

# Affordable dental plan and package options for Medicare Supplement plan members

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Blue Shield of California rates effective: April 1, 2018

# Something to smile about

## Make the choice, make it Blue Shield

As a Blue Shield Medicare Supplement plan member, you're eligible for dental or combined dental + vision coverage. Blue Shield offers two comprehensive dental PPO plans and a dental and vision plan package – Specialty Duo<sup>SM</sup>\*<sup>1</sup> – that includes comprehensive dental and vision coverage to give you the additional protection that both your mouth and eyes deserve.

## Good reasons to enroll

### Dental plan advantages:

- An extensive network of more than 37,000 general and specialty care dentist locations in California, and over 297,500 nationwide<sup>2</sup>
- Three annual teeth cleanings, plus annual X-rays and oral cancer screening covered at 100% when using network providers
- No waiting period for dental checkups, cleanings, fillings, X-rays or basic services
- Wide range of major restorative dental services and procedures, including crowns, endodontics, periodontics, oral surgery and prosthetics at low network rates<sup>3</sup>

### Specialty Duo<sup>SM</sup> dental + vision package advantages:

- Includes all dental benefits of the Dental PPO 1500 plan
- Access to more than 6,700 ophthalmologists, optometrists, opticians and retail stores in California, and over 22,000 locations nationwide<sup>2</sup>
- A \$0 copayment for annual eye exam
- A \$25 copayment for materials such as lenses and low-vision aids
- A \$100 frame allowance that can be used toward any pair of frames
- Benefit for non-prescription sunglasses for members who have had LASIK or PRK surgery

## Get covered

When you consider it, you can't afford to be without dental or dental + vision coverage. And with Blue Shield's dental plans, you can have the dental or the dental + vision coverage you've always wanted.

### Monthly rates effective April 1, 2018:

	Specialty Duo dental + vision package <sup>*1</sup>	Dental PPO 1500	Dental PPO 1000
Individual	\$61.90	\$49.80	\$40.70

### Did you know?

You may be surprised to learn that more than 90% of all common diseases have oral symptoms.<sup>4</sup> In addition, eye exams can often detect serious chronic conditions such as diabetes, hypertension, and high cholesterol.<sup>5</sup> Whether you need treatment or just want preventive care, it's never too late to get on track and choose a Blue Shield dental or combined dental + vision coverage to help maintain your overall health.

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

## Choose from two dental PPO plans and the dental + vision package

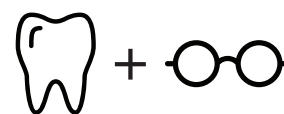
With a Blue Shield dental PPO plan, you'll have the freedom to choose any dentist you want. However, your out-of-pocket costs for covered services will be lower when using a network dentist versus a non-network dentist. For more details, please refer to the following dental plan chart for the dental plan that suits you best.

### Dental PPO highlights matrix

The following information is intended to help you compare coverage benefits, and is a summary only. You should consult the *Evidence of Coverage and Health Service Agreement* for a detailed description of coverage benefits and limitations.

Dental PPO highlights				
	Dental PPO 1500		Dental PPO 1000	
<b>Calendar-year deductible</b> (per member)	\$50/person		\$75/person	
<b>Calendar-year maximum</b>	\$1,500 (\$1,000 may be used for non-network dentist) <sup>6</sup>		\$1,000 (\$750 may be used for non-network dentist) <sup>6</sup>	
<b>Service</b>	<b>With network dentist, Blue Shield pays:</b>	<b>With non-network dentist,<sup>7</sup> Blue Shield pays:</b>	<b>With network dentist, Blue Shield pays:</b>	<b>With non-network dentist,<sup>7</sup> Blue Shield pays:</b>
<b>Diagnostic and preventive care</b> (not subject to plan deductibles with network dentists; includes routine oral exams, X-rays, and three teeth-cleanings annually)	100%	80%	100%	50%
<b>Basic services</b> (includes anesthesia, palliative treatment, and restorative dentistry)	80%	70%	50%	50%
<b>Major services<sup>3</sup></b> 12-month waiting period (includes crown buildups, endodontics, periodontics, oral surgery, crowns, prosthetics, inlays, onlays, jacket, posts and cores, and veneers)	50%	50%	50%	50%

# Specialty Duo dental + vision package for Medicare Supplement plan members<sup>\*,1</sup>



Want convenience? We've combined the benefits of the Dental PPO 1500 plan with comprehensive vision benefits into a single package. With the Specialty Duo dental + vision package, you also get the freedom to choose the providers of your choice, with access to one of the state's largest dental networks and one of the state's largest vision networks. For more details of the dental and vision components of this package, please refer to the benefit highlights below.

## Specialty Duo dental plan<sup>\*,1</sup> highlight matrix

Offers the same benefits highlight as those of the Dental PPO 1500 plan. See the highlights matrix on page 2. For a complete list of the benefits, exclusions, and limitations of the Specialty Duo dental plan, please refer to the *Specialty Duo Dental plan for Medicare Supplement members policy* you will receive with your ID card and welcome kit.

## Specialty Duo vision plan<sup>\*,1</sup> highlight matrix

This chart is only a summary. For a complete list of the benefits, exclusions, and limitations of the Specialty Duo vision plan, please refer to the *Specialty Duo Vision plan for Medicare Supplement members policy* you will receive with your ID card and welcome kit. There is a 90-day waiting period for vision care services.

Service and eyewear	Plan coverage when provided by network providers	Plan coverage when provided by non-network providers
<b>Comprehensive examination – every 12 months</b>		
Ophthalmologic	100%	Up to a maximum of \$60
Optometric	100%	Up to a maximum of \$50
<b>Lenses<sup>8,9</sup> – every 24 months (or 12 months with a prescription change)</b>		
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 or lenticular monofocal	100%	Up to a maximum of \$120
Aphakic or lenticular multifocal	100%	Up to a maximum of \$200
<b>Frame – every 24 months</b>	Up to a maximum of \$100 <sup>10</sup>	Up to a maximum of \$40
<b>Contact lenses<sup>9,11</sup> – every 24 months (or 12 months with a prescription change)</b>		
Non-elective (medically necessary) <sup>13</sup>		
Hard	100%	Up to a maximum of \$200
Soft	100%	Up to a maximum of \$250
Elective contact lenses (cosmetic/convenience)	Up to a maximum of \$120	Up to a maximum of \$120
<b>Plano sunglasses<sup>11,13</sup> (non-prescription)</b>	Up to a maximum of \$100 <sup>11</sup>	Not covered

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

## For Household Savings Program

If you are enrolled in a Medicare Supplement plan with household savings, you may enjoy the convenience of a single bill for you and your other household member. Keep the same convenience when you choose your dental plan by matching your dental plan or dental + vision package enrollment with your Medicare Supplement plan enrollment. You and your other household member need to select and enroll in the same dental PPO plan or dental + vision package.

If only one of you wants to enroll in the dental PPO plan or dental + vision package, or if you each want different plans, you will lose your Household Savings for your Medicare Supplement plans. To enroll in the dental plans in this way, you will need to change your Household Savings Program contract to two individual contracts, then select the dental PPO or dental + vision package for each of you.

## Become a member today!

If you are applying to become a Medicare Supplement plan member, sign up for a Blue Shield dental plan or the Specialty Duo dental + vision package by selecting a plan on the Medicare Supplement plan application. If you're already a Blue Shield Medicare Supplement plan subscriber, please fill out the separate application for our dental and dental + vision plans.

If you have questions, contact your Blue Shield agent today or call toll-free **(877) 890-7587**, 9 a.m. to 4:30 p.m. TTY users can call toll-free **711**, 8 a.m. to 6 p.m. weekdays, excluding holidays.

To find a dentist or vision care provider, or see if your dentist or vision care provider is in our network, visit **blueshieldca.com** and click on *Find a Provider*. Or for a list of dentists call **(888) 679-8928** or for a list of vision care providers call **(877) 601-9083**.

## Endnotes

- 1 Specialty Duo package includes both Specialty Duo dental plan and Specialty Duo vision plan for Medicare Supplement plan members.
- 2 Dental providers in and out of California are available through a contracted dental plan administrator. Vision providers in and out of California are available through a contracted vision plan administrator.
- 3 Dental PPO 1000, Dental PPO 1500, and Specialty Duo dental plan for Medicare Supplement plan members have a 12-month waiting period for major restorative services and procedures (such as crowns), endodontics, periodontics, oral surgery and removable or fixed prosthetics.
- 4 "Prevent Oral Health Problems: Visit a Dentist Twice a Year," Academy of General Dentistry, January 2007.
- 5 "The Eyes are the Windows to Wellness," Employee Benefit News, August 1, 2009.
- 6 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.
- 7 The coinsurance percentage indicated is a percentage of allowed amounts that we pay to providers. Non-network providers can charge more than our allowable amount. When members use non-network providers, they must pay the applicable copayment/coinsurance plus any amount that exceeds our allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or copayment maximum.
- 8 Each pair of lenses includes a pink or rose tint No. 1 or No. 2 in the allowance and up to 61mm in size.
- 9 A prescription change means any of the following: a change in prescription of 0.50 diopter or more; a shift in axis of astigmatism of 15 degrees; a difference in vertical prism greater than 1 prism diopter; or a change in lens type.
- 10 When the participating provider uses wholesale or warehouse pricing, the maximum allowable frame allowance will be as follows: wholesale allowance – \$66.04; warehouse allowance – \$69.09. Note that this pricing replaces the frame allowance shown in the Summary of Benefits. Network providers using wholesale or warehouse pricing are identified in the Directory of Network Vision Providers. You pay any cost above the allowed amount.
- 11 In lieu of lenses and frame.
- 12 A report from the provider and prior authorization from a contracted vision plan administrator is required.
- 13 For members 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. Available once every 24 months in lieu of other frames and lenses.