



Dental plan options for Medicare Supplement plan members

Blue Shield of California
rates effective:
July 1, 2026



Last updated:
April 1, 2026

Ensuring your dental health and wellness

Blue Shield of California offers two dental plans for you to choose from. Below, we explore the numerous advantages of our dental plan and how it can benefit you.



An extensive network of nearly 46,000 general and specialty care dentists in California.¹



Three annual teeth cleanings, X-rays, and an oral cancer screening are covered at 100% when using network providers.



No waiting period for dental checkups, cleanings, fillings, X-rays, or basic services.²



A wide range of major restorative dental services and procedures, including crowns, endodontics, periodontics, oral surgery, and prosthetics.

Get covered

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

Monthly rates effective July 1, 2026:

	Dental PPO 1000	Dental PPO 1500
Individual	\$42.00	\$62.30

Choose from two dental plans

You'll have the freedom to choose any provider you want, but you will save more when you choose a provider in your plan's network.

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				
	DPPO 1000		DPPO 1500	
Calendar-year deductible (per member)	\$50/person		\$50/person	
Calendar-year maximum	\$1,000 (\$750 may be used for non-network dentist) ³		\$1,500 (\$1,000 may be used for non-network dentist) ³	
Amount Blue Shield pays	DPPO 1000		DPPO 1500	
Service	With network dentist	With non-network dentist⁴	With network dentist	With non-network dentist⁴
Diagnostic and preventive care (not subject to plan deductibles with network dentists; includes an oral cancer screening, routine oral exams, X-rays, and three annual cleanings)	100%	50%	100%	80%
Basic services (includes anesthesia, palliative treatment, and restorative dentistry)	50%	50%	80%	70%
Major services² 6-month waiting period (includes crown buildups, endodontics, periodontics, oral surgery, crowns, prosthetics, inlays, onlays, jacket, posts and cores, and veneers; DPPO 1500 also includes implants.)	50%	50%	50%	50%

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 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, or if you are only interested in our dental plans, please fill out a separate application.

If you have questions, contact your Blue Shield agent today or call toll-free **(855) 217-1539 (TTY: 711)**, 8 a.m. to 8 p.m. PT, seven days a week from October 1 through March 31 and 8 a.m. to 8 p.m. PT, Monday through Friday, from April 1 to September 30.



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

To find a dentist, or to see if your dentist is in our network, visit **blueshieldca.com** and click on *Find a doctor*.

For a list of dentists, call **(888) 679-8928 (TTY: 711)**.

Endnotes

- 1 Dental providers in and out of California are available through a contracted dental plan administrator.
- 2 Dental PPO 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). The waiting period may be waived with proof of prior comprehensive coverage.
- 3 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.
- 4 The coinsurance percentage indicated is a percentage of allowed amounts that we pay to providers. Non-network dental 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.