

# Dental plans at a glance


This chart is only a summary of Blue Shield comprehensive dental plans available to individuals, families, and Medicare-eligible persons. For a complete list of the benefits, exclusions, and limitations of these dental plans, please refer to the *Evidence of Coverage and Health Service Agreement* or the *Policy for Individual and Families* for exact terms and conditions of coverage.

Plan	Dental plans for all ages			Dental plans only for Blue Shield Med Supp health plan members		
	Specialty Duo <sup>SM</sup> dental + vision package <sup>*1,2,3</sup>	Dental PPO <sup>1,2</sup>	Dental HMO <sup>2</sup>	Dental PPO 1000	Dental PPO 1500	Specialty Duo <sup>SM</sup> dental + vision package <sup>*3</sup>
Must have Blue Shield health insurance?	No	No	No	Yes	Yes	Yes
<b>Waiting periods</b>						
Diagnostic and preventive services	0 months	0 months	0 months	0 months	0 months	0 months
Basic services	3 months	3 months	0 months	0 months	0 months	0 months
Major services	12 months	12 months	0 months	12 months	12 months	12 months
Orthodontics	12 months	12 months	12 months	Not covered	Not covered	Not covered
<b>Premium per month</b>						
	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays<sup>8</sup></b>	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>
Single premium (adult or child)	\$54.10	\$41.40	\$19.80	\$35.00	\$44.00	\$57.50
Adult and spouse/domestic partner	\$112.20	\$83.90	\$39.30	\$70.00	\$88.00	\$115.00
Adult and child	\$82.10	\$62.70	\$34.80	Not offered	Not offered	Not offered
Adult and children	\$122.00	\$93.40	\$40.60	Not offered	Not offered	Not offered
Family	\$190.20	\$145.60	\$76.50	Not offered	Not offered	Not offered
Calendar-year deductible per person	\$50	\$50	\$0	\$75	\$50	\$50
Calendar-year maximum per person <sup>4</sup>	\$1,000	\$1,000	Not limited	\$1,000	\$1,500	\$1,500
<b>Benefits – using in-network dentists<sup>5</sup></b>						
<b>Diagnostic and preventive care</b> for annual exam and six-month checkup				MAC <sup>11</sup> payments shown below are for Southern California		
Exam, cleanings, X-rays	\$0	\$0	\$0	\$0 <sup>†</sup>	\$0 <sup>†</sup>	\$0 <sup>†</sup>
<b>Basic services</b> keep your teeth healthy				50% of MAC <sup>11</sup>	20% of MAC <sup>11</sup>	20% of MAC <sup>11</sup>
Composite filling, <sup>12</sup> 1 surface (resin)	\$37	\$37	\$18	\$40.50	\$16.20	\$16.20
Composite filling, <sup>12</sup> 2 surfaces (resin)	\$56	\$56	\$23	\$61	\$24.40	\$24.40
Occlusal guards	\$113	\$113	\$170	\$120	\$47	\$47
Molar root canal	\$234	\$234	Covered under major services	Covered under major services		
Single tooth extraction	\$40	\$40				
Osseous surgery per quadrant	\$263	\$263				
Periodontal root planing 4+ teeth per quadrant	\$65	\$65				
Removal of impacted tooth (complete bony)	\$113	\$113				
General anesthesia	\$23	\$23	\$190			
IV sedation	\$98	\$98	\$200			
<b>Major services</b> make sure the big stuff is taken care of when needed				50% of MAC <sup>11</sup>	50% of MAC <sup>11</sup>	50% of MAC <sup>11</sup>
Crown (porcelain fused to noble metal)	\$320	\$320	\$300 <sup>9</sup>	\$297	\$297	\$297
Osseous surgery per quadrant	Covered under basic services		\$303	\$327.50	\$327.50	\$327.50
Periodontal root planing 4+ teeth per quadrant			\$75	\$67.50 <sup>13</sup>	\$67.50 <sup>13</sup>	\$67.50 <sup>13</sup>
Molar root canal			\$290	\$280	\$280	\$280
Single tooth extraction			\$34	\$38.50	\$38.50	\$38.50
Removal of impacted tooth (complete bony)			\$125	\$140.50	\$140.50	\$140.50
General anesthesia			\$37	\$15	\$15	\$15
IV sedation			\$112	\$45	\$45	\$45
Bridge retainer/unit <sup>6</sup>	\$313	\$313	\$300 <sup>9</sup>	\$297	\$297	\$297
Bridge pontic/false tooth/unit <sup>7</sup>	\$293	\$293	\$300 <sup>9</sup>	\$267	\$267	\$267
Complete denture – upper or lower	\$388	\$388	\$400	\$382	\$382	\$382
<b>Orthodontics</b> for straighter teeth and a winning smile						
Adult	\$2,650 <sup>10</sup>	\$2,650 <sup>10</sup>	\$2,650 <sup>10</sup>	Not covered	Not covered	Not covered
Child	\$2,350 <sup>10</sup>	\$2,350 <sup>10</sup>	\$2,350 <sup>10</sup>	Not covered	Not covered	Not covered

\* Specialty Duo package includes a comprehensive vision plan. Plan includes \$0 eye exam copayment, \$25 copayment for lenses and low-vision aids, and \$100 frame allowance. For details contact your Blue Shield agent today.

† A third annual teeth-cleaning benefit is available with the Specialty Duo package, Dental PPO 1000, and Dental PPO 1500 plan for Medicare Supplement plan members.

- 1 Diagnostic and preventive services are not subject to plan deductibles.
- 2 Enrollee must be a California resident at the time of enrollment. Benefits are only available within the state of California except in emergency situations. If enrollee had a Blue Shield IFP dental plan cancelled, enrollee must wait 6 months from the date of cancellation before reapplication.
- 3 Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Pending regulatory approval.
- 4 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.
- 5 When member uses dentists who are not in the network, Blue Shield reimburses up to the amount listed, and member is responsible for all charges in excess of the amount Blue Shield pays in addition to member's calendar-year deductible.
- 6 Porcelain fused to high noble metal (ADA code: 6750).
- 7 High noble metal (ADA code: 6240).
- 8 All services must be performed, prescribed, or authorized by member's dentist, chosen from the Blue Shield Dental HMO Dental Provider Directory. If member needs to see a specialist, member must get a referral from member's dental provider to receive covered services.
- 9 The member pays the copayment plus the cost of precious or semi-precious metals.
- 10 The member pays the copayment plus up to \$250 for records.
- 11 MAC is Maximum Allowable Charge of providers in the area. MAC payments shown are for Southern California as listed in the 2011 National Dental Advisory Service Fee Information publication. They are an estimate for illustrative purposes, based on fees negotiated with dentists participating in the network. The member's dentist may have negotiated a different fee. The MAC may be updated periodically and is subject to change. When a member uses a non-network dentist, the plan reimburses up to the MAC amount; if that provider charges more than the MAC rate, the member is responsible for the difference.
- 12 Anterior tooth.
- 13 Specialty Duo package for Medicare Supplement plan members, Dental PPO 1000 and Dental PPO 1500 plan have a 12-month waiting period for major restorative services and procedures (such as crowns), endodontics, periodontics, oral surgery, and removable or fixed prosthetics.

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