0.244	\$0.071	\$0.143
20-24	\$0.125	\$0.250	\$0.074	\$0.148
25-29	\$0.132	\$0.263	\$0.080	\$0.159
30-34	\$0.150	\$0.300	\$0.095	\$0.191
35-39	\$0.180	\$0.361	\$0.122	\$0.244
40-44	\$0.231	\$0.463	\$0.169	\$0.337
45-49	\$0.329	\$0.658	\$0.248	\$0.495
50-54	\$0.487	\$0.974	\$0.375	\$0.749
55-59	\$0.732	\$1.464	\$0.566	\$1.131
60-64	\$1.193	\$2.386	\$0.865	\$1.730
AD&D RATES PER \$1,000 OF COVERAGE				
0-64	\$0.10	\$0.10	\$0.10	\$0.10

A \$1 monthly administrative fee will be included on each bill.

Please note: Monthly rates for individual term life and AD&D insurance are in addition to the rates for medical, dental, and/or vision benefits.

MONTHLY DENTAL AND VISION PLAN RATES

PPO DENTAL PLANS AVAILABLE DIRECT THROUGH BLUE SHIELD

		RATE PER MEMBER	
		Ages 0 through 25 (rate per child for first 3 dependents – no cost for 4th dependent and beyond)*	Age 26+
All regions	Enhanced Dental PPO 50/1250	\$32.60	\$41.90
	Dental PPO	\$37.60	\$44.50
	Enhanced Dental PPO 50/2000	\$51.10	\$65.90
	Enhanced Dental PPO 50/2000 Lifetime Ortho 1500	\$55.50	\$71.50

HMO DENTAL PLANS AVAILABLE DIRECT THROUGH BLUE SHIELD

		RATE PER MEMBER	
		Ages 0 through 25 (rate per child for first 3 dependents – no cost for 4th dependent and beyond)*	Age 26+
Regions 1, 2, and 12†	Dental Standard HMO	\$15.40	\$19.10
	Dental HMO	\$29.50	\$32.10
All other regions	Dental Standard HMO	\$12.00	\$14.90
	Dental HMO	\$22.80	\$24.90

BLUE SHIELD DENTAL PLANS AVAILABLE THROUGH COVERED CALIFORNIA

		RATE PER MEMBER	
		Ages 0 through 18 (rate per child for first 3 dependents – no cost for 4th dependent and beyond)*	Age 19+
Region‡	Family Dental HMO		
15-19		\$14.00	\$13.40
3-7, 9		\$15.20	\$14.60
8, 10-11, 13-14		\$16.40	\$15.80
12		\$22.40	\$21.50
2		\$26.20	\$25.20

		RATE PER MEMBER	
		Ages 0 through 18 (rate per child for first 3 dependents – no cost for 4th dependent and beyond)‡	Age 19+
Regions	Family Dental PPO		
1, 4, 9, 13-14, 16		\$28.80	\$43.70
2, 5-8, 10-11, 15, 17		\$30.30	\$46.10
3, 12, 18-19		\$32.10	\$48.80

Please note: Monthly rates for dental plans are in addition to the rates for the medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, dental, and, if applicable, vision plan rates.

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian on the policy, each child will be given a separate policy and each child will be charged the child age rate.

† Visit blueshieldca.com/regions to determine your region. The Dental HMO and Enhanced Dental HMO \$0 plans are not available in Butte, Humboldt, Lake, Lassen, Nevada, Shasta, Sutter, Tehama, Marin, Napa, San Luis Obispo, and Santa Barbara counties.

‡ Visit blueshieldca.com/regions to determine your region.

A dependent 18 years of age will be charged the age 0-18 rate through the end of the year in which they turn 19. However, that dependent will continue to count toward the three-dependent maximum rate cap until they turn 21.

MONTHLY SPECIALTY DUO DENTAL + VISION PACKAGE RATES

		RATE PER MEMBER	
		Ages 0 through 25 (rate per child for first 3 children – no cost for 4th child and beyond)*	Age 26+
All regions	Specialty Duo dental + vision package	\$42.10	\$49.50

Please note: Monthly rates for Specialty Duo are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health and dental + vision package rates.

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the ages 0 through 25 rate.

MONTHLY VISION PLAN RATES

		RATE PER MEMBER	
		Ages 0 through 25 (rate per child for first 3 children – no cost for 4th child and beyond)*	Age 26+
All regions	Ultimate Vision 15/25/120	\$6.90	\$6.90
	Ultimate Vision 15/25/150	\$12.90	\$12.90

Please note: Monthly rates for vision plans are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, vision, and, if applicable, dental plan rates.

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the ages 0 through 25 rate.

DEFINITIONS



Allowed charges – The dollar amount Blue Shield uses to determine payment for covered services.



Benefits (covered services) – The necessary dental and vision services and supplies covered by the dental and vision plans.



Copayment (copay) – The fixed dollar amount a member pays for benefits after meeting any applicable calendar-year deductible.



Deductible – The amount a member pays each calendar year for most covered services before Blue Shield begins to pay. Specific covered services, such as preventive care, are covered before a member reaches the calendar-year deductible.



Participating providers/network providers – A provider (includes general dentists, dental specialists, optometrists, and ophthalmologists) that has agreed to contract with Blue Shield to provide covered services to members of a dental or vision plan. A participating, or network, provider has agreed to accept Blue Shield's contracted rate as payment in full for covered services.

HAVE QUESTIONS OR WANT TO APPLY?



Visit buyblueshieldca.com.



Call your broker.

You can purchase most dental and vision plans with or without a medical plan at buyblueshieldca.com. To purchase a Family Dental plan, visit coveredca.com.

For individual term life insurance, download the application from blueshieldca.com/LifeApplication. Ask your broker to mail the completed application to the address included on the application.

Looking for a medical plan? We have a variety of PPO and HMO plans to choose from. Ask your broker for more information.