

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 Inspire (PPO) members in Alameda County and Blue Shield 65 Plus (HMO) members in the San Luis Obispo and Santa Barbara Counties.

** The Optional Supplemental Dental PPO 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.

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, going to blueshieldca.com/fad, or calling Customer Care.

Y0118_20_662A_M Accepted 09182020

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.

	Optional Supplemental Dental HMO	Optional Supplemental Dental PPO	
Monthly Optional Supplemental Dental plan premium	\$11.60	\$40.50	
Calendar-year deductible per member (not applicable to diagnostic and preventive services)	\$0	You pay \$50	
Calendar-year benefit maximum per member¹	\$1,000 for covered endodontic, periodontic, and oral surgery services when performed by a network dental specialist. ¹	\$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	
Network access	Participating dentists only	Participating dentists	Non-participating dentists
Summary list of services covered (ADA code)²	You pay	You pay	You pay
Diagnostic services			
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)
Preventive care			
Prophylaxis – adult (D1110)	\$5 copay (1 cleaning every 6 months)	0% (1 cleaning every 6 months)	20% (1 cleaning every 6 months)

Restorative services

One surface composite resin restoration – anterior (D2330)	\$11 copay	20%	30%
Crown (porcelain fused to noble metal) (D2750)	\$275 copay ³	50%	50%

Endodontics 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.



2021 Individual Enrollment Request Form

Blue Shield Optional Supplemental Dental HMO or PPO Plan Enrollment Request Form

Please contact Blue Shield of California if you need information in another language.
(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.

Please fax, mail, or email your completed enrollment form to:

Fax: (877) 251-3660

Mail: Blue Shield of California, PO Box 948, Woodland Hills, CA 91365-9856

Email: WHMembership@blueshieldca.com

If you are already a Blue Shield of California Medicare Advantage Prescription Drug Plan member, and would like to enroll in the Optional Supplemental Dental HMO or PPO plan, please provide the following information:

Please check which plan you want to enroll in.

- Optional Supplemental Dental HMO Plan \$11.60 per month
(Note: 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 Inspire (PPO) members in Alameda County and Blue Shield 65 Plus (HMO) members in the San Luis Obispo and Santa Barbara Counties.)

Name of dentist

Provider ID#

If you do not select a dentist, you will be assigned a dentist at the time of enrollment.

- Optional Supplemental Dental PPO Plan \$40.50 per month
No dentist selection necessary for the PPO plan.

(Note: The Optional Supplemental Dental PPO 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 Member ID No.

Last Name

Mr. Mrs.
 Ms.

First Name

Middle Initial

Birth Date <input type="text"/>	Home phone number <input type="text"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Permanent Residence street address (Don't enter a P.O. Box):

Street Address

City

State

ZIP code

Mailing address, if different from your permanent address (P.O. Box allowed):

Street Address

City

State

ZIP code

Emergency contact

Phone number

Relationship to you

Paying your plan premium

Your premium for the next month's coverage is due by the last day of the current month.

You can pay your monthly Optional Supplemental Dental HMO or PPO plan premium by mail or by "Electronic Funds Transfer (EFT)", each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you do not select a payment option, you will receive a bill each month.

Please select a plan premium payment option:

- Get a monthly bill.
- Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account holder name:

Bank routing number:

Bank account number:

Account type: Checking Saving

- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: Social Security RRB

(The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please note: If your Blue Shield of California Medicare Advantage Prescription Drug Plan has a monthly premium, or if you currently pay a late enrollment penalty, whatever plan premium option you select now will be applicable to ALL components of your plan premium.

If you do not make your premium payment according to the payment option you selected, you will receive a written notice and will be given 3 months from the payment due date to pay all amounts due to Blue Shield. If you do not pay all amounts due within that time, Blue Shield of California will disenroll you from the Optional Supplemental Dental HMO or PPO plan.

Once you have enrolled in the Optional Supplemental Dental HMO or PPO plan, your membership will continue as long as you pay your premiums as specified by the plan and remain enrolled as a Blue Shield of California Medicare Advantage Prescription Drug Plan member.

You must be a member of a Blue Shield of California Medicare Advantage Prescription Drug plan in order to be eligible to enroll in the Optional Supplemental Dental HMO or PPO plan. If you disenroll from our Blue Shield of California Medicare Advantage Prescription Drug plan, you will also be disenrolled from the Optional Supplemental Dental HMO or PPO plan. If you disenroll from the Optional Supplemental Dental HMO or PPO plan only and wish to re-enroll at a later date, you must wait 6 months from the disenrollment date and pay any premium amount owed before you will be allowed to re-enroll in the Optional Supplemental Dental HMO or PPO plan.

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.

Your Signature*: 	Today's Date <input type="text"/>
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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:

Street Address:

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number:

Relationship to Enrollee:

Producer information:

FMO/Agency name _____
(please print appointed agency name)

FMO/Agency ID No. _____
(please print agency tax ID)

Producer name _____
(please print writing agent name)

Producer ID No. _____
(please print agent ID number)

Producer NPN No. _____
(Agent NPN)

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.

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.