

Dental and Life Insurance



Completing your coverage

You can complement your Blue Shield medical coverage with trusted Blue Shield dental insurance and life insurance. These plans provide you with even more ways to enhance and add value to your Blue Shield health coverage.

Take the time to compare the value provided by these plans. You're sure to find comprehensive benefits available at a range of competitive price levels, so you can find what's right for you and your family. And, with our dental insurance, you'll enjoy the freedom to select your provider from one of the largest dental PPO and dental HMO networks in the state.

Dental Coverage

Because dental health is an important part of total wellness, we offer you several affordable dental coverage options. Applicants who qualify for a Blue Shield health plan may choose between the Blue Shield Dental PPO Plan and the Blue Shield Dental HMO Plan for quality dental coverage at affordable rates.

Customize your plan with affordable dental coverage

Monthly Dental Coverage Rates		
	Dental PPO	Dental HMO
Individual (Adult or YouthCare)	\$34	\$16
Two-Party	\$65	\$30
Family	\$101	\$50

Please Note: Monthly dues for the Dental HMO and Dental PPO plans are in addition to the dues/ premiums for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, dental and, if applicable, life insurance premiums. If you select the Dental HMO, your health plan and dental coverage effective dates must be the first of the month. (No benefits are paid for services received before the effective date.)

Visit us at mylifepath.com

Individual and Family Plans

The Blue Shield Dental PPO Plan

With the Blue Shield Dental PPO Plan, you have the freedom to choose any dental provider, but your out-of-pocket costs for covered services are lowest when you receive care from participating (network) dentists. The Dental PPO Plan features:

- An extensive network of general care and specialty dentists.
- An individual deductible of \$50 per member per calendar year.
- A wide range of dental benefits, including diagnostic and preventive care services at no out-of-pocket cost.
- Coverage even when you use an out-of-network dentist – the plan reimburses you for up to a specified amount, and you pay the balance of the total billed charges.
- A \$1,000 per-member per-year benefit maximum – including a \$500 per-member per-year maximum for out-of-network benefits. (Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.)
- No waiting period for diagnostic or preventive services. The following waiting periods do apply: Three months for minor restorative services and procedures (such as fillings), endodontics, periodontics, and oral surgery. Twelve months for major restorative services and procedures (such as crowns), orthodontics, removable and fixed prosthetics.

The Blue Shield Dental HMO Plan

With the Blue Shield Dental HMO Plan, you choose a dental care provider from our list of Blue Shield Dental HMO dental providers. All of your family's dental care will be provided or coordinated through that dental provider. The Dental HMO Plan features:

- An extensive network of general care and specialty dentists.
- No deductibles or calendar-year maximums.
- A wide range of dental benefits, including most diagnostic and preventive services at no out-of-pocket cost to you, and generally lower copayments than the Dental PPO.
- Specialty care available with a referral from your dental provider.
- No waiting period for any type of service other than orthodontics. (A 12-month waiting period applies to orthodontic services.)
- Virtually no claim forms.

It's easy to enroll

To apply for the Blue Shield Dental PPO or Dental HMO Plan, all you need to do is mark your selection on the health plan application. If your health plan application is approved, your dental coverage will take effect on the same day as your health plan. You and any dependents covered on your Blue Shield health plan will be covered by the dental plan you

choose. YouthCare applicants can be covered on their own dental plan.

If you are signing up for the Blue Shield Dental HMO, please be sure to list a dental provider for yourself and your family on your application. If you do not have a copy of Blue Shield's *Dental HMO Dental Provider Directory*, please visit the Find a Provider section of our Web site at mylifepath.com or call (800) 431-2809.

Access+ Dentist – For Access+ HMO members only

Access+ HMO members have built-in dental services through Access+ Dentist, with no additional dues. Just show your Blue Shield ID card when you visit an Access+ Dentist provider, and you'll receive dental services at reduced out-of-pocket costs, including diagnostic and preventive services for \$20 copayments. Although Access+ Dentist is included in the health plan, Access+ HMO members can choose to purchase a more generous dental plan instead of receiving the Access+ Dentist services.

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.

SERVICE	DENTAL PPO ^{1,2}		DENTAL HMO ^{3,4}	ACCESS+ <i>DENTIST</i>
	With Participating Dentists, you pay:	With Non-Participating Dentists, the plan reimburses you up to:	You pay:	(Access+ HMO members only) ⁵ You pay:
Diagnostic Services				
Comprehensive oral exams	\$0	\$40	\$0	\$20 (Plus \$10 for full-mouth series X-rays)
Preventive Care				
Prophylaxis (cleanings, every 6 months)				
Adult	\$0	\$48	\$0	\$20
Child	\$0	\$34	\$0	\$20
Sealant/per tooth ⁶ (covered to age 16)	\$0	\$22	\$11	\$10
Restorative Services²				
One-surface amalgam (filling)	\$35	\$28	\$15	80%**
Crown (porcelain fused to noble metal)	\$320	\$256	\$300*	80%**
Endodontics²				
Anterior root canal	\$156	\$125	\$155	80%**
Molar root canal	\$234	\$187	\$290	Not Covered
Periodontics²				
Osseous surgery/per quadrant	\$263	\$210	\$303	Not Covered
Periodontal root planing/per quadrant	\$65	\$52	\$75	80%**
Prosthetics²				
Bridge (per unit)	\$320	\$256	\$300*	80%**
Complete denture (upper or lower)	\$388	\$310	\$400	80%**
Oral Surgery²				
Extraction (single tooth)	\$37	\$30	\$30	80%**
Removal of impacted tooth (complete bony)	\$113	\$90	\$125	Not Covered
Orthodontics^{2,4,7}				
Fully banded (two year) case – child	\$2,350***	Not Covered	\$2,350***	Not Covered
Fully banded (two year) case – adult	\$2,650***	Not Covered	\$2,650***	Not Covered

1 Use any participating 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 a \$50 calendar-year deductible.

2 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.

3 All services must be performed, prescribed or authorized by your dental provider, 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.

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

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

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

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

* Plus the cost of precious or semi-precious metals.

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

*** Plus up to \$250 for records.

Individual Term Life Insurance

If you'd like to add the financial protection and security of \$10,000, \$30,000, \$60,000 or \$90,000 in term life insurance to your coverage portfolio, Blue Shield of California Life & Health Insurance Company (Blue Shield Life) offers a simple solution. Applying for term life insurance coverage couldn't be easier. Just complete the life insurance part of your Blue Shield health plan application by checking the box for the amount of life insurance coverage you want, and designate your beneficiary. If coverage is approved, your health plan and life insurance effective dates will be the same, and you'll receive a single combined bill for payment of premiums.

Individual term life insurance is available to primary subscribers (ages 1 through 64) of any Blue Shield health plan for individuals and families, including YouthCare subscribers except for members of Blue Shield guaranteed issue plans.

MONTHLY INDIVIDUAL TERM LIFE INSURANCE PREMIUMS				
Age Range	Amount of Insurance			
	\$10,000	\$30,000	\$60,000*	\$90,000*
1-18*	\$1.95	\$2.95	N/A	N/A
19-29	\$2.75	\$5.35	\$9.25	\$13.15
30-39	\$3.05	\$6.25	\$11.05	\$15.85
40-49	\$5.85	\$14.65	\$27.85	\$41.05
50-59	\$13.85	\$38.65	\$75.85	\$113.05**
60-64	\$20.45	\$58.45	\$115.45	\$172.45**

* Those under age 19 are not eligible for \$60,000 and \$90,000 life insurance options.

** \$90,000 benefit amount is not available for new sales to those age 50 years or older, but current members with in-force policies who turn age 50 are eligible to keep their coverage until age 65.

If you choose to apply for individual term life insurance after you are approved for a Blue Shield health plan, you must request a Blue Shield Life Evidence of Good Health form by calling Blue Shield at **(800) 431-2809** or downloading it from **bscalife.com**. If coverage is approved, your life insurance effective date will be the first day of the month following approval.

PLEASE NOTE: Individual term life insurance is underwritten by Blue Shield of California Life & Health Insurance Company.

Please Note: This document is not a contract and should only be distributed with a presale disclosure document which explains general plan exclusions and limitations. Both documents should be read together. For actual complete benefit descriptions, terms and conditions and limitations of the dental plan, please read the plans' Service Agreement/Policy Supplements. For a complete description of the Dental and Life Insurance plans, you can request a copy by calling **(800) 431-2809**.