Affordable dental plan and package options for Medicare Supplement plan members

Last updated: January 2016
Blue Shield of California rates effective: April 1, 2016
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 comprehensive dental PPO plans and a dental and vision plan package – Specialty Duo™ – that includes comprehensive dental and vision coverage to give you the additional protection that both your mouth and eyes deserve.

Good reasons to enroll

Dental plan advantages:

• An extensive network of more than 37,000 general and specialty care dentist locations in California, and over 297,500 nationwide
• Three annual teeth cleanings, plus annual X-rays and oral cancer screening covered at 100% when using network providers
• No waiting period for dental checkups, cleanings, fillings, X-rays or basic services
• Wide range of major restorative dental services and procedures, including crowns, endodontics, periodontics, oral surgery and prosthetics at low network rates

Specialty Duo™ dental + vision package advantages:

• Includes all dental benefits of the Dental PPO 1500 plan
• Access to more than 6,700 ophthalmologists, optometrists, opticians and retail stores in California, and over 22,000 locations nationwide
• A $0 copayment for annual eye exam
• A $25 copayment for materials such as lenses and low-vision aids
• A $100 frame allowance that can be used toward any pair of frames
• Benefit for non-prescription sunglasses for members who have had LASIK or PRK surgery

Get covered

When you consider it, you can’t afford to be without dental or dental + vision coverage. And with Blue Shield’s dental plans, you can have the dental or the dental + vision coverage you’ve always wanted.

Monthly rates effective April 1, 2016:

<table>
<thead>
<tr>
<th></th>
<th>Specialty Duo dental + vision package*1</th>
<th>Dental PPO 1500</th>
<th>Dental PPO 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$58.60</td>
<td>$47.40</td>
<td>$35.90</td>
</tr>
<tr>
<td>Two-party*2</td>
<td>$117.20</td>
<td>$94.80</td>
<td>$71.80</td>
</tr>
</tbody>
</table>

Did you know?

You may be surprised to learn that more than 90% of all common diseases have oral symptoms. In addition, eye exams can often detect serious chronic conditions such as diabetes, hypertension, and high cholesterol. Whether you need treatment or just want preventive care, it’s never too late to get on track and choose a Blue Shield dental or combined dental + vision coverage to help maintain your overall health.

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).
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. However, your out-of-pocket costs for covered services will be lower when using a network dentist versus a non-network dentist. For more details, please refer to the following dental plan chart for the dental plan that suits you best.

Dental PPO highlights matrix

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Dental PPO 1500</th>
<th>Dental PPO 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar-year deductible (per member)</td>
<td>$50/person</td>
<td>$75/person</td>
</tr>
<tr>
<td>Calendar-year maximum</td>
<td>$1,500 ($1,000 may be used for non-network dentist)</td>
<td>$1,000 ($750 may be used for non-network dentist)</td>
</tr>
<tr>
<td>Diagnostic and preventive care</td>
<td>With network dentist, Blue Shield pays:</td>
<td>With network dentist, Blue Shield pays:</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>With non-network dentist, Blue Shield pays:</td>
<td>With non-network dentist, Blue Shield pays:</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Basic services</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>12-month waiting period (includes crown buildups, endodontics, periodontics, oral surgery, crowns, prosthetics, inlays, onlays, jacket, posts and cores, and veneers)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Major services</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

8. 12-month waiting period starts from the date you select your plan, and excludes basic services.

9. If you use a non-network dentist, 100% of your covered expenses will be applied to the deductible before any coinsurance is applied.

10. 12-month waiting period starts from the date you select your plan, and excludes basic services.
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 the providers of your choice, with access to one of the state’s largest dental networks and one of the state’s largest vision networks. For more details of the dental and vision components of this package, please refer to the benefit highlights below.

**Specialty Duo dental plan*\(^1\) highlight matrix**

Offers the same benefits highlight as those of the Dental PPO 1500 plan. See the highlights matrix on page 2. For a complete list of the benefits, exclusions, and limitations of the Specialty Duo dental plan, please refer to the *Specialty Duo Dental plan for Medicare Supplement members*.

**Specialty Duo vision plan*\(^1\) highlight matrix**

This chart is only a summary. For a complete list of the benefits, exclusions, and limitations of the Specialty Duo vision plan, please refer to the *Specialty Duo Vision plan for Medicare Supplement members*. There is a 90-day waiting period for vision care services.

<table>
<thead>
<tr>
<th>Service and eyewear</th>
<th>Plan coverage when provided by network providers</th>
<th>Plan coverage when provided by non-network providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive examination – every 12 months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmologic</td>
<td>100%</td>
<td>Up to a maximum of $60</td>
</tr>
<tr>
<td>Optometric</td>
<td>100%</td>
<td>Up to a maximum of $50</td>
</tr>
<tr>
<td><strong>Lenses(^9,10) – every 24 months</strong> (or 12 months with a prescription change)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single vision</td>
<td>100%</td>
<td>Up to a maximum of $43</td>
</tr>
<tr>
<td>Bifocal</td>
<td>100%</td>
<td>Up to a maximum of $60</td>
</tr>
<tr>
<td>Trifocal</td>
<td>100%</td>
<td>Up to a maximum of $75</td>
</tr>
<tr>
<td>Aphakic or lenticular monofocal</td>
<td>100%</td>
<td>Up to a maximum of $120</td>
</tr>
<tr>
<td>Aphakic or lenticular multifocal</td>
<td>100%</td>
<td>Up to a maximum of $200</td>
</tr>
<tr>
<td><strong>Frame – every 24 months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to a maximum of $100(^11)</td>
<td>Up to a maximum of $40</td>
<td></td>
</tr>
<tr>
<td><strong>Contact lenses(^10,12) – every 24 months</strong> (or 12 months with a prescription change)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-elective (medically necessary)(^14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hard</td>
<td>100%</td>
<td>Up to a maximum of $200</td>
</tr>
<tr>
<td>Soft</td>
<td>100%</td>
<td>Up to a maximum of $250</td>
</tr>
<tr>
<td>Elective contact lenses (cosmetic/convenience)</td>
<td>Up to a maximum of $120</td>
<td>Up to a maximum of $120</td>
</tr>
<tr>
<td><strong>Plano sunglasses(^12,14) (non-prescription)</strong></td>
<td>Up to a maximum of $100(^12)</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).
For two-party agreement holders

If you are enrolled in a Medicare Supplement plan with a two-party agreement, you may enjoy the convenience of a single bill for you and your spouse or domestic partner. 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 spouse or domestic partner need to select and enroll in the same dental PPO plan or dental + vision package.

If only one of you wants to enroll in the dental PPO plan or dental + vision package, or if you each want different plans, your two-party contract for the Medicare Supplement plan will be affected. To enroll in the dental plans in this way, you will need to change your two-party contract to an individual contract, then select the dental PPO or dental + vision package for you and your spouse or domestic partner.

Become a member today!

If you are applying to become a Medicare Supplement plan member, sign up for a Blue Shield dental plan or the Specialty Duo dental + vision package 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, 9 a.m. to 4:30 p.m. TTY users can call toll-free 711, 8 a.m. to 6 p.m. weekdays, excluding holidays.

To find a dentist or vision care provider, or see if your dentist or vision care provider is in our network, visit blueshieldca.com and click on Find a Provider. Or for a list of dentists or vision care providers in your area, contact Member Services at (888) 679-8928 or TTY at 711, 8 a.m. to 5:30 p.m., Monday through Thursday, and 9 a.m. to 5:30 p.m. on Fridays, excluding holidays.

Healthy teeth and eyes, healthy you
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 1000, Dental PPO 1500, and Specialty Duo dental plan for Medicare Supplement plan members have a 12-month waiting period for major restorative services and procedures (such as crowns), endodontics, periodontics, oral surgery and removable or fixed prosthetics.


5 “The Eyes are the Windows to Wellness,” Employee Benefit News, August 1, 2009.

6 If you have a two-party Medicare Supplement plan contract, you and your spouse/domestic partner need to select and enroll in the same dental PPO plan or dental + vision package in order to receive one bill that combines Medicare Supplement plan and dental PPO plan or dental + vision package rates.

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 pink or rose tint No. 1 or No. 2 in the allowance and up to 61mm in size.

10 A prescription change means any of the following: a change in prescription of 0.50 diopter or more; a shift in axis of astigmatism of 15 degrees; a difference in vertical prism greater than 1 prism diopter; or a change in lens type.

11 When the participating provider uses wholesale or warehouse pricing, the maximum allowable frame allowance will be as follows: wholesale allowance – $66.04; warehouse allowance – $69.09. Note that this pricing replaces the frame allowance shown in the Summary of Benefits. Network providers using wholesale or warehouse pricing are identified in the Directory of Network Vision Providers. You pay any cost above the allowed amount.

12 In lieu of lenses and frame.

13 A report from the provider and prior authorization from a contracted vision plan administrator is required.

14 For members who have had PRK, LASIK or custom LASIK vision correction surgery only, this benefit of plano sunglasses allowance is equal to the plan’s frame allowance. An eye exam by a network provider is required to verify laser surgery, or a note from the surgeon who performed the laser surgery is required to verify laser surgery. Available once every 24 months in lieu of other frames and lenses.
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 ☐ Two-party (see Section 2 below)

1. Dental plan option:
   ☐ Dental PPO 1000 ☐ Dental PPO 1500 ☐ Specialty Duo dental + vision package*

2. Two-party enrollment: Must be completed if you have a two-party agreement. If you have a two-party Medicare Supplement plan contract with Blue Shield, you and your spouse or domestic partner 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), your two-party contract for the Medicare Supplement plan will be affected. If no dental plan is selected, or if a different dental plan option is selected for the spouse/domestic partner below, you are requesting Blue Shield to change your two-party contract and rate to individual contracts and single party rates.

   Spouse/domestic partner name (first, last): _____________________________________________

   Spouse/domestic partner 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 ______________

   Spouse/domestic partner’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 95241-1912

Fax: (844) 266-1850

For internal use only

DSA name: _______________________

DSA number: ____________________

Producer number: __________________

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