

dental PPO plans from Blue Shield of California

Effective April 1, 2007

As a Blue Shield Medicare Supplement Plan 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 prosthetics, 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. Our dental plans provide convenient, cost-effective coverage with access to an extensive provider network. (When using non-network providers, you're responsible for any costs above covered benefits.)

More good reasons to sign up:

- Two dental PPO plan options to meet your needs
- Rates start at \$31 per month, depending on the dental PPO plan you select
- No waiting period for diagnostic, preventive, and basic services such as teeth cleanings, fillings, and X-rays
- Benefit from a wide range of services, including endodontics, periodontics, oral surgery, and prosthetics¹
- Choice of \$50 or \$75 deductible

- A \$1,000 or \$1,500 per member, per calendar-year benefit maximum for network providers, which includes a \$750 or \$1,000 per member, per year benefit maximum for non-network²
- One combined bill for medical and dental coverage

Pick the plan that works for you

Choose between Dental PPO 1000 and Dental PPO 1500. Both plans give you access to more than 70,000 dentists nationwide, including 17,500 in California. You can choose any dentist, but you'll pay lower out-of-pocket costs for covered services when you use a network dentist.³

It's easy to sign up!

As a Blue Shield Medicare Supplement Plan member, you're automatically qualified for these dental PPO 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.](#)

Choose from two dental PPO plans

With a 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.

Monthly rates

	Dental PPO 1000	Dental PPO 1500
Individual	\$31	\$39
Two-party ⁴	\$62	\$78

To locate a dental PPO dentist, log on to blueshieldca.com, and click, *Find a Provider*. Or contact Member Services at **(888) 946-4000** or TDD **(888) 595-0000**, 8 a.m. to 5:30 p.m. Monday – Thursday, and 9 a.m. to 5:30 p.m. on Friday, excluding holidays for a list of dentists in your area.

Conditions of coverage

Dental PPO 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.
- The Blue Shield dental PPO 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 apply for reinstatement, but you will have to wait 12 months to reapply.
- If your health plan coverage is terminated or cancelled, your dental coverage is terminated as well.

Grievance process

We have 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 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 and dental dues. (Benefits for covered services will not be paid until your dues have been received.)

- 1 Dental PPO 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.
- 2 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.
- 3 Dental providers in California are contracted through Dental Benefit Providers of California. Dental providers outside California are contracted through Dental Benefit Providers Inc.
- 4 Both you and your spouse or domestic partner must be enrolled in a Blue Shield Medicare Supplement plan with a two-party agreement to be eligible for this combined billing option for the dental PPO plan.

Dental PPO highlights matrix

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The *Evidence of Coverage* and *Plan Contract* should be consulted for a detailed description of coverage benefits and limitations.

The dental PPO highlights matrix below lists a wide range of dental benefits, with most diagnostic and preventive services covered at 100 percent when using network providers. When you use a non-network dentist, the dental plan reimburses you up to a specified amount and you pay the balance of the total billed charges.

	Dental PPO 1000		Dental PPO 1500	
	Network dentist	Non-network dentist ⁵	Network dentist	Non-network dentist ⁵
Deductible (per member)	\$75/person		\$50/person	
Calendar-year maximum	\$1,000 (\$750 may be used for non-network dentists)		\$1,500 (\$1,000 may be used for non-network dentists)	
Diagnostic and preventive care (not subject to plan deductibles with network dentists; includes routine oral exams, X-rays, and cleanings)	100%	50%	100%	80%
Basic services (includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers)	50%	50%	80%	70%
Major services⁶ 12-month waiting period (includes crown buildups, endodontics, periodontics, oral surgery, crowns, prosthetics, inlays, onlays, jackets, posts, and cores, and veneers)	50%	50%	50%	50%

- 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.
- Dental PPO 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.

General exclusions and limitations

Following is a summary of services and supplies not covered by Blue Shield dental PPO plans. For a complete list of exclusions and limitations, please refer to the *Dental Plan Disclosure Form* available at [blueshieldca.com/findamedicareplan](https://www.blueshieldca.com/findamedicareplan) or call **(888) 946-4000** [TDD **(888) 595-0000**], 8 a.m. to 5:30 p.m. Monday – Thursday, and 9 a.m. to 5:30 p.m. on Friday, excluding holidays.

Dental PPO

- Services not listed as covered in the member's Service Agreement
- 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

Dental PPO general exclusions and limitations (continued)

- Treatment to correct malignancies, cysts, tumors, and neoplasm
- Myofunctional therapy, biofeedback procedures, athletic mouth guards, precision or semi-precision attachments, and denture duplication
- Charges for services in connection with orthodontia
- 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

For two-party agreement holders only

If you are enrolled in a Medicare Supplement Plan with a two-party agreement, you enjoy the convenience of a single bill and lower rates for you and your spouse/domestic partner. Keep the same convenience when you choose your dental plan by matching your dental plan enrollment with your Medicare Supplement Plan enrollment. You and your spouse/domestic partner need to select and both enroll in the same dental PPO plan in order to receive one bill that combines Medicare Supplement Plan and dental PPO plan rates.

If only one of you wants to enroll in a dental PPO plan, or if you each want different dental PPO plans, your two-party agreement for the Medicare Supplement Plan will be affected. Your two-plan agreement and rate will be changed to individual agreements and single-party rates, and you will no longer be eligible for the two-party agreement discount.

It's easy to enroll!

Just fill out this enrollment application, sign it, and mail it back to us today.

Dental PPO Plan for Medicare Supplement Plan Members Enrollment Application

Name: _____

Subscriber ID Number: _____

Address: _____

Individual

Two-party*

1. Choose a plan for you and/or your spouse or domestic partner.

Dental PPO 1000

Dental PPO 1500

* You and your spouse or domestic partner must be currently enrolled in a Medicare Supplement Plan two-party agreement.

2. Authorization for release of information:

By signing this form I am authorizing the release of my and/or my dependents' healthcare information by a healthcare provider, insurer, insurance support organization, health plan, or my insurance agent, to Blue Shield of California (Blue Shield) for the purpose of reviewing my 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's signature

X _____

Today's date _____/_____/_____

3. Eligibility confirmation acknowledgment

Please confirm that you are or will be, at the time of dental enrollment, a Blue Shield Medicare supplement plan member. I wish to enroll myself 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 Blue Shield) I will have to wait 12 months to re-apply.

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, my coverage may be cancelled.

I understand that coverage does not become effective until this application have 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's signature

X _____

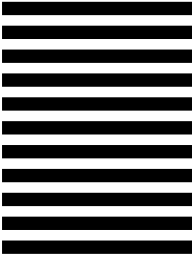
Today's date _____/_____/_____

enroll today!

Fold here, seal, and mail



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IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 7203 SAN FRANCISCO, CA

POSTAGE WILL BE PAID BY ADDRESSEE

INSTALLATION & MEMBERSHIP
BLUE SHIELD OF CALIFORNIA
PO BOX 629013
EL DORADO HILLS CA 95762-9944



Fold here, seal, and mail

choose a dental plan that fits your needs

↓ tape here ↓

blue  of california

Blue Shield of California

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