A complete plan is a better plan
There's more to good health than eating right, exercising, and getting regular checkups. Taking care of your oral and visual health is just as important. That's why we offer a variety of dental and vision plans for you to choose from. If you're all about convenience, you can even get dental and vision* coverage in a single plan with Specialty DuoSM.*

Protecting your loved ones' financial security is important, too. Life insurance* from Blue Shield of California Life & Health Insurance Company can help offer protection at a time when they need it most.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

To get a quote and apply, contact us at (800) 660-3007.

Smile, we've got your dental plan
Protect your smile with one of our PPO or HMO dental plans, and you'll enjoy a range of dental benefits including cleanings and X-rays for $0, and access to nearly 52,000 PPO or 26,000 HMO dentists in California.

Not sure which plan to choose? We can help. HMO plans generally cost less per month and have lower out-of-pocket costs for services compared with PPO plans. PPO plans, however, offer you more flexibility in your choice of dentists. So, if you value greater choice in dental providers, and you're willing to pay a bit more, a PPO plan may be right for you. If you are more concerned with keeping costs down than having a wider selection of dentists, an HMO plan may be what you are looking for. Visit blueshieldca.com/fad to find PPO or HMO dentists in your area.

Now that you have a high-level view of your choices, compare plan details on the next page and plan rates on page 4.

If you have children under age 19, their basic dental and vision needs are covered by the pediatric dental and pediatric vision benefits we include in every individual and family medical plan.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>ENHANCED DENTAL HMO $0</th>
<th>DENTAL HMO</th>
<th>ENHANCED DENTAL PPO 25/500</th>
<th>ENHANCED DENTAL PPO 50/1250</th>
<th>DENTAL PPO</th>
<th>SPECIALTY DUO DENTAL + VISION PACKAGE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly rates starting at</td>
<td>$10.70</td>
<td>$20.00</td>
<td>$22.40</td>
<td>$27.20</td>
<td>$31.60</td>
<td>$40.50</td>
</tr>
</tbody>
</table>

### Benefit

- **Diagnostic and preventive services**
  - Includes, but is not limited to, cleanings, X-rays, and initial and periodic oral examinations
  - With participating providers, members pay:
    - 0%

- **Restorative services – fillings (one surface resin composite, anterior)**
  - $20
  - 20%
  - $37

- **Oral surgery (includes, but is not limited to, extraction of erupted tooth or exposed root)**
  - $75
  - 20%
  - $40

- **Removal of impacted tooth (complete bony)**
  - $225
  - 50%
  - $113

- **Root canal (anterior root canal)**
  - $175
  - 50%
  - $156

- **Root canal (molar)**
  - $355
  - 50%
  - $234

- **Crowns (full cast high noble metal)**
  - $350
  - 50%
  - $320

- **Pontic (porcelain fused to high noble metal)**
  - $350
  - 50%
  - $293

- **Orthodontics**
  - $2,350 for under age 26, fully banded, two years
  - $2,650 for age 26+, fully banded, two years
  - Not covered

- **Periodontal scaling and root planing (four or more teeth)**
  - $75
  - 50%
  - $65

- **Surgical placement of implant body – endosteal implant (procedure code D6010)**
  - Not covered
  - $1,375

- **Denture (full upper or lower)**
  - $400
  - 50%
  - $388

- **Calendar-year deductible**
  - $0

- **Calendar-year benefit maximum**
  - None

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* = Benefit is available prior to meeting any deductible.

= Benefit is subject to a deductible.

This chart is an overview of benefits. For additional benefit information including non-network benefits, cost for services, waiting periods, and exclusions and limitations, please see the Summary of Benefits and Important Legal Information booklets. To get these documents, just call us at (888) 256-3650.

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1. The amounts indicated are a percentage of the allowable amounts. Network providers accept Blue Shield’s allowable amounts as payment in full for covered services.
2. Diagnostic and preventive services do not apply to the calendar-year benefit maximum for this plan.
3. There is a six-month waiting period for these services.
4. There is a three-month waiting period for these services.
5. There is a 12-month waiting period for these services.
6. If precious metals are used, the member will be charged at the dentist’s cost. For Dental HMO, porcelain on molar teeth is subject to an additional charge of $75.
7. Amounts do not accrue toward the calendar-year benefit maximum.
See the value of vision coverage

For as little as $13 per month, you can get valuable vision coverage to help you pay for your future vision care needs. And with one of the largest vision networks in California – including private-practice optometrists and ophthalmologists as well as retail locations like LensCrafters and Target, wholesalers like Wal-Mart, and warehouse chains like Costco – finding an eye doctor who’s right for you should be easy. Visit blueshieldca.com/fad to find eye doctors in your area.

Our vision plans allow you to order contact lenses online and give you access to a valuable LASIK discount via QualSight LASIK and NVision Laser Eye Centers.

We offer three vision plans to choose from:

- The Ultimate Vision 15/25/150* is a comprehensive vision plan that features a $150 frame allowance and many lens options.
- Or, if you are looking to save a little money without sacrificing dependable benefits, the Ultimate Vision 15/25/120* may be right for you.
- Specialty Duo* offers the convenience of vision and dental coverage in a single package.

Compare plan benefits and rates

<table>
<thead>
<tr>
<th>Vision plans</th>
<th>ULTIMATE VISION 15/25/120</th>
<th>ULTIMATE VISION 15/25/150</th>
<th>SPECIALTY DUO DENTAL + VISION PACKAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly rates starting at $13.00</td>
<td>$15.50</td>
<td>$40.50</td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td>Allowance and copays with participating providers:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye exam (every 12 months)</td>
<td>$15 copay (every 12 months)</td>
<td>$15 copay (every 12 months)</td>
<td>$0 copay (every 12 months)</td>
</tr>
<tr>
<td>Materials (standard single vision, lined bifocal or lined trifocal with scratch coating lenses)</td>
<td>$25 copay (every 12 months)</td>
<td>$25 copay (every 12 months)</td>
<td>$25 copay (every 24 months)</td>
</tr>
<tr>
<td>Frame allowance</td>
<td>Up to $120 allowance (every 12 months)</td>
<td>Up to $150 allowance (every 12 months)</td>
<td>Up to $100 allowance (every 24 months)</td>
</tr>
<tr>
<td>Lens options and treatments</td>
<td>Polycarbonate lenses (only for dependent children)</td>
<td>$100 allowance</td>
<td>$100 allowance</td>
</tr>
<tr>
<td>Photochromic lenses</td>
<td>$115–$200 allowance</td>
<td>$115–$200 allowance</td>
<td>$115–$200 allowance</td>
</tr>
<tr>
<td>Progressive lenses</td>
<td>$140 allowance</td>
<td>$140 allowance</td>
<td>$140 allowance</td>
</tr>
<tr>
<td>Anti-reflective lens coating</td>
<td>$50 allowance</td>
<td>$50 allowance</td>
<td>$50 allowance</td>
</tr>
<tr>
<td>Contact lenses2</td>
<td>Elective (cosmetic or convenience)</td>
<td>$120 allowance (every 12 months)</td>
<td>$120 allowance (every 12 months)</td>
</tr>
<tr>
<td>Diabetes Management Referral3</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

1 Network providers accept Blue Shield’s allowable amounts as payment in full for covered services. There is a 90-day waiting period for all vision benefits.

2 You may select contact lenses instead of eyeglasses.

3 This benefit is only available if you also have a Blue Shield medical plan.

*= All benefits are available prior to meeting any deductible.

This chart is an overview of benefits. For additional benefit information, cost for services, waiting periods, and exclusions and limitations, please see the Summary of Benefits and Important Legal Information booklets. To get these documents, just call us at (888) 256-3650.

* Underwritten by Blue Shield of California Life & Health Insurance Company.
### Monthly dental and vision plan rates

#### Monthly dental PPO plan rates

<table>
<thead>
<tr>
<th>Rate per member</th>
<th>Ages 0 through 25 (rate per child for first 3 children – no cost for 4th child and beyond)*</th>
<th>Age 26+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental PPO</td>
<td>$31.60</td>
<td>$37.40</td>
</tr>
<tr>
<td>Enhanced Dental PPO 50/1250</td>
<td>$27.20</td>
<td>$35.00</td>
</tr>
<tr>
<td>Enhanced Dental PPO 25/500</td>
<td>$22.40</td>
<td>$28.70</td>
</tr>
</tbody>
</table>

#### Monthly dental HMO plan rates

<table>
<thead>
<tr>
<th>Rate per member</th>
<th>Ages 0 through 25 (rate per child for first 3 children – no cost for 4th child and beyond)*</th>
<th>Age 26+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental HMO</td>
<td>$25.80</td>
<td>$28.10</td>
</tr>
<tr>
<td>Enhanced Dental HMO $0</td>
<td>$13.70</td>
<td>$17.00</td>
</tr>
</tbody>
</table>

#### Monthly Specialty Duo dental + vision package rates

<table>
<thead>
<tr>
<th>Rate per member</th>
<th>Ages 0 through 25 (rate per child for first 3 children – no cost for 4th child and beyond)*</th>
<th>Age 26+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Duo dental + vision package</td>
<td>$40.50</td>
<td>$47.50</td>
</tr>
</tbody>
</table>

#### Monthly vision plan rates

<table>
<thead>
<tr>
<th>Rate per member</th>
<th>Ages 0 through 25 (rate per child for first 3 children – no cost for 4th child and beyond)*</th>
<th>Age 26+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultimate Vision 15/25/120</td>
<td>$13.00</td>
<td>$13.00</td>
</tr>
<tr>
<td>Ultimate Vision 15/25/150</td>
<td>$15.50</td>
<td>$15.50</td>
</tr>
</tbody>
</table>

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*Please note:* Monthly rates for dental plans are in addition to the rates for the medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, dental, and, if applicable, vision plan rates.

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the ages 0 through 25 rate. Also, if a dependent child will turn 26 in 2019, that dependent does not count toward the three-child maximum rate cap. The dependent child will be charged the 26+ rate.

† Region 1 is composed of the following counties: Alpine, Amador, Butte, Calaveras, Calusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba. Region 12 is composed of the following counties: San Luis Obispo, Santa Barbara, and Ventura. The Dental HMO and Enhanced Dental HMO $0 plans are not available in Butte, Humboldt, Lake, Lassen, Nevada, Shasta, Sutter, Tehama, Marin, Napa, Solano, and Sonoma. Region 12 is composed of the following counties: San Luis Obispo, Santa Barbara, and Ventura. The Dental HMO and Enhanced Dental HMO $0 plans are not available in Butte, Humboldt, Lake, Lassen, Nevada, Shasta, Sutter, Tehama, Marin, Napa, San Luis Obispo, and Santa Barbara counties.
Facing financial burdens after the loss of a loved one can be challenging. Having life* and Accidental Death and Dismemberment* (AD&D) insurance helps. Individual term life and AD&D insurance plans from Blue Shield of California Life & Health Insurance Company help provide critical financial protection that can be used to help cover living expenses, college education costs, mortgage payments, and more.1

AD&D insurance provides another layer of protection. In the case of accidental injury or death, the amount of your accidental death benefit matches your life insurance coverage. If you are accidentally injured, the dismemberment benefit will be a portion of the benefit amount.

* Pending regulatory approval
† All plans terminate at age 65.
1 Within the first two years of the policy, if the insured dies because of suicide, no life insurance benefit will be paid; however, the premiums will be returned. Please refer to the Policy for a complete description of this limitation.
2 Those under age 20 are only eligible for $10,000, $15,000, and $25,000 coverage amounts.

<table>
<thead>
<tr>
<th>Age range</th>
<th>Male Non-nicotine user</th>
<th>Male Nicotine user</th>
<th>Female Non-nicotine user</th>
<th>Female Nicotine user</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-19</td>
<td>$0.122</td>
<td>$0.244</td>
<td>$0.071</td>
<td>$0.143</td>
</tr>
<tr>
<td>20-24</td>
<td>$0.125</td>
<td>$0.250</td>
<td>$0.074</td>
<td>$0.148</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.132</td>
<td>$0.263</td>
<td>$0.080</td>
<td>$0.159</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.150</td>
<td>$0.300</td>
<td>$0.095</td>
<td>$0.191</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.180</td>
<td>$0.361</td>
<td>$0.122</td>
<td>$0.244</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.231</td>
<td>$0.463</td>
<td>$0.169</td>
<td>$0.337</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.329</td>
<td>$0.658</td>
<td>$0.248</td>
<td>$0.495</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.487</td>
<td>$0.974</td>
<td>$0.375</td>
<td>$0.749</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.732</td>
<td>$1.464</td>
<td>$0.566</td>
<td>$1.313</td>
</tr>
<tr>
<td>60-64</td>
<td>$1.193</td>
<td>$2.386</td>
<td>$0.865</td>
<td>$1.730</td>
</tr>
</tbody>
</table>

A $1 monthly administrative fee will be included on each bill.

**Please note:** Monthly rates for individual term life and AD&D insurance are in addition to the rates for medical, dental, and/or vision benefits.

We offer the financial protection and security of $10,000, $15,000, $25,000, $50,000, $75,000, or $100,000 in term life and AD&D insurance, with low monthly rates based on your age, sex, and nicotine use. For example, a 36-year-old male who does not use nicotine can purchase a $50,000 life insurance policy for just $9 per month, or a $50,000 life with AD&D insurance policy for only $14 per month.

Life insurance coverage may be purchased without AD&D, but AD&D may only be purchased with life insurance coverage.

Coverage is available to all individuals ages 1 to 64† with or without a Blue Shield health plan. Simply complete and submit the Application for Individual Term Life and AD&D Insurance Coverage to apply.
You can purchase dental and vision plans with or without a medical plan by calling your Blue Shield sales representative at (800) 660-3007.

For individual term life insurance, call (800) 660-3007 to request an application. Then, mail the completed application to the address included on the application.

Looking for a medical plan? We have a variety of PPO and HMO plans to choose from. Ask your Blue Shield sales representative for more information.

**Definitions:**

- **Allowable amount** – The dollar amount Blue Shield uses to determine payment for covered services.

- **Benefits (covered services)** – The necessary dental and vision services and supplies covered by the dental and vision plans.

- **Copayment (copay)** – The fixed dollar amount a member pays for benefits after meeting any applicable calendar-year deductible.

- **Deductible** – The amount a member pays each calendar year for most covered services before Blue Shield begins to pay. Specific covered services, such as preventive care, are covered before a member reaches the calendar-year deductible.

- **Participating provider or network provider** – A provider (includes general dentists, dental specialists, optometrists, and ophthalmologists) that has agreed to contract with Blue Shield to provide covered services to members of a dental and vision plan. A participating, or network, provider has agreed to accept Blue Shield’s contracted rate as payment in full for covered services.

Have questions or want to apply?

Call your Blue Shield sales representative at (800) 660-3007.