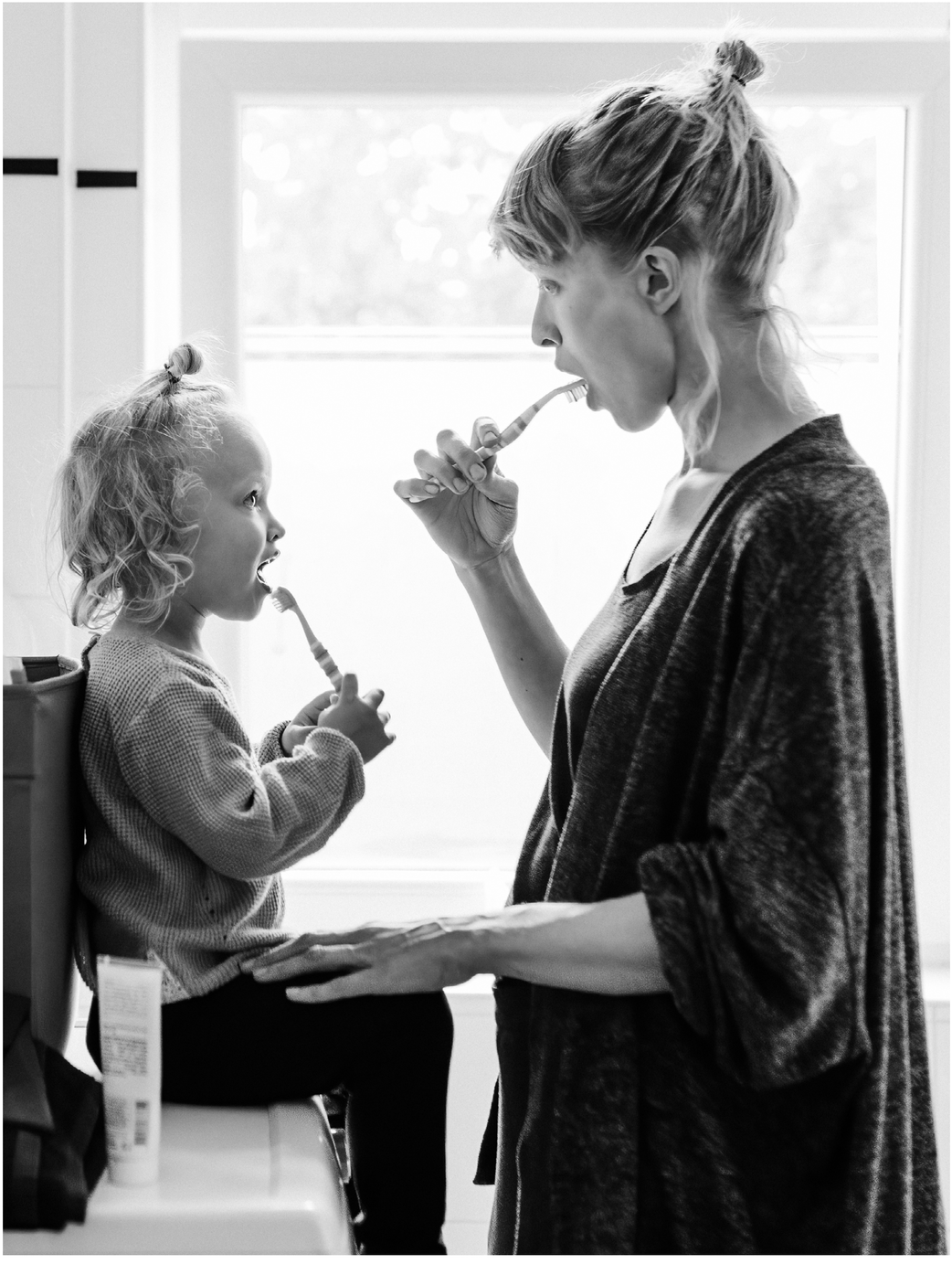
blue CALIFORNIA

Individual and Family Plans: Dental and vision coverage

Effective 1/2027



Smile; we've got your dental plan

Take care of your smile with one of our PPO or HMO dental plans. These plans offer helpful benefits, including cleanings and X-rays, for a $0 copay. Plans start at $14.90 per month for adults.* Some benefits are subject to waiting periods, but these waiting periods are waived with proof of prior comprehensive dental coverage.

Not sure which plan to choose?
PPO plans have a larger network of dentists compared to HMO plans, which means you'll have a greater choice of dentists. The monthly premium for HMO plans, however, is less than PPO plans, and there are no deductibles or annual benefit maximums. So if having a greater choice in dentists is important to you and you don't mind paying a little extra for your monthly premiums, a PPO plan may be right for you. If you prefer to pay less on your monthly premiums with no benefit maximum and you're comfortable with a smaller network, an HMO plan might be the better choice.

Find PPO dentists near you at bsca.com/ifpfamilydentalppo and HMO dentists at blueshieldca.com/dentalhmo.

* Our Individual and Family Plans include dental and vision benefits for children under age 19.

Dental plans

	Dental Standard HMO	Dental HMO Plan	Dental PPO Plan	Specialty Duo Dental + Vision Package*	Dental PPO 1500
	Plans available direct through Blue Shield				
Adult rates start at	$17.50	$29.20	$54.70	$60.50†	$63.20
Deductible and plan maximum					
Calendar year deductible	Not applicable	Not applicable	$50 per individual	$50 per individual	$50 per individual
Calendar year benefit maximum	No maximum	No maximum	$1,000	$1,000	$1,500
Benefits	**Benefit amounts reflect member costs when receiving care from in-network dentists**				
Oral exam	$0 No waiting period	$0 No waiting period	$0 No waiting period	$0 No waiting period	$0 No waiting period
X-rays	$0 No waiting period	$0 No waiting period	$0 No waiting period	$0 No waiting period	$0 No waiting period
Routine cleanings	$0 No waiting period	$0 No waiting period	$0 No waiting period	$0 No waiting period	$0 No waiting period
Fillings	$20 - $140 No waiting period	$15 - $60 No waiting period	$35 - $100 3-month waiting period ●	$35 - $100 3-month waiting period ●	$35 - $100 3-month waiting period ●
Tooth removal - simple	$40 No waiting period	$34 No waiting period	$40 3-month waiting period ●	$40 3-month waiting period ●	$40 3-month waiting period ●
Tooth removal - surgical	$75 No waiting period	$125 No waiting period	$63 3-month waiting period ●	$63 3-month waiting period ●	$63 3-month waiting period ●
Root canals	$175 - $355 No waiting period	$155 - $290 No waiting period	$156 - $234 3-month waiting period ●	$156 - $234 3-month waiting period ●	$156 - $234 3-month waiting period ●
Deep gum cleanings	$5 - $75 No waiting period	$5 - $55 No waiting period	$32 - $65 3-month waiting period ●	$32 - $65 3-month waiting period ●	$32 - $65 3-month waiting period ●
Complete denture (upper)	$400 No waiting period	$400 No waiting period	$388 6-month waiting period ●	$388 6-month waiting period ●	$388 6-month waiting period ●
Complete denture (lower)	$400 No waiting period	$400 No waiting period	$388 6-month waiting period ●	$388 6-month waiting period ●	$388 6-month waiting period ●

● = Benefit is subject to a deductible

	Dental Standard HMO	Dental HMO Plan	Dental PPO Plan	Specialty Duo Dental + Vision Package*	Dental PPO 1500
Denture repairs	$75 - $100 No waiting period	$8 - $45 No waiting period	$43 - $75 6-month waiting period ●	$43 - $75 6-month waiting period ●	$43 - $75 6-month waiting period ●
Crowns	$210 - $395 No waiting period	$100 - $300 No waiting period	$160 - $320 6-month waiting period ●	$160 - $320 6-month waiting period ●	$160 - $320 6-month waiting period ●
Implant	Not covered	$1,375 No waiting period	$612 6-month waiting period ●	$612 6-month waiting period ●	$612 6-month waiting period ●
Orthodontics (child)	$2,350 No waiting period	$2,350 No waiting period	$2,350 6-month waiting period ●	$2,350 6-month waiting period ●	$2,350 6-month waiting period ●
Orthodontics (adult)	$2,650 No waiting period	$2,650 No waiting period	$2,650 6-month waiting period ●	$2,650 6-month waiting period ●	$2,650 6-month waiting period ●

● = Benefit is subject to a deductible

	Enhanced Dental PPO 50/2000	Enhanced Dental PPO 50/2000 Lifetime Ortho 1500	Blue Shield Family Dental HMO	Blue Shield Family Dental PPO
	Plans available direct through Blue Shield		Blue Shield plans available through Covered California	
Adult rates start at	$80.40	$87.30	$14.90	$48.70
Deductible and plan maximum				
Calendar year deductible	$50 for individual / $150 for family	$50 for individual / $150 for family	Not applicable	$75 per individual / $150 per family for under age 19 $50 per individual for adults
Calendar year benefit maximum	$2,000	$2,000	No maximum	No maximum for under age 19 $1,500 per individual for adults
Benefits	**Benefit amounts reflect member costs when receiving care from in-network dentists**			
Oral exam	0% No waiting period	0% No waiting period	$0 No waiting period	$0 No waiting period
X-rays	0% No waiting period	0% No waiting period	$0 No waiting period	$0 No waiting period
Routine cleanings	0% No waiting period	0% No waiting period	$0 No waiting period	$0 No waiting period
Fillings	20% 6-month waiting period ●	20% 6-month waiting period ●	$25 - $310 No waiting period	20% No waiting period ●
Tooth removal - simple	20% 6-month waiting period ●	20% 6-month waiting period ●	$65 No waiting period	50% No waiting period for under age 19 6-month waiting period for adults ●
Tooth removal - surgical	20% 6-month waiting period ●	20% 6-month waiting period ●	$160 No waiting period	50% No waiting period for under age 19 6-month waiting period for adults ●
Root canals	50% 12-month waiting period ●	50% 12-month waiting period ●	$195 - $300 No waiting period	50% No waiting period for under age 19 6-month waiting period for adults ●

● = Benefit is subject to a deductible

	Enhanced Dental PPO 50/2000	Enhanced Dental PPO 50/2000 Lifetime Ortho 1500	Blue Shield Family Dental HMO	Blue Shield Family Dental PPO
Deep gum cleanings	50% 12-month waiting period ●	50% 12-month waiting period ●	$25 - $55 No waiting period	50% No waiting period for under age 19 6-month waiting period for adults ●
Complete denture (upper)	50% 12-month waiting period ●	50% 12-month waiting period ●	$300 - $400 No waiting period	50% No waiting period for under age 19 6-month waiting period for adults ●
Complete denture (lower)	50% 12-month waiting period ●	50% 12-month waiting period ●	$300 - $400 No waiting period	50% No waiting period for under age 19 6-month waiting period for adults ●
Denture repairs	50% 12-month waiting period ●	50% 12-month waiting period ●	$30 - $195 No waiting period	50% No waiting period for under age 19 6-month waiting period for adults ●
Crowns	50% 12-month waiting period ●	50% 12-month waiting period ●	$15 - $310 No waiting period	50% No waiting period for under age 19 6-month waiting period for adults ●
Implant	50% 12-month waiting period ●	50% 12-month waiting period ●	$350 for under age 19 with no waiting period Not covered for adults	Not covered
Orthodontics (child)	Not covered	50% 12-month waiting period	$350 No waiting period	50% No waiting period ●
Orthodontics (adult)	Not covered	50% 12-month waiting period ●	Not covered	Not covered

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using in-network dental providers. It is not a contract. For complete plan details, refer to the *Evidence of Coverage* (EOC) available from blueshieldca.com/policies or call us at **(888) 256-3650**.

* Underwritten by Blue Shield of California Life & Health Insurance Company.
† Monthly rate is pending regulatory approval.

● = Benefit is subject to a deductible

Vision plans

See the value of vision coverage
For as low as $7.90 per month, you can get vision* coverage. You'll have access to California's largest vision network with over 20,000 eye doctors at more than 17,000 locations, including private-practice eye doctors and popular stores like Costco, EYEXAM of California, LensCrafters, Sam's Club, Target, and Walmart. This makes it easy to find an eye doctor that works for you. Visit blueshieldca.com/visionplans to find eye doctors in your area.

		Ultimate Vision 15/25/120*	Specialty Duo℠ dental + vision package*
Adult rates start at		$7.90	$60.50†
Benefit		**With participating providers, members pay:**	
Eye exam copay		$15 (every 12 months)	$0 (every 12 months)
Materials copay (standard single vision, lined bifocal, or lined trifocal with scratch-coating lenses – applies to frames and contact lenses)		$25 (every 12 months)	$25 (every 24 months)
Frame allowance		$25 copay plus all charges above $120 (every 12 months) Choose between frames or contacts	$25 copay plus all charges above $100 (every 24 months) Choose between frames or contacts
Lens options and treatments	**Polycarbonate lenses (for children)**	$25 copay plus all charges above $100	$25 copay plus all charges above $100
	Photochromic lenses	$25 copay plus all charges above $200	$25 copay plus all charges above $200
	Progressive lenses	$25 copay plus all charges above $140	$25 copay plus all charges above $140
	Antireflective lens coating	$25 copay plus all charges above $50	$25 copay plus all charges above $50
Contact lenses	**Elective (cosmetic or convenience)**	$25 copay plus all charges above $120 (every 12 months) Choose between frames or contacts	$25 copay plus all charges above $120 (every 24 months) Choose between frames or contacts
Deductible		$0	$0

This chart provides details on plan deductibles and copayments for common services when using in-network providers. It is not a contract. For complete plan details, refer to the *Evidence of Coverage* (EOC) available at blueshieldca.com/policies or call us at **(888) 256-3650**.

* Underwritten by Blue Shield of California Life & Health Insurance Company
† Monthly rate is pending regulatory approval.
Specialty Duo is a service mark of Blue Shield of California.

Language Assistance Notice
For assistance in English at no cost, call (866) 346-7198. Para obtener asistencia en español sin cargo, llame al (866) 346-7198. 如果需要中文的免费帮助，请拨打这个号码 (866) 346-7198.

Nondiscrimination Notice
The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

Blue Shield of California is an independent member of the
Blue Shield Association

Have questions, need a quote, or want to apply?

You can purchase most dental and vision plans with or without a medical plan. Apply at buyblueshieldca.com or contact your broker.