

Affordable dental plan options for Blue Shield 65 Plus (HMO) plan members

January 1 – December 31, 2017

Healthier smile, healthier you

Did you know that the majority of common diseases have oral symptoms?¹ Studies have shown that periodontal (gum) disease is linked to serious diseases such as heart disease, stroke, osteoporosis and diabetes.² When some diseases are diagnosed early, treatment can be more successful and reduce your overall cost of health care.

Something to smile about

Blue Shield now offers two optional supplemental dental plans to Blue Shield 65 PlusSM and Blue Shield 65 Plus Choice Plan members. Members can choose between an optional supplemental Dental HMO³ plan and a Dental PPO plan. Below is a brief description of the two plan options:

- The HMO plan has a low monthly premium of \$12.90 and offers defined member out-of-pocket costs.
- The PPO plan lets you choose from a more extensive list of participating dentists, but you will pay a higher monthly premium of \$33.40.

Six good reasons to enroll in the optional supplemental dental HMO plan

- Many annual preventive and diagnostic care services, such as teeth cleaning and X-rays, are available at a low or no cost to you.
- No deductibles or annual benefit limits.
- Fixed copayments for basic and major services.
- No waiting period for most services.
- Specialty care provider services are available with a referral from your primary dental provider.⁴
- Virtually no claim forms!

Five good reasons to enroll in the optional supplemental dental PPO plan

- Access to 41,000 participating general dentists and specialists.⁴
- Access to non-participating dentists and specialty dentists.
- Specialist care available with NO referral needed from your dentist.
- A wide range of dental benefits including 100% coverage for diagnostic and preventive services obtained from a participating dentist.
- No claim forms if you go to a participating dentist.

It's easy to find a dentist or see if your current dentist is in our network by going online. Visit blueshieldca.com/findaprovider. Choose *Select a Plan*, and under *Dental Plan Options*, choose the applicable *Blue Shield 65 Plus Optional Dental Plan Network (HMO or PPO)*.

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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 anytime after!

If you have questions about how this coverage may compare to coverage you already have, contact your broker or call Member Services at **(800) 776-4466** [TTY **711**], 8 a.m. to 8 p.m., seven days a week, from October 1 through February 14, and 8 a.m. to 8 p.m., weekdays, from February 15 through September 30.

| Optional supplemental dental plan | Optional supplemental dental HMO | Optional supplemental dental PPO | |
|---|--|---|----------------------------|
| | Participating dentists only | Participating dentists | Non-participating dentists |
| Network access | | | |
| Calendar-year deductible per member (not applicable to diagnostic and preventive services) | None | \$50 | |
| Calendar-year maximum per member⁵ | \$1,000 for covered endodontic, periodontic and oral surgery services when performed by an in-network dental specialist. | \$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. | |
| Summary list of services covered (ADA code)⁶ | You pay | You pay | You pay |
| Monthly optional supplemental dental plan premium | \$12.90 | \$33.40 | |
| Diagnostic services | | | |
| Comprehensive oral evaluation (D0150) | \$5 copay | 0% | 20% |
| X-rays – intraoral complete series (including bitewings) – once every 6 months (D0210) | \$0 copay | 0% | 20% |
| Preventive care | | | |
| Prophylaxis – adult (cleanings, one every six months) (D1110) | \$5 copay | 0% | 20% |
| Restorative services | | | |
| One surface composite resin restoration – anterior (D2330) | \$11 copay | 20% | 30% |
| Crown (porcelain fused to noble metal) (D2750) | \$275 ⁷ copay | 50% | 50% |
| Endodontics⁸ | | | |
| Anterior root canal therapy (D3310) | \$195 copay | 50% | 50% |
| Molar root canal therapy (D3330) | \$335 copay | 50% | 50% |

| Summary list of services covered (ADA code) ⁶ | You pay | You pay | You pay |
|--|--------------------------|---------|---------|
| Periodontics⁸ | | | |
| Osseous surgery/four or more teeth per quadrant (D4260) | \$293 copay | 50% | 50% |
| Periodontal scaling & root planing/four or more teeth per quadrant (D4341) | \$45 copay | 50% | 50% |
| Prosthetics | | | |
| Bridge pontic/false tooth – porcelain fused to high noble metal (per unit) (D6240) | \$210 ⁷ copay | 50% | 50% |
| Bridge retainer – crown porcelain fused to high noble metal (per unit) (D6750) | \$275 ⁷ copay | 50% | 50% |
| Complete denture (upper or lower) (D5110 or D5120) | \$285 copay | 50% | 50% |
| Oral surgery⁸ | | | |
| Extraction (single erupted tooth) (D7111) | \$10 copay | 50% | 50% |
| Removal of impacted tooth (complete bony) (D7240) | \$80 copay | 50% | 50% |

We want to keep you smiling, so send in your optional supplemental dental HMO or PPO enrollment form today!

- 1 “Periodontics and the Oral-Systemic Relationship,” Journal of the California Dental Association, January 2016, volume 44, number 1; page 29-33.
- 2 “Systemic manifestations of oral diseases,” www.ncbi.nlm.nih.gov/pmc/articles/PMC3329699/.
- 3 The optional supplemental dental HMO plan is not available to Blue Shield 65 Plus members in San Luis Obispo (partial) and Santa Barbara (partial) counties.
- 4 Dental providers in California are available through a contracted dental plan administrator. Network numbers are as of June 2016.
- 5 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 dentist to receive covered specialist services. 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.
- 6 ADA codes are procedure codes established by the American Dental Association for efficient processing and reporting of dental claims.
- 7 You pay the copayment plus the cost of precious or semi-precious metals. Porcelain on molar crowns is not a covered benefit.
- 8 For the optional supplemental dental HMO plan, your copayment will be higher if these services are performed by a specialist.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium and, if applicable, your Blue Shield 65 Plus plan premium, in addition to the optional supplemental dental HMO or PPO plan premium.

Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends upon contract renewal. This is an advertisement.