

# Affordable dental plan options for Blue Shield members

Effective January 1 – December 31, 2021

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 to Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield AdvantageOptimum Plan 2 (HMO), Blue Shield TotalDual Plan (HMO D-SNP), Blue Shield Inspire (HMO D-SNP) and Blue Shield Coordinated Choice Plan (HMO) members, Blue Shield Medicare (PPO) members in Alameda County and Blue Shield 65 Plus (HMO) members in the San Luis Obispo and Santa Barbara 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

- \$40.50 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

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 Customer Care.

## 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 Customer Care 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.

Y0118\_20\_662A\_M Accepted 09182020

	Optional Supplemental Dental HMO	Optional Supplemental Dental PPO	
<b>Monthly Optional Supplemental Dental plan premium</b>	\$11.60	\$40.50	
<b>Calendar-year deductible per member (not applicable to diagnostic and preventive services)</b>	\$0	You pay \$50	
<b>Calendar-year benefit maximum per member<sup>1</sup></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	
<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%

- 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 Customer Care 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, HMO D-SNP and PPO plan with a Medicare contract and a contract with the California State Medicaid Program. Enrollment in Blue Shield of California depends upon contract renewal.