

Affordable dental plans and package options for Medicare Supplement plan members



Blue Shield of California rates effective: April 1, 2020

Something to smile about

Make the choice, make it Blue Shield

As a Blue Shield Medicare Supplement plan member, you're eligible for dental or combined dental + vision coverage. Blue Shield offers two dental PPO plans and a dental + vision plan package – Specialty Duo^{SM,*.1} – which includes dental and vision coverage.

Good reasons to enroll

Dental plan advantages:

- An extensive network of nearly 47,000 general and specialty care dentists in California, and nearly 350,000 nationwide²
- Three annual teeth cleanings, plus annual X-rays and an oral cancer screening covered at 100% when using network providers
- No waiting period for dental checkups, cleanings, fillings, X-rays, or basic services³
- A wide range of major restorative dental services and procedures, including crowns, endodontics, periodontics, oral surgery, and prosthetics

Specialty Duo dental + vision package advantages:

- Includes all dental benefits of the Dental PPO 1500 described in the *Dental PPO highlights matrix*
- Access to one of the largest national vision networks offering members the greatest access to the most high-quality doctors, with over 8,100 provider access points (service locations) in California and 66,000 provider access points nationwide. All VSP doctors are full-service, providing exams and dispensing a wide variety of materials. They are located in retail settings, neighborhoods, and medical and professional settings for maximum convenience. Most offer extended and weekend hours.
- A \$0 copayment for annual eye exam
- A \$25 copayment for lenses or contact lenses every 24 months
 - Eyeglass lenses are covered in full after the \$25 copayment.
 - In lieu of eyeglass lenses, a \$500 allowance can be used toward one pair of medically necessary contacts or a \$120 allowance can be used toward elective contact lenses.
- A \$100 frame allowance every 24 months that can be used toward any pair of frames



Adults age 60 and older have a greater risk of cavities.



The average age of people diagnosed with mouth cancer is 62, according to the American Cancer Society. Because mouth cancer develops without causing pain, early detection is essential. **Our dental PPO plans cover 100% of the cost of an oral cancer screening.**⁴

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

Get covered

With Blue Shield's dental plans, you can have a choice of dental or the dental + vision coverage that may fit your needs.

Monthly rates effective April 1, 2020:			
	Specialty Duo dental + vision package* ¹	Dental PPO 1500	Dental PPO 1000
Individual	\$55.40	\$49.80	\$32.10

Please note that Plan F Extra, Plan G Extra, and Plan G Inspire include a vision benefit. If you are interested in dental coverage and are also enrolling in Plan F Extra, Plan G Extra, or Plan G Inspire, please select the Dental PPO 1000 or Dental PPO 1500 plan to avoid duplicating your coverage.

Did you know?

You may be surprised to learn that more than 90% of all common diseases have oral symptoms.⁵ In addition, eye exams can often detect serious chronic conditions such as diabetes, hypertension, and high cholesterol.⁶

Whether you need treatment or just want preventive care, it's never too late to get on track and choose Blue Shield dental or combined dental + vision coverage to help maintain your overall health.



As we get older and take more medications, we can sometimes forget what those medications are. Something as simple as aspirin – a blood thinner – can end up causing bleeding during and after a dental procedure. **Make sure your dentist has your full medical history and list of medications.**

Choose from two dental PPO plans and the dental + vision package

With a Blue Shield dental PPO plan, you'll have the freedom to choose any dentist you want, but you will save more when you choose a dentist in your plan's network. For more details, please refer to the following dental plan chart.

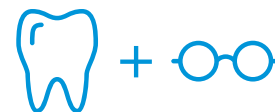
Dental PPO highlights matrix

The following information is intended to help you compare coverage benefits, and is a summary only. You should consult the *Dental PPO 1000* and *Dental PPO 1500 Evidence of Coverage* and *Health Service Agreement* for a detailed description of coverage benefits and limitations.

Dental PPO highlights				
	Dental PPO 1500		Dental PPO 1000	
Calendar-year deductible (per member)	\$50/person		\$75/person	
Calendar-year maximum	\$1,500 (\$1,000 may be used for non-network dentist) ⁷		\$1,000 (\$750 may be used for non-network dentist) ⁷	
Service	With network dentist, Blue Shield pays:	With non-network dentist,⁸ Blue Shield pays:	With network dentist, Blue Shield pays:	With non-network dentist,⁸ Blue Shield pays:
Diagnostic and preventive care (not subject to plan deductibles with network dentists; includes routine oral exams, X-rays, and three annual cleanings)	100%	80%	100%	50%
Basic services (includes an oral cancer screening, anesthesia, palliative treatment, and restorative dentistry)	80%	70%	50%	50%
Major services³ 12-month waiting period for Dental PPO 1500 and 6-month waiting period for Dental PPO 1000 (includes crown buildups, endodontics, periodontics, oral surgery, crowns, prosthetics, inlays, onlays, jacket, posts and cores, and veneers)	50%	50%	50%	50%

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

Specialty Duo dental + vision package for Medicare Supplement plan members^{*,1}



Want convenience? We've combined the benefits of the Dental PPO 1500 plan with comprehensive vision benefits into a single package. With the Specialty Duo dental + vision package, you also get the freedom to choose from a wide variety of providers, with access to one of the state's largest dental networks and one of the state's largest vision networks. For more details on the dental and vision components of this package, please refer to the benefit highlights below.

Specialty Duo dental plan^{*,1} highlights matrix

Offers the same benefit highlights as those of the Dental PPO 1500 plan. See the highlights matrix on page 3. For a complete list of the benefits, exclusions, and limitations of the Specialty Duo dental plan, please refer to the *Specialty Duo Dental policy for Medicare Supplement members* you will receive with your Blue Shield member ID card and welcome kit.

Specialty Duo vision plan^{*,1} highlights matrix

This chart is only a summary. For a complete list of the benefits, exclusions, and limitations, please refer to the *Specialty Duo Vision Plan policy for Medicare Supplement members* you will receive with your ID card and welcome kit.

Service and eyewear	Plan coverage when provided by network providers	Plan coverage when provided by non-network providers
Comprehensive examination – every 12 months		
Comprehensive exam	100%	Up to a maximum of \$50
Lenses^{9,10} – every 24 months (or 12 months with a prescription change)		
Single vision	100% after \$25 copay	Up to a maximum of \$43
Bifocal	100% after \$25 copay	Up to a maximum of \$60
Trifocal	100% after \$25 copay	Up to a maximum of \$75
Aphakic or lenticular monofocal or multifocal	100% after \$25 copay	Up to a maximum of \$104
Frame – every 24 months		
Eyeglass frames	Up to a maximum of \$100 ¹¹	Up to a maximum of \$40
Contact lenses¹² – every 24 months (or 12 months with a prescription change)		
Non-elective (medically necessary)		
Hard or soft	Up to a maximum of \$500 after \$25 copay	Up to a maximum of \$200
Elective contact lenses (cosmetic/convenience)	Up to a maximum of \$120 after \$25 copay	Up to a maximum of \$100

Household Savings Program

If you are enrolled in a Medicare Supplement plan with household savings, you may enjoy the convenience of a single bill for you and your other household member. Keep the same convenience when you choose your dental plan by matching your dental plan or dental + vision package enrollment with your Medicare Supplement plan enrollment. You and your other household member need to select and enroll in the same dental PPO plan or dental + vision package.*

Become a member today!

If you are applying to become a Medicare Supplement plan member, you can sign up for a Blue Shield dental plan or the Specialty Duo dental + vision package at the same time by selecting a plan on the Medicare Supplement plan application. If you're already a Blue Shield Medicare Supplement plan subscriber, please fill out the separate application for our dental and dental + vision plans.

If you have questions, contact your Blue Shield agent today or call toll-free **(877) 890-7587 (TTY: 711)**, 9 a.m. to 4:30 p.m., weekdays excluding holidays.

To find a dentist or vision care provider, or to see if your dentist or vision care provider is in our network, visit **blueshieldca.com** and click on *Find a Doctor*. Or for a list of dentists, call **(888) 679-8928** and for a list of vision care providers, call **(877) 890-7587**.



Implants, crowns, and dentures can make dental care for seniors costly. Start planning for dental care before retirement and take care of your teeth.

* Savings due to increased efficiencies from administering Medicare Supplement plans under this program/service are passed along to the subscriber. Households Savings Program does not apply to Plan N.

Endnotes

- 1 Specialty Duo package includes both Specialty Duo Dental Plan and Specialty Duo Vision Plan for Medicare Supplement plan members.
- 2 Dental providers in and out of California are available through a contracted dental plan administrator. Vision providers in and out of California are available through a contracted vision plan administrator.
- 3 Dental PPO 1500 and Specialty Duo dental plan members have a 12-month waiting period, and Dental PPO 1000 dental plan members have a 6-month waiting period for major restorative services and procedures (such as crowns), endodontics, periodontics, oral surgery, and removable or fixed prosthetics.
- 4 "Oral Cancer Screening," <https://www.mayoclinic.org/tests-procedures/oral-cancer-screening/about/pac-20394802>, Mayo Clinic, 2020.
- 5 "Oral Health Conditions," <https://www.cdc.gov/oralhealth/conditions/index.html>, CDC, 2020.
- 6 "20 Surprising Health Problems an Eye Exam Can Catch," <https://www.aaopt.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects>, American Academy of Ophthalmology, 2020.
- 7 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.
- 8 The coinsurance percentage indicated is a percentage of allowed amounts that we pay to providers. Non-network providers can charge more than our allowable amount. When members use non-network providers, they must pay the applicable copayment/ coinsurance, plus any amount that exceeds our allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or copayment maximum.
- 9 Each pair of lenses includes a pinks No. 1 and No. 2 tints in the allowance and up to 60 mm in size.
- 10 A prescription change means any of the following: a change in prescription of 0.50 diopter sphere or cylinder or more; a shift in axis of astigmatism of 15 degrees or more; there is a .50 prism diopter change in at least one eye or the new prescription improves visual acuity by at least one line on the standard eye chart.
- 11 You may request reimbursement for any cost of the frame above the allowed amount.
- 12 You can get contacts instead of lenses every 24 months. You pay any cost of the contact exam service and materials above the allowed amount.

To find a dentist or vision care provider, or to see if your dentist or vision care provider is in our network, visit **blueshieldca.com** and click on *Find a Doctor*. For a list of dentists, call **(888) 679-8928** and for a list of vision care providers, call **(877) 890-7587**.

Dental PPO Plan Enrollment Form for Blue Shield Medicare Supplement Plan Members

Subscriber name (first, last): _____

Blue Shield subscriber ID number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Medicare supplement plan contract type: Individual Household Savings (see Section 2 below)

1. Dental plan option:

Dental PPO 1000 Dental PPO 1500 Specialty Duo dental + vision package*

2. Household Savings Program enrollment: Must be completed if you have household savings. If you have the Household Savings Program with Blue Shield, you and your other household member need to both select and enroll in the same dental PPO plan or dental + vision package.

Important: If only one of you wants to enroll in a dental PPO plan or dental + vision package, or if you each want different dental PPO plans or dental + vision package (as indicated by selecting a different plan option in this Section 2), you will lose your Household Savings for your Medicare Supplement plans. If no dental plan is selected, or if a different dental plan option is selected for the other household member below, you are requesting Blue Shield to change your Household Savings Program contract and rate to two individual contracts and single party rates.

Other household member name (first, last): _____

Other household member dental plan option:

Dental PPO 1000 Dental PPO 1500 Specialty Duo dental + vision package* None

3. Terms and conditions acknowledgment

Before submitting this enrollment form, please read the following acknowledgments and confirm your agreement with your signature and date below:

- a. I confirm that I am, or will be, at the time of enrollment in this dental PPO plan or dental + vision package, a Blue Shield Medicare supplement plan member.
- b. I understand that if my dental plan or dental + vision coverage is cancelled for any reason (by me or by Blue Shield), I will have to wait six months to reapply for coverage.
- c. I understand that if my Blue Shield Medicare Supplement plan coverage is terminated, this dental plan or dental + vision coverage will also terminate.
- d. I understand that Blue Shield will notify me of my effective date of coverage and any charges for services received prior to my effective date or after termination of coverage are not covered.

I have read the summary of benefits and each of the terms and conditions of coverage set forth above. I understand and agree to each of them. To the best of my knowledge and belief, information and confirmations provided on this form are correct and true.

Subscriber's signature _____ Date _____

Other household member's signature _____ Date _____

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Specialty Duo package includes both Specialty Duo Dental Plan and Specialty Duo Vision Plan for Medicare Supplement plan members.

Please fax or mail the completed and signed application to:

Installation & Billing, Blue Shield of California
P.O. Box 3008
Lodi, CA 95241-9969
Fax: (844) 266-1850

Producer name: _____
Producer phone number: _____
Producer ID No.: _____