



more reasons to keep smiling

Dental and dental + vision coverage for
Medicare Supplement plan members

Effective January 1, 2012

As a Blue Shield Medicare Supplement plan member, you're eligible for dental or combined dental + vision coverage. Choose a quality plan that fits your needs. We offer three plan choices designed for the needs of members age 65 and older: two dental PPO plans and one combined dental + vision package. We want to keep you smiling.

Why enroll?

It's a fact that periodontal (gum) disease is linked to other serious health risks such as osteoporosis, heart disease, stroke, and diabetes. When you keep your mouth healthy, you're also keeping your body healthy.¹

Regular dental checkups can help prevent expensive procedures. Maintaining your dental health with a Blue Shield dental plan is the smart and affordable way to protect yourself against costly professional care.

Routine eye exams can also help detect both eye and systemic health issues. When detected early, many conditions can be managed more effectively – with less costly treatments and a better chance for a healthy outcome.

That's why we offer a dental and vision plan package called Specialty DuoSM*² that includes comprehensive dental and vision coverage to give you the additional protection that both your mouth and eyes deserve.

So, with Blue Shield's dental plans, you can have the dental or the dental + vision coverage you've always wanted, at a price you can afford!

More coverage at no extra cost!

As a dental PPO plan or Specialty Duo package for Medicare Supplement plan member, you'll be covered for a third annual teeth-cleaning benefit at no additional charge when using a network provider – that's one cleaning every four months. Instead of the typical twice-a-year cleaning schedule, this expanded benefit can help you protect your dental health while helping keep major dental services to a minimum.

Did you know...?

You may be surprised to learn that more than 90% of all common diseases have oral symptoms.³ In addition, eye exams can often detect serious chronic conditions such as diabetes, hypertension, and high cholesterol.⁴ 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.

Save with our dental plans and Specialty Duo package

It takes just a moment to see what a great value our dental PPO plans offer you. They can pay for themselves in the first year of coverage. The following charts show the potential savings of using a network dentist with either a Blue Shield dental PPO plan or the dental component of the dental + vision package.

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). This plan is pending regulatory approval.



Dental PPO plans

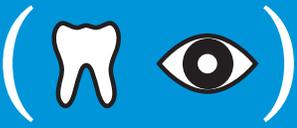
Estimated savings

| Description | Dental patients without coverage (standard list price for preventive visits) ⁵ | Blue Shield Dental PPO 1000 member out-of-pocket costs (\$35/month x 12 months) | Blue Shield Dental PPO 1500 member out-of-pocket costs (\$44/month x 12 months) |
|--------------------------------|---|---|---|
| Annual individual rates | \$ 0.00 | \$ 420.00 | \$ 528.00 |
| Annual exam | \$ 115.00 | \$ 0.00 | \$ 0.00 |
| Periodic exam | \$ 67.00 | \$ 0.00 | \$ 0.00 |
| 1st teeth cleaning | \$ 115.00 | \$ 0.00 | \$ 0.00 |
| 2nd teeth cleaning | \$ 115.00 | \$ 0.00 | \$ 0.00 |
| 3rd teeth cleaning | \$ 115.00 | \$ 0.00 | \$ 0.00 |
| Complete x-rays | \$ 162.00 | \$ 0.00 | \$ 0.00 |
| Your total cost | \$ 689.00 | \$ 420.00 | \$ 528.00 |
| Your first-year savings | | \$ 269.00 | \$ 161.00 |

The following chart compares costs during the second year of coverage, with potential savings for members needing more extensive dental care.⁶

Estimated additional savings

| Description | Dental patients without coverage (standard list price) ⁵ | Blue Shield Dental PPO 1000 member out-of-pocket costs (network dentist) | Blue Shield Dental PPO 1500 member out-of-pocket costs (network dentist) |
|---|---|--|--|
| Calendar-year deductible | \$ 0.00 | \$ 75.00 | \$ 50.00 |
| One filling | \$ 207.00 | \$ 41.50 | \$ 16.60 |
| Anterior root canal | \$ 947.00 | \$ 190.50 | \$ 190.50 |
| Crown (porcelain fused to noble metal) | \$1,351.00 | \$ 335.00 | \$ 335.00 |
| Bridge retainer | \$1,433.00 | \$ 373.00 | \$ 373.00 |
| Charges above the calendar-year benefit maximum | N/A | \$ 0.00 | \$ 0.00 |
| Your total cost | \$3,938.00 | \$ 1,015.00⁷ | \$ 965.10⁷ |
| Your savings if you have dental coverage | | \$2,923.00 | \$ 2,972.90 |



Specialty Duo dental + vision package² savings

Combining dental and vision needs, Blue Shield's Specialty Duo dental + vision package can save you money on a wide range of care with our network providers. The examples below show some potential savings in the first year of coverage when using a network dentist and vision care provider. See the Dental PPO 1500 plan in the chart on page 3 for additional potential savings during the second year of coverage for the dental component of the dental + vision package.

Estimated savings

| Description | Patients without coverage ⁵ | Specialty Duo dental + vision package ^{*2} out-of-pocket costs (\$57.50 x 12 months) |
|--------------------------------|--|---|
| Annual individual premium | \$ 0.00 | \$ 690.00 |
| Annual exam | \$ 115.00 | \$ 0.00 |
| Periodic exam | \$ 67.00 | \$ 0.00 |
| 1st teeth cleaning | \$ 115.00 | \$ 0.00 |
| 2nd teeth cleaning | \$ 115.00 | \$ 0.00 |
| 3rd teeth cleaning | \$ 115.00 | \$ 0.00 |
| Complete X-rays | \$ 162.00 | \$ 0.00 |
| Vision exam | \$ 73.00 | \$ 0.00 |
| Lenses | \$ 75.00 | \$ 25.00 |
| Frames | \$ 100.00 | \$ 0.00 |
| Total cost | \$ 937.00 | \$ 715.00 |
| Your first-year savings | | \$ 222.00 |

Smart reasons to sign up

Advantages

Key features of all Blue Shield dental plans:

- An extensive network of more than 21,000 general and specialty care dentists in California, and over 144,000 nationwide⁸
- Three annual teeth cleanings, plus annual X-rays and oral cancer screening covered at 100% when using network providers⁹
- 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 rates⁶
- A \$1,000 or \$1,500 per member, per calendar-year benefit maximum for dental network providers, of which up to \$750 or \$1,000 per member, per year can be used for non-network benefits (depending on dental plan chosen)¹⁰
- Choice of a low \$50 or \$75 dental deductible per member, per calendar year (depending on dental plan chosen)

Key features of the Specialty Duo dental + vision package²:

- Includes all dental benefits of the Dental PPO 1500 plan
- Access to more than 5,900 ophthalmologists, optometrists, opticians, and retail stores in California, and over 18,000 nationwide⁸
- Choice of network or non-network vision providers
- A \$0 copayment for eye exams
- A \$25 copayment for lenses and low-vision aids
- A \$100 frame allowance that can be used towards any pair of frames
- Coverage for an eye exam once every 12 months
- Coverage for lenses or contact lenses every 24 months, or 12 months with a prescription change
- Coverage for frames every 24 months
- Benefit for non-prescription sunglasses for members who have had LASIK or PRK surgery
- 90-day waiting period for vision care services

Strong value

The value of your plan increases further with any additional dental care you receive beyond your annual checkups when compared with the same dental care received without dental coverage up to the annual benefit maximum.

Making it easier

Blue Shield can be your single-source provider for medical and dental, or medical, dental + vision coverage.

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. Plus, your out-of-pocket costs for covered services will be lower when using a contracted network provider. For more details, please refer to the following dental plan chart to see 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 1500 | | Dental PPO 1000 | |
|--|---|--|---|--|
| Calendar-year (per member) | \$50/person | | \$75/person | |
| Calendar-year maximum | \$1,500 (\$1,000 may be used for non-network dentist) ¹⁰ | | \$1,000 (\$750 may be used for non-network dentist) ¹⁰ | |
| Service | Network dentist – Blue Shield pays | Non-network dentist ¹¹ – Blue Shield pays | Network dentist – Blue Shield pays | Non-network dentist ¹¹ – Blue Shield pays |
| Diagnostic and preventive care (not subject to plan deductibles with network dentists; includes routine oral exams, X-rays, and three teeth cleanings annually) | 100% | 80% | 100% | 50% |
| Basic services (includes anesthesia, palliative treatment, and restorative dentistry) | 80% | 70% | 50% | 50% |
| Major services⁶ 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^{*,2}

We've combined the benefits of the Dental PPO 1500 plan with comprehensive vision benefits into a single package for added convenience. 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^{*,2} highlight matrix

Offers the same benefits highlight as those of the Dental PPO 1500 plan. See the highlights matrix on page 6. 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*.

Specialty Duo vision plan^{*,2} 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*.

| Service and eyewear | Plan coverage when provided by network providers | Plan coverage when provided by non-network providers |
|---|--|--|
| Comprehensive examination – every 12 months | | |
| Ophthalmologic | 100% | Up to a maximum of \$60 |
| Optometric | 100% | Up to a maximum of \$50 |
| Lenses^{12,13} – every 24 months (or 12 months with a prescription change) | | |
| 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 |
| Frame – every 24 months | Up to a maximum of \$100 ¹⁴ | Up to a maximum of \$40 |
| Contact lenses^{13,15} – every 24 months (or 12 months with a prescription change) | | |
| Non-elective (medically necessary) ¹⁶ | | |
| 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 |
| Plano (non-prescription) sunglasses^{15,17} | Up to a maximum of \$100 ¹⁴ | Not covered |

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). This plan is pending regulatory approval.

For two-party agreement holders

If you are enrolled in a Medicare Supplement plan with a two-party agreement, you may enjoy the convenience of a single bill for you and your spouse or domestic partner. 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 spouse or domestic partner need to select and both enroll in the same dental PPO plan or dental + vision package to receive one bill that combines Medicare Supplement and dental PPO plan or dental + vision package rates.

If only one of you wants to enroll in the dental PPO plan or dental + vision package, or if you each want different plans, your two-party contract for the Medicare Supplement plan will be affected. In order to enroll in the dental plans in this way, you will need to change your two-party contract and rate to individual contracts and single-party rates, then select the dental PPO or dental + vision package for you and your spouse or domestic partner.

Pick a plan

Great news! As a current Blue Shield Medicare Supplement plan member, you automatically qualify for our Specialty Duo dental + vision package,^{*2} and Dental PPO 1500, and Dental PPO 1000 plans. The value you get with Blue Shield plans can help keep your cost for dental work and for vision care from taking a deep bite out of your wallet.

Monthly rates effective January 1, 2012:

| | Specialty Duo dental + vision package | Dental PPO 1500 | Dental PPO 1000 |
|-------------------------|---------------------------------------|-----------------|-----------------|
| Individual | \$ 57.50 | \$ 44.00 | \$ 35.00 |
| Two-party ¹⁸ | \$115.00 | \$ 88.00 | \$ 70.00 |

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). This plan is pending regulatory approval.

It's easy to apply

Just fill out the attached enrollment application, sign it, and fax it to us at **(209) 367-6490**, or mail it back to us today.

If you have any questions, please 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 **(888) 595-0000**, 8 a.m. to 6 p.m. weekdays, excluding holidays.

To locate a dental PPO dentist or a vision care provider nationwide, log in to **blueshieldca.com**, and click *Find a Provider*. Or for a list of dentists or a vision care provider in your area, contact Member Services at **(888) 679-8928** or TTY at **(888) 595-0000**, 8 a.m. to 5:30 p.m. Monday through Thursday, and 9 a.m. to 5:30 p.m. on Fridays, excluding holidays.

- 1 "Mouth – Body Connection," American Academy of Periodontology website: www.perio.org/consumer/mbc.top2.htm.
- 2 Specialty Duo package includes both Specialty Duo dental plan and Specialty Duo vision plan for Medicare Supplement plan members.
- 3 "Prevent Oral Health Problems: Visit a Dentist Twice a Year," Academy of General Dentistry, January 2007.
- 4 "The Eyes are the Windows to Wellness," Employee Benefit News, August 1, 2009.
- 5 The dental rates are based on a 90% average of fees charged in San Francisco by the 2011 National Dental Advisory Services. Vision costs are based on average out-of-pocket retail cost for vision exam, eyewear lenses, and frames.
- 6 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.
- 7 MAC is Maximum Allowable Charge of providers in the area. MAC payments shown are for San Francisco, California, as listed in the 2011 National Dental Advisory Service Comprehensive Fee Report. 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.
- 8 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.
- 9 The third annual teeth-cleaning benefit is available with the Dental PPO 1000, Dental PPO 1500, and Specialty Duo dental plan for Medicare Supplement plan members.
- 10 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.
- 11 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.
- 12 Each pair of lenses includes a pink or rose tint No. 1 or No. 2 in the allowance and up to 61 mm in size.
- 13 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.
- 14 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.
- 15 In lieu of lenses and frame.
- 16 A report from the provider and prior authorization from a contracted vision plan administrator is required.
- 17 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.
- 18 If you have a two-party Medicare Supplement plan contract, you and your spouse/domestic partner need to select and both enroll in the same dental PPO plan or dental + vision package in order to receive one bill that combines Medicare Supplement plan and dental PPO plan or dental + vision package rates.

Dental PPO Plan Enrollment Form for Blue Shield Medicare Supplement Plan Members

Subscriber name (first, last): _____

Blue Shield subscriber ID number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Medicare supplement plan contract type: Individual Two-party (see Section 2 below)

1. Dental plan option:

Dental PPO 1000 Dental PPO 1500 Specialty Duo dental + vision package*

2. Two-party enrollment: Must be completed if you have a two-party agreement. If you have a two-party Medicare Supplement plan contract with Blue Shield, you and your spouse or domestic partner need to both select and enroll in the same dental PPO plan or dental + vision package.

Important: If only one of you wants to enroll in a dental PPO plan or dental + vision package, or if you each want different dental PPO plans or dental + vision package (as indicated by selecting a different plan option in this Section 2), your two-party contract for the Medicare Supplement plan will be affected. If no dental plan is selected, or if a different dental plan option is selected for the spouse/domestic partner below, you are requesting Blue Shield to change your two-party contract and rate to individual contracts and single party rates.

Spouse/domestic partner name (first, last): _____

Spouse/domestic partner dental plan option:

Dental PPO 1000 Dental PPO 1500 Specialty Duo dental + vision package* None

3. Terms and conditions acknowledgment

Before submitting this enrollment form, please read the following acknowledgments and confirm your agreement with your signature and date below:

- a. I confirm that I am, or will be, at the time of enrollment in this dental PPO plan or dental + vision package, a Blue Shield Medicare supplement plan member.
- b. I understand that if my dental plan or dental + vision coverage is cancelled for any reason (by me or by Blue Shield), I will have to wait six months to reapply for coverage.
- c. I understand that if my Blue Shield Medicare Supplement plan coverage is terminated, this dental plan or dental + vision coverage will also terminate.
- d. I understand that Blue Shield will notify me of my effective date of coverage and any charges for services received prior to my effective date or after termination of coverage are not covered.

I have read the summary of benefits and each of the terms and conditions of coverage set forth above. I understand and agree to each of them. To the best of my knowledge and belief, information and confirmations provided on this form are correct and true.

Subscriber's signature _____ Date _____

Spouse/domestic partner's signature _____ Date _____

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). This plan is pending regulatory approval. Specialty Duo package includes both Specialty Duo Dental Plan and Specialty Duo Vision Plan for Medicare Supplement plan members.

Please fax or mail the completed and signed application to:

Installation & Membership, Blue Shield of California
P.O. Box 3008
Lodi, CA 95241-1912
Fax: (209) 367-6490

For internal use only

DSA name: _____

DSA number: _____

Producer number: _____

