

dental and term life insurance coverage

Dental coverage

Complete your Blue Shield health coverage with an affordable dental plan.

Because dental health is an important part of your total wellness, we offer a range of affordable HMO and PPO dental plans to fit your dental needs and complement a Blue Shield health plan. And when purchased together, you can enjoy the added convenience of combined billing, while strengthening your overall health coverage.

If you are not enrolled in a Blue Shield plan but still want dental coverage, you can enroll in a Blue Shield of California Life & Health Insurance Company (Blue Shield Life) Value SmileSM PPO or SmileSM PPO plan. Further details provided in the benefit section of this booklet.

Blue Shield Dental plan highlights

HMO – Choose a provider from our dental HMO provider network for all of your family's dental care.

PPO – Blue Shield PPO Plans allow the freedom to choose any dental provider, in and out of network. Out-of-pocket costs for covered services are lowest when you receive care from the extensive network provider selection.

Dental plans offered with Blue Shield medical plans*

Dental HMO	Value Smile SM PPO ¹	Dental PPO
Provides a full range of dental services with fixed member copayments.	Provides preventive, diagnostic dental care, plus some minor restorative services; designed to aid in reduction of future costly services.	Provides extensive protection including orthodontic benefits.
Network plan features <ul style="list-style-type: none"> • Access to over 8,600 dental provider locations in California² • Two annual teeth cleanings, including annual X-rays, for \$0 • Low, fixed copayments for basic and major services • No waiting periods with exception of orthodontics, which has a 12-month waiting period • Orthodontic benefits for children and adults • No deductibles or calendar-year maximums • Specialty care services available with referral from your primary dental provider 	Network plan features <ul style="list-style-type: none"> • Access to nearly 20,000 general and specialty care providers in California² • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments for basic services • No coverage for major services • Fixed copayments when using network dentists • No waiting periods • \$25 calendar-year deductible per member • \$500 calendar-year benefit maximum per member³ • Enhanced dental services for pregnant women 	Network plan features <ul style="list-style-type: none"> • Access to nearly 20,000 general and specialty care providers in California² • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments for basic and major services • Fixed copayments when using network dentists • No waiting period for diagnostic or preventive services • 3 months waiting period for minor services and 12 months waiting period for major restorative and orthodontic services • Orthodontic benefits for children and adults • \$50 calendar-year deductible per member • \$1,000 calendar-year benefit maximum per member, of which \$500 per member, per year can be used for non-network benefits³ • Enhanced dental services for pregnant women

Footnotes on the following page.

Blue Shield Dental plan highlights (continued)

PPO – Blue Shield Life's PPO Plans allow the freedom to choose any dental provider, in and out of network. Out-of-pocket costs for covered services are lowest when you receive care from the extensive network provider selection.

Dental plans offered independent of Blue Shield medical plans*

SmileSM PPO¹ Provides comprehensive dental benefits at an attractive rate.	Value Smile PPO¹ Provides preventive, diagnostic dental care, plus some minor restorative services; designed to aid in reduction of costly future services.
Network plan features <ul style="list-style-type: none"> • Access to nearly 20,000 general and specialty care providers in California² • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments for basic and major services • Fixed copayments when using network dentists • No waiting period for diagnostic or preventive services • 6 months waiting period for minor services and 12 months waiting period for major restorative and orthodontic services • Orthodontic benefits for children and adults • \$50 calendar-year deductible per member • \$1,000 calendar-year benefit maximum per member, of which \$500 per member, per year can be used for non-network benefits³ • Enhanced dental services for pregnant women 	Network plan features <ul style="list-style-type: none"> • Access to nearly 20,000 general and specialty care providers in California² • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments for basic services • No coverage for major services • Fixed copayments when using network dentists • No waiting periods • \$25 calendar-year deductible per member • \$500 calendar-year benefit maximum per member³ • Enhanced dental services for pregnant women

Monthly rates

Please note: Monthly rates for the dental HMO and dental PPO plans are in addition to the monthly rates for medical benefits covered by the Blue Shield health plan.

Monthly rates	Dental plans offered with Blue Shield medical plans			Dental plans offered independent of Blue Shield medical plans	
	Dental HMO	Value Smile SM PPO ¹	Dental PPO	Smile SM PPO ¹	Value Smile PPO ¹
Adult/child	\$17.80	\$21.40	\$36.10	\$39.70	\$21.40
Adult and spouse/ domestic partner	\$35.50	\$45.30	\$76.30	\$83.90	\$45.30
Adult and child	\$31.40	\$32.40	\$54.60	\$60.10	\$32.40
Adult and children	\$36.60	\$48.40	\$81.40	\$89.50	\$48.40
Family	\$69.00	\$75.30	\$126.80	\$139.50	\$75.30

1 Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Must be a California resident under the age of 65 to be eligible for enrollment in these plans. Pending regulatory approval.

If you choose Dental PPO or Dental HMO:

You will receive one bill that combines your health, dental and, if applicable, life insurance premiums.

If you choose Value Smile PPO or Smile PPO:

You will receive one bill for your dental coverage. If you also have other Blue Shield health or life insurance coverage, then your health and life insurance premiums will be presented on a separate bill.

If you select an HMO medical plan, your dental HMO plan and health coverage effective dates must be the first of the month. No benefits are paid for services received before the effective date. If you select a PPO medical plan along with a dental HMO or dental PPO plan, you may request any effective date for both plans.

* To be eligible for a dental plan, you must be a California resident and under age 65 at the time of enrollment. If you had a Blue Shield individual and family dental plan cancelled, you must wait 12 months from the date of cancellation before you can reapply.

1 Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Pending regulatory approval.

2 Dental providers in California are contracted through a dental plan administrator.

3 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.

Dental plans available with Blue Shield medical plans

Dental PPO and Dental HMO Highlights Matrix

This chart is only a summary. For a complete list of the benefits, exclusions and limitations of the dental PPO or dental HMO, please refer to the Supplement to the Service Agreement/Policy for your health plan. For a complete description of the Access+ Dentist feature, please see the Access+ HMO Service Agreement. We will automatically send you a copy of the applicable Supplement when your health plan application is approved. To have a Supplement sent sooner, please call (800) 431-2809.

	Access+ Dentist	Dental HMO ^{2,3}	Value Smile PPO ^{†4}		Dental PPO ^{4,5}	
Calendar-year deductible	\$0	\$0	\$25 per person		\$50 per person	
Calendar-year maximum	\$0	\$0	\$500 ^{††}		\$1,000 (\$500 maximum may be used for non-network dentists) ^{††}	
Service	Access+ HMO members pay:¹	You pay:	With network dentists, you pay:	With non-network dentists the plan reimburses you up to:	With network dentists, you pay:	With non-network dentists the plan reimburses you up to:
Diagnostic services						
Comprehensive oral exams	\$20 (Plus \$10 for full-mouth series X-rays)	\$0	\$0	\$40	\$0	\$40
Preventive care						
Prophylaxis (cleanings, one every 6 months)						
Adult	\$20	\$0	\$0	\$48	\$0	\$48
Child	\$20	\$0	\$0	\$34	\$0	\$34
Sealant/per tooth⁷ (covered to age 16)	\$10	\$11	\$0	\$22	\$0	\$22
Restorative Services⁵						
One-surface composite (filling)	80%**	\$18	\$37	\$30	\$37	\$30
Crown (porcelain fused to noble metal)	80%**	\$300*	Not covered	Not covered	\$320	\$256
Endodontics⁵						
Anterior root canal	80%**	\$155	Not covered	Not covered	\$156	\$125
Molar root canal	Not covered	\$290	Not covered	Not covered	\$234	\$187
Periodontics⁵						
Osseous surgery/per quadrant	Not covered	\$303	Not covered	Not covered	\$263	\$210
Periodontal root planing/ per quadrant	80%**	\$75	Not covered	Not covered	\$65	\$52
Prosthetics⁵						
Bridge pontic/false tooth – high noble metal (per unit)	80%**	\$300*	Not covered	Not covered	\$293	\$234
Bridge retainer – porcelain fused to high noble metal (per unit)	80%**	\$300*	Not covered	Not covered	\$313	\$250
Complete denture (upper or lower)	80%**	\$400	Not covered	Not covered	\$388	\$310
Oral Surgery⁵						
Extraction (single tooth)	80%**	\$34	Not covered	Not covered	\$40	\$32
Removal of impacted tooth (complete bony)	Not covered	\$125	Not covered	Not covered	\$113	\$90
Services for pregnant women⁸ (not subject to plan deductibles with network dentists)	Not covered	Not covered	\$0	\$48	\$0	100% of charge
Orthodontics^{3,5,9}						
Fully banded (two year) case – child	Not covered	\$2,350***	Not covered	Not covered	\$2,350***	Not covered
Fully banded (two year) case – adult	Not covered	\$2,650***	Not covered	Not covered	\$2,650***	Not covered

Note: Diagnostic and preventive services are not subject to plan deductibles.

Dental plans available independent of Blue Shield medical plans

Dental PPO Highlights Matrix

This chart is only a summary. For a complete list of the benefits, exclusions and limitations of the dental PPO plans, please refer to the Supplement to the Service Agreement/Policy for your health plan.

	Smile PPO ^{4,6}		Value Smile PPO ^{†4}	
Calendar-year deductible	\$50 per person		\$25 per person	
Calendar-year maximum	\$1,000 (\$500 maximum may be used for non-network dentists) ^{††}		\$500 ^{††}	
Service	With network dentists, you pay:	With non-network dentists the plan reimburses you up to:	With network dentists, you pay:	With non-network dentists the plan reimburses you up to:
Diagnostic services				
Comprehensive oral exams	\$0	\$40	\$0	\$40
Preventive care				
Prophylaxis (cleanings, one every 6 months)				
Adult	\$0	\$48	\$0	\$48
Child	\$0	\$34	\$0	\$34
Sealant/per tooth⁷ (covered to age 16)	\$0	\$22	\$0	\$22
Restorative Services⁶				
One-surface composite (filling)	\$37	\$30	\$37	\$30
Crown (porcelain fused to noble metal)	\$320	\$256	Not covered	Not covered
Endodontics⁶				
Anterior root canal	\$156	\$125	Not covered	Not covered
Molar root canal	\$234	\$187	Not covered	Not covered
Periodontics⁶				
Osseous surgery/per quadrant	\$263	\$210	Not covered	Not covered
Periodontal root planing/per quadrant	\$65	\$52	Not covered	Not covered
Prosthetics⁶				
Bridge pontic/false tooth – high noble metal (per unit)	\$293	\$234	Not covered	Not covered
Bridge retainer – porcelain fused to high noble metal (per unit)	\$313	\$250	Not covered	Not covered
Complete denture (upper or lower)	\$388	\$310	Not covered	Not covered
Oral Surgery⁶				
Extraction (single tooth)	\$40	\$32	Not covered	Not covered
Removal of impacted tooth (complete bony)	\$113	\$90	Not covered	Not covered
Services for pregnant women⁸ (not subject to plan deductibles with network dentists)	\$0	100% of charge	\$0	\$48
Orthodontics^{3,6,9}				
Fully banded (two year) case – child	\$2,350***	Not covered	Not covered	Not covered
Fully banded (two year) case – adult	\$2,650***	Not covered	Not covered	Not covered

Note: Diagnostic and preventive services are not subject to plan deductibles.

Dental footnotes

† Orthodontic benefits are not available with the Value Smile PPO plan.

†† Each calendar-year, the member is responsible for all charges incurred after the plan has paid these amounts for dental services.

* You pay the copayment plus the cost of precious or semi-precious metals.

** Based on the attending dentist's billed charges.

*** You pay the copayment plus up to \$250 for records.

1 Services available only when you use Access+ Dentist. (Access+ Dentists are listed in the Blue Shield Directory of Access+ Dentists.)

2 All services must be performed, prescribed or authorized by your dentist, chosen from the Blue Shield Dental HMO Dental Provider Directory. If you need to see a specialist, you must get a referral from your dental provider to receive covered services.

3 Dental HMO members have a 12-month waiting period for orthodontics. (There are no waiting periods for other covered services.)

4 Use any network dentist to take advantage of contracted rates and pay lower out-of-pocket costs. When you use dentists who are not in our network, the plan reimburses up to the amount listed and you are responsible for all charges in excess of that amount and your calendar-year deductible.

5 Dental PPO members have certain waiting periods: three months for minor restorative services and procedures (such as fillings), endodontics, periodontics and oral surgery; 12 months for major restorative services and procedures (such as crowns), orthodontics, and removable and fixed prosthetics.

6 Smile PPO members have certain waiting periods: six months for minor restorative services and procedures (such as fillings), endodontics, periodontics and oral surgery; 12 months for major restorative services and procedures (such as crowns), orthodontics, and removable and fixed prosthetics.

7 Coverage for sealants is limited to the first and second permanent molars.

8 One additional routine adult prophylaxis (including periodontal prophylaxis for gingivitis) for women during pregnancy and one periodontal maintenance visit if warranted by a history of periodontal treatment and one course (up to four quadrants) of periodontal scaling and root planing for women during pregnancy with a documented existing periodontal condition. Value Smile PPO covers one additional routine adult prophylaxis only.

9 Orthodontic services have a fixed patient copayment and do not apply to your \$1,000 network plan maximum.

PLEASE NOTE: Value Smile PPO, Dental PPO, Smile PPO, and Dental HMO plan benefits supersede Access+ *Dentist* and EssentialSM plans' dental benefits. If you're an Access+ HMO[®] or Essential plan member and you purchase a dental PPO or dental HMO plan, you will receive the more generous benefits of the plan you have chosen, and will not receive any of the dental benefits of Access+ HMO or the Essential plan.

Individual term life insurance coverage

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

Blue Shield Life can help you prepare for the unexpected. We offer the financial protection and security of \$10,000, \$30,000, \$60,000 or \$90,000 in term life insurance. In addition, life insurance can be continued beyond the termination of your health plan.

Monthly rates

Age range	Amount of insurance			
	\$10,000	\$30,000	\$60,000	\$90,000
1 to 18*	\$1.95	\$2.95	N/A	N/A
19 to 29	\$2.75	\$5.35	\$9.25	\$13.15
30 to 39	\$3.05	\$6.25	\$11.05	\$15.85
40 to 49	\$5.85	\$14.65	\$27.85	\$41.05
50 to 59	\$13.85	\$38.65	\$75.85	\$113.05**
60 to 64	\$20.45	\$58.45	\$115.45	\$172.45**

* Those under age 19 are not eligible for \$60,000 and \$90,000 benefit amounts.

** \$90,000 benefit amount is not available for new sales to those age 50 years or older. These members can purchase \$10,000, \$30,000 and \$60,000 in coverage. Existing members who reach age 50 are eligible to keep their original coverage until age 65.

Please note: Individual term life insurance is available to primary subscribers (ages 1 to 64) of any Blue Shield health plan except those members of Blue Shield guaranteed-issue plans for individuals and families including child subscriber plans. All plans terminate at age 65.

