

Blue Shield of California Life & Health Insurance Company
Individual and Family Dental Plan

Specialty DuoSM Dental Plan*

(Dental plan included in the Specialty Duo Plan Package)

Benefit summary

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE POLICY CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Finding a network dentist

It's easy to choose a dentist. With a broad network of PPO dentists to pick from, you should be able to find one near you. The dental PPO directory is available online in the *Find a Provider* section at blueshieldca.com, or by calling Customer Service at **(888) 702-4171**. When you receive care from a network dentist, you pay only the applicable deductibles and copayments, and there are no claim forms to file.

Using a dentist that's not in the network

Select any licensed dentist. If you use a dentist that's not in the network, your total out-of-pocket expenses may be higher. You pay at the time of service and afterwards you can file a claim with Blue Shield Life to receive reimbursement of covered service or you can choose to have the reimbursement sent to your out-of-network dentist.

	In-Network	Out-of-Network
Calendar Year Deductible (per calendar year for services other than diagnostic and preventive services and enhanced dental benefits for pregnant women)		\$50
Annual Benefit Maximum (charges for services above the maximum are your responsibility)	\$1,000 (In-Network); \$500 (Out-of-Network); No more than \$1,000 for In- and Out-of-Network combined	
Covered Services	In-Network Member Pays	Out-of-Network Max. Plan Payment:
Diagnostic and Preventive Services		
Comprehensive oral evaluation	\$0	\$40
Periodic oral evaluation	\$0	\$16
Intraoral radiographs - complete series (including bitewings) (x-rays)	\$0	\$56
Prophylaxis (adult) every 6 months	\$0	\$48
Sealant - per tooth (covered to age 15)	\$0	\$22
Routine Services [†]		
Filling (one surface resin composite)	\$37 per tooth	\$30 per tooth
Anterior root canal	\$156 per tooth	\$125 per tooth
Molar root canal	\$234 per tooth	\$187 per tooth
Periodontal scaling and root planing - four or more teeth per quadrant	\$65 per quadrant	\$52 per quadrant
Extraction of erupted tooth or exposed root	\$40 per tooth	\$32 per tooth
Major Services [†]		
Crown - porcelain/ceramic substrate	\$265 each crown ¹	\$212 each crown ¹
Crown - Full cast high noble metal	\$320 each crown ¹	\$256 each crown ¹
Osseous surgery (four or more teeth)	\$263 per quadrant	\$210 per quadrant
Pontic - porcelain fused to high noble metal	\$293 each tooth replaced ¹	\$234 each tooth replaced ¹
Denture (full upper or lower)	\$388 per denture	\$310 per denture
Removal of impacted tooth - complete bony	\$113 per tooth	\$90 per tooth
Orthodontic Services [†]		
Fully banded (two year) case - child ²	\$2,350	Not covered
Fully banded (two year) case - adult ²	\$2,650	Not covered

* Pending regulatory approval.

† Subject to a waiting period.

1 Precious metals, if used will be charged to the member at the dentist's cost.

2 In order to be covered, orthodontic treatment: must be received in one continuous course of treatment; and must be received in consecutive months. Orthodontic treatment must not exceed 24 consecutive months.

Many benefits have pre-determined annual schedules and frequency limitations based on last delivery date and dental necessity. If you are unsure about the frequency of when a benefit can be accessed, you can call **(800) 585-8111**.

This is only a summary of the Specialty DuoSM Dental PPO Plan. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the *Policy*.

Blue Shield of California Life & Health Insurance Company
Individual and Family Vision Plan

Specialty DuoSM Vision Plan*

(Vision plan included in the Specialty Duo Plan Package)

Benefit summary

Exam copayment \$0, material copayment \$25, frame allowance \$100

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE POLICY SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Using your vision plan

With this vision plan, you have access to an extensive network of vision providers in California and nationwide¹. Many of the providers are conveniently located in optical centers at retail stores such as Costco (warehouse⁴, membership required), LensCrafters, Wal-Mart (wholesale⁴), Sears, and Target Optical. You also can use an online network provider for 24/7 access to frames and lenses. When you use a network provider, most of your eyecare services are provided at no additional charge.

What your vision plan covers

Service and eyewear (90 day waiting period applies to all services)	Coverage when provided by network providers	Maximum payment when provided by non-network provider
Comprehensive Examination - every 12 months		
Ophthalmologic	100%	up to a maximum of \$60
Optometric	100%	up to a maximum of \$50
Lenses² - every 24 months³		
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 Monofocal or Lenticular Monofocal	100%	up to a maximum of \$120
Aphakic Multifocal or Lenticular Multifocal	100%	up to a maximum of \$200
Polycarbonate Lenses for Dependent Children	up to a maximum of \$100	up to a maximum of \$75
Frame - every 24 months	up to a maximum of \$100 ⁴	up to a maximum of \$40
Contact Lenses⁵ - every 24 months³		
Non-Elective (Medically Necessary) - Hard ⁶	100%	up to a maximum of \$200
Non-Elective (Medically Necessary) - Soft ⁶	100%	up to a maximum of \$250
Elective (Cosmetic/Convenience) - Hard/Soft	up to a maximum of \$120	up to a maximum of \$120
Plano (Non-Prescription) Sunglasses^{5, 7}	up to a maximum of \$100 ⁴	Not Covered
Diabetes Management Referral⁸	100%	Not Covered

* Pending regulatory approval.

Accessing your vision benefits is easy, just follow these steps:

1. Prior to receiving a service, review your benefit information outlined in the chart on the previous page.
2. Call and make an appointment with a network provider.
Or:
 3. Login to My2020EyesDirect.com to access the online network provider.
 - a. Log on using the primary subscriber's ID or Social Security Number and the name of the person who is getting the glasses.
 - b. Create an account.
 - c. Select a frame and the type of lenses.
 - d. Complete the online form (a prescription form is what the optometrist or ophthalmologist would fill out), and fax or send a copy of the prescription to the network provider for verification or authorize the network provider to contact your Ophthalmologist or Optometrist.
 - e. Lens and frame costs will be reduced by your covered benefit amounts.

Or:

If you use a non-network provider, you're required to pay the provider's bill at the time of service. You can get reimbursement by obtaining a claim form from your employer or by logging on to blueshieldca.com. Click *download form* and select the *Vision Benefit Claim Form* link. Complete and submit the claim form with the itemized receipt and a copy of your prescription to:

Blue Shield of California Life & Health Insurance Company
P.O. Box 25208
Santa Ana, CA 92799-5208

Find a network provider nearest you by going to the *Find a Provider* section on blueshieldca.com, or calling Member Services at **(877) 601-9083**. You'll find a complete listing of ophthalmologists, optometrists, and opticians.

You will be reimbursed for your expenses up to the maximum payment allowed (see table on previous page). Note that when your dependents submit a claim form for reimbursement, payment will be made to you. Be sure to use your Blue Shield member identification number when filling out the form.

LASIK discount program⁹

LASIK and PRK correction surgery, an alternative to contacts or glasses, is one of the fastest-growing vision treatments. The discount program gives covered employees access to:

- A 15% discount through the TLCVision provider network in California, or
- A 20% discount through the QualSight provider network in California.

Discount Vision Program⁹

Vision plan members can receive a 20% discount off the published retail prices when they use a participating California provider in the Discount Vision Program network for these services and supplies:

<ul style="list-style-type: none">• Routine eye examinations• Frames and lenses• Photochromic lenses• Hard contact lenses	<ul style="list-style-type: none">• Tints and coatings• Extra pair of glasses• Non-prescription sunglasses
--	--

Your vision coverage is underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life) and administered by a contracted vision plan administrator.

This is only a summary of the Blue Shield Life Specialty DuoSM Vision Plan. Please refer to the *Policy* for a detailed description of covered benefits and limitations.

- 1 California and Nationwide vision providers are available by arrangement through a contracted vision plan administrator.
- 2 Fit any frame with an eye size less than 61 mm.
- 3 A change in standard lenses (excludes unusual lenses, such as oversize, no-line bifocal, or a material other than ordinary plastic) or contact lenses is permitted per 12-month period if required by qualified prescription change. A change in prescription of 0.50 diopters or more in one or both eyes; a shift in axis of astigmatism of 15 degrees; a difference in vertical prism greater than one prism diopter; or a change in lens type.
- 4 When the network provider uses wholesale or warehouse pricing, the maximum allowable frame allowance will be as follows: wholesale allowance: \$66.04, warehouse allowance \$69.09. Network providers using wholesale or warehouse pricing are identified in the Directory of Network Vision Providers. You pay any cost above the allowed amount.
- 5 In lieu of lenses and frame.
- 6 A report from the provider and prior authorization from a contracted vision plan administrator is required.
- 7 For insured persons 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.
- 8 The diabetes disease management referral program is available to employees who enroll in both Blue Shield medical and vision coverage.
- 9 The network of practitioners and facilities in the discount programs are managed by the external program administrators identified below, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy. Nor does Blue Shield make any recommendations, representations, claims, or guarantees regarding the practitioners, their availability, fees, services, or products.

Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Insured persons should access those covered services prior to using the discount program.

Insured persons who are not satisfied with products or services received from the discount program may use Blue Shield's grievance process described in the Grievance Process section of the Certificate of Insurance or policy. Blue Shield reserves the right to terminate this program at any time without notice.

Discount programs administered by or arranged through the following independent companies:

1. Discount Vision program - MESVision
2. LASIK Discount Program:
 - a. Laser Eye Care of California, LLC (within California) and TLCVision (USA) Corporation (outside California)
 - b. QualSight, Inc. (within California)