

# Affordable dental plan options for Blue Shield members

January 1 – December 31, 2018

Blue Shield offers two optional supplemental dental plans to Blue Shield 65 Plus<sup>SM</sup> (HMO), Blue Shield 65 Plus Choice Plan (HMO), and Blue Shield Trio Medicare (HMO) members. Members can choose between an optional supplemental dental HMO<sup>1</sup> plan and a dental PPO plan. Below is a brief description of the two plan options:

- The HMO plan has a low monthly premium of \$13.20 and offers defined member out-of-pocket costs.
- The PPO plan lets you choose from a more extensive list of participating dentists, but you will pay a higher monthly premium of \$34.90.

## Six good reasons to enroll in the optional supplemental dental HMO plan

- Many annual preventive and diagnostic care services, such as teeth cleaning and X-rays, are available at a low or no cost to you.
- No deductibles or annual benefit limits.
- Fixed copayments for basic and major services.
- No waiting period for most services.
- Specialty care provider services are available with a referral from your primary dental provider.<sup>2</sup>
- Virtually no claim forms!

## Six good reasons to enroll in the optional supplemental dental PPO plan

- Choose from any of the over 44,187 general and specialist dentists for maximum coverage. If your own dentist is not in-network, you can keep seeing him/her, or other non-network dentists, and still get coverage.
- Specialist care available with NO referral needed from your dentist.<sup>2</sup>
- A wide range of dental benefits, including 100% coverage for network diagnostic and preventive services.
- Only a 6-month waiting period for major services.
- No claim forms if you go to a network dentist.
- Coverage for three cleanings every year.

## Enroll today!

Sign up for dental coverage by filling out the optional supplemental dental HMO or PPO plan enrollment form and sending it to us at the fax or address provided on the enrollment form. You can enroll for the first time in either plan when you enroll in your Blue Shield Medicare Advantage Plan, or anytime after!

If you have questions about how this coverage may compare to coverage you already have, contact your broker or call Member Services at **(800) 776-4466** [TTY: **711**], 8 a.m. to 8 p.m., seven days a week, from October 1 through February 14, and 8 a.m. to 8 p.m., weekdays, from February 15 through September 30.

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[blueshieldca.com](http://blueshieldca.com)



It's easy to find a dentist or see if your current dentist is in our network by going online. Visit [blueshieldca.com/find-a-doctor](https://blueshieldca.com/find-a-doctor), choose *Dentists*, and when asked if you have a plan in mind, select the applicable Blue Shield 65 Plus Optional Dental Plan (HMO or PPO).

	Optional supplemental dental HMO	Optional supplemental dental PPO	
<b>Monthly optional supplemental dental plan premium</b>	\$13.20	\$34.90	
<b>Calendar-year deductible (not applied to diagnostic and preventive services)</b>	None	\$50	
<b>Calendar-year maximum<sup>3</sup></b>	\$1,000 for covered endodontic, periodontic and oral surgery services when performed by an in-network dental specialist.	\$1,500 for covered preventive and comprehensive dental services combined, no matter if the services are performed by a participating general dentist or a dental specialist. Up to \$1,000 of this maximum amount may be used for covered preventive and comprehensive dental services performed by non-participating dentists in a calendar year. You pay any amount above the \$1,500 calendar-year benefit maximum.	
Waiting period for major services	None	6 months	
<b>Network access</b>	<b>Participating dentists only</b>	<b>Participating dentists</b>	<b>Non-participating dentists</b>
<b>Summary list of services covered (ADA code)<sup>4</sup></b>	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>
<b>Diagnostic services</b>			
Comprehensive oral evaluation (D0150)	\$5 copay	0%	20%
X-rays – intraoral complete series (including bitewings) – once every 6 months (D0210)	\$0 copay	0%	20%
<b>Preventive care</b>			
Prophylaxis – adult (cleanings), (D1110)	\$5 copay (one every 6 months)	0% (one every 4 months)	20%
<b>Restorative services</b>			
One surface composite resin restoration – anterior (D2330)	\$11 copay	20%	30%
Crown (porcelain fused to noble metal) (D2750)	\$275 <sup>5</sup> copay	50%	50%
<b>Endodontics<sup>6</sup></b>			
Anterior root canal therapy (D3310)	\$195 copay	50%	50%
Molar root canal therapy (D3330)	\$335 copay	50%	50%
<b>Periodontics<sup>6</sup></b>			
Osseous surgery/four or more teeth per quadrant (D4260)	\$293 copay	50%	50%
Periodontal scaling & root planing/four or more teeth per quadrant (D4341)	\$45 copay	50%	50%

Summary list of services covered (ADA code) <sup>4</sup>	You pay	You pay	You pay
<b>Prosthetics</b>			
Bridge pontic/false tooth – porcelain fused to high noble metal (per unit) (D6240)	\$210 <sup>5</sup> copay	50%	50%
Bridge retainer – crown porcelain fused to high noble metal (per unit) (D6750)	\$275 <sup>5</sup> copay	50%	50%
Complete denture (upper or lower) (D5110 or D5120)	\$285 copay	50%	50%
<b>Oral surgery<sup>6</sup></b>			
Extraction (single erupted tooth) (D7111)	\$10 copay	50%	50%
Removal of impacted tooth (complete bony) (D7240)	\$80 copay	50%	50%

We want to keep you smiling, so send in your optional supplemental dental HMO or PPO enrollment form today!

- 1 The optional supplemental dental HMO plan is not available to Blue Shield 65 Plus members in San Luis Obispo (partial) and Santa Barbara (partial) counties.
- 2 Dental providers in California are available through a contracted dental plan administrator. Network numbers are as of June 2017.
- 3 All services must be performed, prescribed or authorized by a participating dentist. If you need to see a specialist and you are enrolled in the optional supplemental dental HMO plan, you must get a referral from your primary dentist to receive covered specialist services. Plan pays a maximum of \$1,000 per calendar year for covered specialist services. You are responsible for amounts above \$1,000. If you are enrolled in the optional supplemental dental PPO plan and you need to see a specialist, you may go directly to the specialist.
- 4 ADA codes are procedure codes established by the American Dental Association for efficient processing and reporting of dental claims.
- 5 You pay the copayment plus the cost of precious or semi-precious metals. Porcelain on molar crowns is not a covered benefit.
- 6 For the optional supplemental dental HMO plan, your copayment will be higher if these services are performed by a specialist.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium and, if applicable, your Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Choice Plan (HMO), and Blue Shield Trio Medicare (HMO) plan premium, in addition to the optional supplemental dental HMO or PPO plan premium.

Blue Shield of California is an HMO plan with a Medicare contract. Enrollment in Blue Shield of California depends upon contract renewal. This is an advertisement.