

Affordable dental plan and package options for Medicare Supplement plan members



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^{*1} – 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 nationwide²
- 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 rates³

Specialty DuoSM 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 nationwide²
- 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:

	Specialty Duo dental + vision package ^{*1}	Dental PPO 1500	Dental PPO 1000
Individual	\$58.60	\$47.40	\$35.90
Household Savings ⁶	\$117.20	\$94.80	\$71.80

Did you know?

You may be surprised to learn that more than 90% of all common diseases have oral symptoms.⁴ In addition, eye exams can often detect serious chronic conditions such as diabetes, hypertension, and high cholesterol.⁵ 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

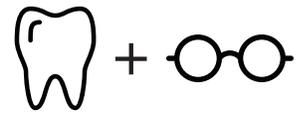
With a Blue Shield dental PPO plan, you'll have the freedom to choose any dentist you want. However, your out-of-pocket costs for covered services will be lower when using a network dentist versus a non-network dentist. For more details, please refer to the following dental plan chart for the dental 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.

Dental PPO highlights				
	Dental PPO 1500		Dental PPO 1000	
Calendar-year deductible (per member)	\$50/person		\$75/person	
Calendar-year maximum	\$1,500 (\$1,000 may be used for non-network dentist) ⁷		\$1,000 (\$750 may be used for non-network dentist) ⁷	
Service	With network dentist, Blue Shield pays:	With non-network dentist,⁸ Blue Shield pays:	With network dentist, Blue Shield pays:	With non-network dentist,⁸ Blue Shield pays:
Diagnostic and preventive care (not subject to plan deductibles with network dentists; includes routine oral exams, X-rays, and three teeth-cleanings annually)	100%	80%	100%	50%
Basic services (includes anesthesia, palliative treatment, and restorative dentistry)	80%	70%	50%	50%
Major services³ 12-month waiting period (includes crown buildups, endodontics, periodontics, oral surgery, crowns, prosthetics, inlays, onlays, jacket, posts and cores, and veneers)	50%	50%	50%	50%

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.

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

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For Household Savings Program

If you are enrolled in a Medicare Supplement plan with household savings, you may enjoy the convenience of a single bill for you and your other household member. 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 other household member 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, you will lose your Household Savings for your Medicare Supplement plans. To enroll in the dental plans in this way, you will need to change your Household Savings Program contract to two individual contracts, then select the dental PPO or dental + vision package for each of you.

Questions: 916-682-1117

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 Household Savings (see Section 2 below)

1. Dental plan option:

Dental PPO 1000 Dental PPO 1500 Specialty Duo dental + vision package*

2. Household Savings Program enrollment: Must be completed if you have household savings. If you have the Household Savings Program with Blue Shield, you and your other household member 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), you will lose your Household Savings for your Medicare Supplement plans. If no dental plan is selected, or if a different dental plan option is selected for the other household member below, you are requesting Blue Shield to change your Household Savings Program contract and rate to two individual contracts and single party rates.

Other household member name (first, last): _____

Other household member 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 _____

Other household member'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 95241-9969

Fax: 916-258-0296

Producer name: <u>John Conner</u>
Producer phone number: <u>916-682-1117</u>
Producer ID No.: <u>547390801</u>