

dental plans from Blue Shield of California

Effective February 1, 2007

Now that you're a Blue Shield member, we'd like to offer you something extra that should make you smile – dental coverage. You're eligible to choose a quality dental plan that fits your personal needs.

Why enroll?

Taking care of your teeth can help you look and feel better. From cleanings to braces, dental coverage is an affordable way to protect against costly professional care while maintaining good overall health. Dental coverage helps you maintain a good dental health regimen. With access to an extensive provider network and coverage for most preventive and diagnostic services with no out-of-pocket costs, our dental plans provide convenient, cost-effective coverage. When using non-network providers, you're responsible for any costs above covered benefits.

More good reasons to sign up:

- Wide range of dental benefits
- No waiting period for most services*
- Orthodontic benefits are available for children and adults*
- No deductibles for the Dental HMO plan
- Only a \$50 deductible for the Dental PPO plan
- One combined bill for medical and dental
- Rates start at \$17 per month, depending on the plan you select

Pick the plan that works for you

Choose the Blue Shield Dental PPO and you'll have access to any dentist and you'll pay lower out-of-pocket costs for covered services when you use a network dentist. Or, select the Blue Shield Dental HMO and have access to more than 8,600 provider locations in California with fixed copayments for covered services.

Children enrolled in YouthCareSM plans are also eligible for dental coverage. The individual rates listed below apply for both adult and YouthCare applicants.

It's easy to sign up!

As a Blue Shield member you're automatically qualified for our individual and family Dental PPO or Dental HMO plans. We'll even combine your dental and health plan dues in a single, easy-to-read statement. Just complete and return the attached enrollment application and keep smiling!

[Look inside for more details.](#)

Monthly Rates

	Dental PPO	Dental HMO
Individual (Adult or YouthCare)	\$35	\$17
Two-Party	\$70	\$34
Family	\$110	\$55

Choose from two dental plans

Dental PPO

With the Blue Shield Dental PPO, you have the freedom to choose any dentist, but your out-of-pocket costs for covered services are lowest when you receive care from network dental providers. For more details, please refer to our dental plan highlights chart to see the dental benefits that suit you.

Key features:

- An extensive network of general care and specialty dentists.
- No waiting periods for diagnostic or preventive services.*
- An individual deductible of \$50 per member, per calendar year.
- A wide range of dental benefits, with most diagnostic and preventive services covered at 100 percent when using network providers. (See dental plan highlights chart.)
- Coverage even when you use a non-network dentist – the plan reimburses you up to a specified amount and you pay the balance of the total billed charges. (See dental plan highlights chart.)
- Enhanced dental benefits for pregnant women.
- Orthodontic benefits are available for both children and adults.
- A \$1,000 per member, per calendar-year maximum, including a \$500 per member, per year maximum for non-network benefits.**

Enhanced dental services for pregnant women

Our dental PPO plan offers an enhanced dental benefit for pregnant women that includes an additional teeth cleaning. When necessary, this enhanced benefit provides periodontal maintenance, including scaling and root planing covered at 100 percent.

Dental HMO

With the Blue Shield Dental HMO, you choose a dentist from our directory of dental providers at **blueshieldca.com**. Your dentist will provide and coordinate all your family's dental care.

Key features:

- An extensive network of general care and specialty dentists.
- No deductibles and no calendar-year maximums (You have 24 months of orthodontia coverage, once per member lifetime.)
- A wide range of dental benefits, including most diagnostic and preventive services at no out-of-pocket cost to you.
- Specialty-care services are available with a referral from your dental provider.
- Virtually no claims form.
- Orthodontic benefits for adults and children.
- No waiting period for most services (except for a 12-month waiting period for orthodontic services.)

* The following waiting periods do apply: 3-month waiting period for minor restorative services and procedures (such as fillings), endodontics, periodontics, and oral surgery; 12-month waiting period for major restorative services (such as crowns), orthodontics, and removable and fixed prosthetics.

** Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental 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 *Evidence of Coverage and Health Service Agreement* for the exact terms and conditions of coverage.

Service	Dental PPO ^{1,2}		Dental HMO ^{3,4}
	With network dentists, you pay:	With non-network dentists, the plan reimburses you up to:	You pay:
Diagnostic Services			
Comprehensive Oral Exams	\$0	\$40	\$0
Preventive Care Prophylaxis (cleanings, every 6 months)			
Adult	\$0	\$48	\$0
Child	\$0	\$34	\$0
Sealant/per tooth ⁵ (covered to age 16)	\$0	\$22	\$11
Restorative Services²			
One-Surface Amalgam (filling)	\$35	\$28	\$15
Crown (porcelain fused to noble metal)	\$320	\$256	\$300*
Endodontics²			
Anterior Root Canal	\$156	\$125	\$155
Molar Root Canal	\$234	\$187	\$290
Periodontics²			
Osseous Surgery/per quadrant	\$263	\$210	\$303
Periodontal Root Planing/per quadrant	\$65	\$52	\$75
Prosthetics²			
Bridge (per unit)	\$293	\$234	\$300*
Complete Denture (upper or lower)	\$388	\$310	\$400
Oral Surgery²			
Extraction (single tooth)	\$40	\$32	\$34
Removal of Impacted Tooth (complete bony)	\$113	\$90	\$125
Enhanced Dental Services for Pregnant Women⁶ (not subject to plan deductibles with network dentists)			
	\$0	100% of charge	Not covered
Orthodontics^{2,4,7}			
Fully banded (two year) case – child	\$2,350**	Not covered	\$2,350**
Fully banded (two year) case – adult	\$2,650**	Not covered	\$2,650**

1 Use any network dentist to take advantage of contracted rates and pay lower out-of-pocket costs. When you use dentists who aren't in our network, the plan reimburses up to the amount listed and you're 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; Twelve 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 dentist, 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's no waiting periods for other covered services.)

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

6 One additional routine adult prophylaxis (including periodontal prophylaxis for gingivitis) for women during pregnancy and one periodontal maintenance visit if warranted by a history of periodontal treatment and one course (up to four quadrants) of periodontal scaling and root planing for women during pregnancy with a documented existing periodontal condition.

7 Orthodontic services have a fixed patient copayment and don't apply to your \$1,000 network plan maximum.

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

** Plus up to \$250 for records.

Conditions of Coverage

Dental PPO and Dental HMO benefits are separate from the medical benefits of Blue Shield's health plans. Except for the following, the general provisions and exclusions of the health plan apply:

- Dental benefits aren't subject to health plan deductible requirements, and don't accumulate towards your health plan's maximum calendar-year copayment responsibility.
- The Blue Shield Dental PPO and Dental HMO plans are underwritten by Blue Shield of California and administered by Dental Benefit Providers of California, Inc.
- If your dental coverage is cancelled for any reason (by you or by Blue Shield), you may not apply for reinstatement for 12 months following the cancellation date. If your health plan coverage is terminated or cancelled, your dental coverage is terminated as well.
- Dental plan enrollment must match your Blue Shield health plan enrollment for you and any dependents. All dependents enrolled in your health plan will receive dental coverage.
- If you're signing up for the Blue Shield Dental HMO or enrolling a YouthCare member in the Dental HMO, please include a dental provider on the application. To select one, log on to blueshieldca.com, and click the *Find a Provider* section. Or contact Member Services at **(800) 431-2809** for a list of dentists in your area.

Grievance Process

Blue Shield of California has established a procedure for receiving, resolving, and tracking members' complaints and grievances. For more information, see the "Grievance Process" section in the Dental Plan Service Agreement.

Note: Monthly dues for the Dental HMO and Dental PPO plans are in addition to the medical benefits covered by Blue Shield health plans. However, you'll receive one bill that combines your health, dental, and, if applicable, life insurance premiums/dues. If you select the Dental HMO, your health plan and dental coverage effective dates must be the first of the month. (Benefits for covered services will not be paid until your dues have been received.)

Dental PPO and Dental HMO plan benefits supersedes Access+ *Dentist* and Essential plans' dental benefits. If you're an Access+ HMO or Essential plan member who purchases the Dental PPO or Dental HMO plan, you receive the more generous benefits of the plan you have chosen and will not receive any of the dental benefits of Access+ *Dentist* or the Essential plan.

Choose a quality
dental plan that
fits your needs.

General Exclusions and Limitations

Following is a summary of services and supplies not covered by the Blue Shield Dental PPO or the Dental HMO. For a complete list of exclusions and limitations, please refer to the plans' Service Agreement Supplements.

Dental PPO and Dental HMO

- Services not listed as covered in the member's Service Agreement Dental Supplement
- Services to be paid by the member's Blue Shield health plan
- Services begun prior to the patient's effective date of coverage
- Temporary dental services
- Services performed or supplies provided in a hospital or any place other than a dental office
- Unnecessary, investigational, experimental, cosmetic, or elective services; services for which the prognosis is not favorable, as determined by the Dental Plan Administrator
- Services performed by a close relative or someone who lives in the member's home; services for which the member is not obligated to pay or services performed at no charge
- Services paid for by any governmental agency
- Implants
- Crowns, inlays, onlays, or other cast or laboratory-prepared materials if the tooth can be restored with a filling material; crowns or inlays installed as multiple abutments
- Vestibuloplasty, orthognathic surgery, treatment of jaw fractures, or TMJ (temporomandibular joint syndrome)
- Treatment of congenital anomalies or developmental malformation
- Treatment to correct malignancies, cysts, tumors, and neoplasm
- Myofunctional therapy, biofeedback procedures, athletic mouth guards, precision or semi-precision attachments, and denture duplication
- Orthodontic services rendered by a non-participating provider
- Extraoral grafts
- Procedures related to changing or maintaining vertical dimension or restoration of occlusion
- Treatment of accidental injuries, including setting of fractures and dislocation
- General anesthesia or intravenous sedation, unless medically necessary
- Prescription or non-prescription drugs or charges for local anesthetic
- Prosthetic appliances related to periodontal treatment
- Replacement of appliances (dentures, space maintainers, crowns, etc.) lost or stolen within five years of installation
- Charges for missed appointments
- Removal of wisdom teeth unless of dental necessity
- Services of prosthodontists; procedures requiring fixed prosthodontic restoration for complete oral rehabilitation or reconstruction

Dental HMO only

- Services not performed, prescribed or authorized by the member's dental provider, unless authorized by the plan or when required in an emergency, as stated in the contract
- Prophylaxis (cleaning) more often than once every six months
- Precious metals
- Unauthorized second opinions
- Osseous or periodontal surgery more often than once every 36 months per quadrant
- Any services that the Dental Plan Administrator determines not to be of dental necessity (if dental standards indicate that a condition can be treated by a less costly alternative than that proposed by the attending dentist, benefits will be paid based on the less costly service)
- Certain orthodontic services, including treatment for non-handicapping malocclusion, surgical orthodontics, myofunctional therapy, changes in treatment necessitated by an accident treatment for TMJ, cosmetic orthodontic appliances, replacement of lost or stolen appliances, and treatment exceeding 24 months
- See Service Agreement Supplement for specific limitations on prosthodontics, dentures, restorative services, mouth rehabilitation, and pedodontics

it's easy to enroll! Just fill out this form, sign it, and mail it back to us today.

Individual and Family Dental Plan Enrollment Application

Name: _____

Subscriber ID Number: _____

Address: _____

1. Choose a plan for you and your covered dependents.
(YouthCare members must submit separate enrollment applications.)

Blue Shield Dental PPO

Blue Shield Dental HMO (Please complete item 2, below.)

2. Dental HMO applicants only – please choose a dentist from the Dental HMO Dental Provider Directory at blueshieldca.com, or call (800) 431-2809 for assistance.

The dentist you select and enter below will provide or coordinate all dental care for you and your covered dependents.

Dental HMO Provider Number:

Dental HMO Provider Name:

3. Directories are available online at blueshieldca.com or call Member Services at (800) 431-2809 for a list of dentists in your area.

4. Authorization for release of information:

By signing this form you are authorizing the release of your and/or your dependents' healthcare information by a healthcare provider, insurer, insurance support organization, health plan, or your insurance agent, to Blue Shield of California (Blue Shield) for the purpose of reviewing your application for Blue Shield coverage.

Further, by signing this form you are authorizing Blue Shield to disclose such healthcare information to a healthcare provider, insurer, self-insurer, insurance support organization, health plan, or your insurance agent for the purpose of investigating or evaluating any claim for benefits. The healthcare information used or disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected under the federal health information privacy laws.

You have the right to refuse to sign this authorization. However, Blue Shield has the right to condition your and/or your dependents' eligibility for coverage and enrollment determinations upon receipt of this signed authorization. You are entitled to a copy of this authorization after you sign it.

Expiration: This authorization will remain valid:
1) for thirty (30) months from the date of this authorization for the purposes of processing your

application, processing a request for reinstatement, or processing a request for a change in benefits;
2) for as long as may be necessary for processing of claims incurred during the term of coverage; and
3) for the term of coverage for all other activities under the health services agreement/policy.

Right to Revoke: I understand that I may revoke this authorization at any time by giving written notice of my revocation to Blue Shield. I understand that revocation of this authorization will not affect any action Blue Shield has taken in reliance on this authorization prior to receiving my written notice of revocation.

Applicant's Signature

X _____ Today's date ____/____/____

Applicant's spouse/domestic partner

X _____ Today's date ____/____/____

Applicant's dependent age 18 and over

X _____ Today's date ____/____/____

Applicant's dependent age 18 and over

X _____ Today's date ____/____/____

5. Eligibility confirmation acknowledgment:

I confirm that I am or will be, at the time of dental enrollment, a Blue Shield Individual and Family medical plan member. Please enroll me and all my family members covered by my Blue Shield health plan in the dental plan checked above. I have read the information concerning the benefits of this dental plan, including the waiting periods, exclusions and limitations. I understand that no benefits for covered services will be paid for billing periods for which my dues are not paid, and that my dental coverage will be cancelled if my health plan is cancelled. If my coverage is cancelled for any reason (by myself or by Blue Shield), I understand that I may not apply for reinstatement for 12 months following the cancellation date.

I agree: All information on this form is correct and true. I understand that it is the basis on which coverage may be issued under the plan. I understand that if I have misrepresented or omitted any material fact that my coverage may be cancelled.

I understand that coverage does not become effective until this application has been approved by Blue Shield of California.

I, the applicant, acknowledge that I have read and understood this application in its entirety.

Applicant's Signature

X _____ Today's date ____/____/____

Applicant's spouse/domestic partner

X _____ Today's date ____/____/____

Applicant's dependent age 18 and over

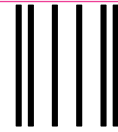
X _____ Today's date ____/____/____

Applicant's dependent age 18 and over

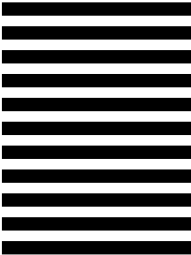
X _____ Today's date ____/____/____

enroll today!

Fold here, seal, and mail



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time to choose a dental plan

↓ tape here ↓

blue  of california

Blue Shield of California

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