

Effective 1/1/18

Individual and Family

Dental, vision & life insurance



Plan guide



We know you are tirelessly committed to your pursuit of good health and wellness – because when you feel great, you are unstoppable. That's why we're committed to providing you with access to affordable dental and vision care and a quality network of providers.

A complete plan is a better plan

There's more to good health than eating right, exercising and getting regular checkups. Taking care of your oral and visual health is just as important. That's why we offer a variety of dental and vision plans for you to choose from. If you're all about convenience, you can even get dental and vision* coverage in a single plan with Specialty DuoSM*

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

We also understand how important it is to protect your loved ones' financial security. Life insurance* from Blue Shield of California Life & Health Insurance Company can help offer protection at a time when they need it most.

Get a quote and apply at bscapply.com.

Smile, we've got your dental plan

Protect your smile with one of our PPO or HMO dental plans, and you'll enjoy a range of dental benefits including cleanings and X-rays for \$0, and access to more than 38,000 PPO or 26,000 HMO dentists in California.

Not sure which plan to choose? We can help. HMO plans generally cost less per month and have lower out-of-pocket costs for services compared with PPO plans. PPO plans, however, offer you more flexibility in your choice of dentists. So, if you value greater choice in dental

providers, and you're willing to pay a bit more, a PPO plan may be right for you. If you are more concerned with keeping costs down than you are about having a wider selection of dentists, an HMO plan may be right for you. Visit blueshieldca.com/fad to locate PPO or HMO dentists in your area.

Now that you have a high-level view of your choices, compare plan details on the next page and plan rates on page 4.

If you have children under age 19, their basic dental and vision needs are covered by the pediatric dental and pediatric vision benefits we include in every individual and family medical plan.

Dental plans	ENHANCED DENTAL HMO \$0	DENTAL HMO	ENHANCED DENTAL PPO 25/500	ENHANCED DENTAL PPO 50/1250	DENTAL PPO	SPECIALTY DUO DENTAL + VISION PACKAGE*
Monthly rates starting at	\$14.20	\$20.00	\$22.40	\$27.20	\$31.60	\$47.90
Benefit	With participating providers, members pay! ¹					
Diagnostic and preventive services (includes but is not limited to cleanings, X-rays, and initial and periodic oral examinations)	\$0	\$0	0%	0%	\$0 ²	\$0 ²
Restorative services – fillings (one surface resin composite, anterior)	\$20	\$18	20% ³	20% ³	\$37 ⁴	\$37 ⁴
Oral surgery (includes but is not limited to extraction of erupted tooth or exposed root)	\$75	\$70	20% ³	20% ³	\$40 ⁴	\$40 ⁴
Removal of impacted tooth (complete bony)	\$225	\$125	50% ⁵	50% ⁵	\$113 ⁴	\$113 ⁴
Root canal (anterior root canal)	\$175	\$155	50% ⁵	50% ⁵	\$156 ⁴	\$156 ⁴
Root canal (molar)	\$355	\$290	50% ⁵	50% ⁵	\$234 ⁴	\$234 ⁴
Crowns (full cast high noble metal)	\$350 ⁶	\$300 ⁶	50% ⁵	50% ⁵	\$320 ⁵	\$320 ⁵
Pontic (porcelain fused to high noble metal)	\$350	\$300	50% ⁵	50% ⁵	\$293 ⁵	\$293 ⁵
Orthodontics	\$2,350 for under age 26, fully banded, two years \$2,650 for age 26+, fully banded, two years	\$2,350 for under age 26, fully banded, two years ⁵ \$2,650 for age 26+, fully banded, two years ⁵	Not covered	Not covered	\$2,350 for under age 26, fully banded, two years ^{5,7} \$2,650 for age 26+, fully banded, two years ^{5,7}	\$2,350 for under age 26, fully banded, two years ^{5,7} \$2,650 for age 26+, fully banded, two years ^{5,7}
Periodontal scaling and root planing (four or more teeth)	\$75	\$55	50% ⁵	50% ⁵	\$65 ⁴	\$65 ⁴
Surgical placement of implant body – endosteal implant (procedure code D6010)	N/A	\$1,375	N/A	50% ⁵	\$612 ⁵	\$612 ⁵
Denture (full upper or lower)	\$400	\$400	50% ⁵	50% ⁵	\$388 ⁵	\$388 ⁵
Calendar-year deductible	\$0	\$0	\$25 per individual/ \$75 per family	\$50 per individual/ \$150 per family	\$50 per individual	\$50 per individual
Calendar-year benefit maximum	None	None	\$500 per individual	\$1,250 per individual	\$1,000 per individual	\$1,000 per individual

= Benefit is available prior to meeting any deductible.

= Benefit is subject to a deductible.

This chart is an overview of benefits. For additional benefit information including non-network benefits, cost for services, waiting periods, and exclusions and limitations, please see the *Summary of Benefits and Important Legal Information* booklets. To get these documents, just call us at **(888) 256-3650**.

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

- The amounts indicated are a percentage of the allowable amounts. Network providers accept Blue Shield's allowable amounts as payment in full for covered services.
- Diagnostic and preventive services do not apply to the calendar-year benefit maximum for this plan.
- There is a six-month waiting period for these services.

4 There is a three-month waiting period for these services.

5 There is a 12-month waiting period for these services.

6 If precious metals are used, the member will be charged at the dentist's cost. For Dental HMO, porcelain on molar teeth is subject to an additional charge of \$75.

7 Amounts do not accrue toward the calendar-year benefit maximum.

See the value of vision coverage

For as little as \$15 per month, you can get valuable vision coverage to help you pay for your future vision care needs. And with one of the largest vision networks in California – including private-practice optometrists and ophthalmologists as well as retail locations like LensCrafters and Target, wholesalers like Wal-Mart and warehouse chains like Costco – finding an eye doctor who's right for you should be easy. Visit blueshieldca.com/fad to locate eye doctors in your area.

Our vision plans allow you to order contact lenses online and give you access to a valuable LASIK discount via QualSight LASIK and NVision Laser Eye Centers.

We offer three vision plans to choose from:

- The Ultimate Vision 15/25/150* is a comprehensive vision plan that features a \$150 frame allowance and a number of lens options.
- Or, if you are looking to save a little money without sacrificing dependable benefits, the Ultimate Vision 15/25/120* may be right for you.
- Specialty Duo* offers the convenience of vision and dental coverage in a single package.

Compare plan benefits to the right and plan rates on page 4.

Vision plans		ULTIMATE VISION 15/25/150	ULTIMATE VISION 15/25/120	SPECIALTY DUO DENTAL + VISION PACKAGE
Monthly rates starting at		\$19.10	\$14.92	\$47.90
Benefit		Allowance and copays with participating providers: ¹		
Eye exam (every 12 months)		\$15 copay	\$15 copay	\$0 copay
Materials copay		\$25 copay	\$25 copay	\$25 copay
Frame allowance		Up to \$150 allowance (every 12 months)	Up to \$120 allowance (every 12 months)	Up to \$100 allowance (every 24 months)
Lenses (standard single vision, lined bifocal, or lined trifocal with scratch coating)		Every 12 months	Every 12 months	Every 24 months
Lens options and treatments	Polycarbonate lenses (only for dependent children)	\$100 allowance	\$100 allowance	\$100 allowance
	Photochromic lenses	\$115–\$200 allowance	Not covered	Not covered
	Progressive lenses	\$140 allowance	Not covered	Not covered
	Anti-reflective lens coating	\$50 allowance	Not covered	Not covered
Contact lenses ²	Elective (cosmetic or convenience)	\$120 allowance (every 12 months)	\$120 allowance (every 12 months)	\$120 allowance (every 24 months)
Diabetes Management Referral ³		\$0 copay	\$0 copay	\$0 copay

= All benefits are available prior to meeting any deductible.

This chart is an overview of benefits. For additional benefit information, cost for services, waiting periods, and exclusions and limitations, please see the *Summary of Benefits* and *Important Legal Information* booklets. To get these documents, just call us at **(888) 256-3650**.

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¹ Network providers accept Blue Shield's allowable amounts as payment in full for covered services. There is a 90-day waiting period for all vision benefits.

² You may select contact lenses instead of eyeglasses.

³ This benefit is only available if you also have a Blue Shield medical plan.

Monthly dental and vision plan rates

Monthly dental PPO plan rates

		Rate per member	
		Ages 0 through 25 (3-child maximum)*	Age 26+
All regions	Dental PPO	\$31.60	\$37.40
	Enhanced Dental PPO 50/1250	\$27.20	\$35.00
	Enhanced Dental PPO 25/500	\$22.40	\$28.70

Monthly dental HMO plan rates

		Rate per member	
		Ages 0 through 25 (3-child maximum)*	Age 26+
Regions 1, 2 and 12†	Dental HMO	\$25.80	\$28.10
	Enhanced Dental HMO \$0	\$18.30	\$22.70
All other regions	Dental HMO	\$20.00	\$21.80
	Enhanced Dental HMO \$0	\$14.20	\$17.60

Please note: Monthly rates for dental plans are in addition to the rates for the medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, dental and, if applicable, vision plan rates.

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the ages 0 through 25 rate. Also, if a dependent child will turn 26 in 2018, that dependent does not count toward the three-child maximum rate cap. The dependent child will be charged the 26+ rate.

† Region 1 is composed of the following counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba. Region 2 is composed of the following counties: Marin, Napa, Solano and Sonoma. Region 12 is composed of the following counties: San Luis Obispo, Santa Barbara and Ventura. The Dental HMO and Enhanced Dental HMO \$0 plans are not available in Butte, Humboldt, Lake, Lassen, Nevada, Shasta, Sutter, Tehama, Marin, Napa, San Luis Obispo and Santa Barbara counties.

Monthly Specialty Duo dental + vision package rates

		Rate per member	
		Ages 0 through 25 (3-child maximum)*	Age 26+
All regions	Specialty Duo dental + vision package	\$47.90	\$56.30

Please note: Monthly rates for Specialty Duo are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health and dental + vision package rates.

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the ages 0 through 25 rate. Also, if a dependent child will turn 26 in 2018, that dependent does not count toward the three-child maximum rate cap. The dependent child will be charged the 26+ rate.

Monthly vision plan rates

		Rate per member	
		Ages 0 through 25 (3-child maximum)*	Age 26+
All regions	Ultimate Vision 15/25/120	\$14.92	\$14.92
	Ultimate Vision 15/25/150	\$19.10	\$19.10

Please note: Monthly rates for vision plans are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, vision and, if applicable, dental plan rates.

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the ages 0 through 25 rate.

Protect your family further with life insurance

Facing financial burdens after the loss of a loved one can be challenging, and having life insurance helps. Individual term life insurance plans from Blue Shield of California Life & Health Insurance Company can help safeguard the future of the significant people in your life. We provide critical financial protection that can be used to help cover living expenses, college education costs, mortgage payments and more.¹

We offer the financial protection and security of \$10,000, \$30,000, \$60,000, \$90,000 or \$100,000 in term life insurance, with low monthly rates based on your age.² For example, an individual in their 30s can purchase a \$100,000 policy for just \$17.45 per month.

Coverage is available to all individuals, ages 1 to 64,* with or without a Blue Shield health plan. Simply complete and submit the Application for Individual Term Life Insurance Coverage to apply.

See the chart below for complete rate details.

* All plans terminate at age 65.

1 Within the first two years of the policy, if the insured dies as a result of suicide, no life insurance benefit will be paid; however, the premiums will be returned. Please refer to the Policy for a complete description of this limitation.

2 Those under age 19 are not eligible for \$60,000, \$90,000 or \$100,000 coverage amounts.

Monthly individual term life insurance rates (all regions)

Age range	\$10,000	\$30,000	\$60,000	\$90,000	\$100,000
1 to 18*	\$1.95	\$2.95	N/A	N/A	N/A
19 to 29	\$2.75	\$5.35	\$9.25	\$13.15	\$14.45
30 to 39	\$3.05	\$6.25	\$11.05	\$15.85	\$17.45
40 to 49	\$5.85	\$14.65	\$27.85	\$41.05	\$45.45
50 to 59	\$13.85	\$38.65	\$75.85	\$113.05	\$125.45
60 to 64	\$20.45	\$58.45	\$115.45	\$172.45	\$191.45

Please note: Monthly rates for individual term life insurance are in addition to the rates for medical, dental and/or vision benefits.

* Those under age 19 are not eligible for \$60,000, \$90,000 or \$100,000 coverage amounts.



Definitions:

Allowable amount – The total dollar amount Blue Shield allows for covered services.

Benefits (covered services) – The necessary dental and vision services and supplies covered by the dental and vision plans.

Copayment (copay) – The fixed dollar amount a member pays for benefits after meeting any applicable calendar-year deductible.

Deductible – The amount a member pays each calendar year for most covered services before Blue Shield begins to pay. Specific covered services, such as preventive care, are covered before a member reaches the calendar-year deductible.

Participating providers/provider network – A provider (includes general dentists, dental specialists, optometrists and ophthalmologists) that has agreed to contract with Blue Shield to provide covered services to members of a dental and vision plan. A participating provider has agreed to accept Blue Shield's contracted rate as payment in full for covered services.

Have questions or want to apply?



Visit us at bscapply.com.



Call your broker.

You can purchase dental and vision plans without a medical plan at bscapply.com.

For individual term life insurance, download the application from blueshieldca.com/LifeApplication and ask your broker to mail it to the address included on the application.