

Dental plan options for Medicare Supplement plan members



Blue Shield of California rates effective: April 1, 2021

Something to smile about

Make the choice, make it Blue Shield

Blue Shield offers two dental plans.

Good reasons to enroll

Dental plan advantages:

- An extensive network of nearly 47,000 general and specialty care dentists in California, and nearly 350,000 nationwide¹
- Three annual teeth cleanings, annual X-rays, and an oral cancer screening covered at 100% when using network providers
- No waiting period for dental checkups, cleanings, fillings, X-rays, or basic services²
- A wide range of major restorative dental services and procedures, including crowns, endodontics, periodontics, oral surgery, and prosthetics



Adults age 60 and older have a greater risk of cavities.



The average age of people diagnosed with mouth cancer is 62, according to the American Cancer Society. Because mouth cancer develops without causing pain, early detection is essential. **Our dental PPO plans cover 100% of the cost of an oral cancer screening.**³

Get covered

With Blue Shield's dental plans, you have a choice of coverage that may fit your needs.

Monthly rates effective April 1, 2021:

	Dental PPO 1500	Dental PPO 1000
Individual	\$49.80	\$32.10

Did you know?

You may be surprised to learn that more than 90% of all common diseases have oral symptoms.⁴

Whether you need treatment or just want preventive care, it's never too late to get on track and choose Blue Shield dental coverage to help maintain your overall health.



As we get older and take more medications, we can sometimes forget what those medications are. Something as simple as aspirin – a blood thinner – can end up causing bleeding during and after a dental procedure. **Make sure your dentist has your full medical history and list of medications.**

Choose from two dental plans

With a Blue Shield dental plan, you'll have the freedom to choose any provider you want, but you will save more when you choose a provider in your plan's network. For more details, please refer to the following dental plan charts.



Dental PPO highlights matrix

The following information is intended to help you compare coverage benefits, and is a summary only. You should consult the *Dental PPO 1000 and Dental PPO 1500 Evidence of Coverage and Health Service Agreement* for a detailed description of coverage benefits and limitations.

Dental PPO highlights				
	DPPO 1500		DPPO 1000	
Calendar-year deductible (per member)	\$50/person		\$75/person	
Calendar-year maximum	\$1,500 (\$1,000 may be used for non-network dentist) ⁵		\$1,000 (\$750 may be used for non-network dentist) ⁵	
Service	With network dentist	With non-network dentist,⁶ Blue Shield pays:	With network dentist	With non-network dentist,⁶ Blue Shield pays:
Diagnostic and preventive care (not subject to plan deductibles with network dentists; includes routine oral exams, X-rays, and three annual cleanings)	100%	80%	100%	50%
Basic services (includes an oral cancer screening, anesthesia, palliative treatment, and restorative dentistry)	80%	70%	50%	50%
Major services² 12-month waiting period for DPPO 1500 and 6-month waiting period for DPPO 1000 (includes crown buildups, endodontics, periodontics, oral surgery, crowns, prosthetics, inlays, onlays, jacket, posts and cores, and veneers)	50%	50%	50%	50%

Household Savings Program

If you are enrolled in a Medicare Supplement plan with household savings, you may enjoy the convenience of a single bill for you and your other household member. 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 other household member need to select and enroll in the same dental plan.*

Become a member today!

If you are applying to become a Medicare Supplement plan member, you can sign up for a Blue Shield dental plan at the same time by selecting a plan on the Medicare Supplement plan application. If you're already a Blue Shield Medicare Supplement plan subscriber or if you are only interested in our dental plans, please fill out a separate application.

If you have questions, contact your Blue Shield agent today or call toll-free **(877) 890-7587** (TTY: **711**), 9 a.m. to 4:30 p.m., 8 a.m. to 6 p.m. weekdays, excluding holidays.

To find a dentist, or to see if your dentist is in our network, visit **blueshieldca.com** and click *Find a Doctor*. Or, for a list of dentists, call **(888) 679-8928**.



Implants, crowns, and dentures can make dental care for seniors costly. Start planning for dental care before retirement and take care of your teeth.

* Savings due to increased efficiencies from administering Medicare Supplement plans under this program/service are passed along to the subscriber. Households Savings Program does not apply to Plan N.

Endnotes

- 1 Dental providers in and out of California are available through a contracted dental plan administrator.
- 2 Dental PPO 1500 plan members have a 12-month waiting period, and Dental PPO 1000 dental plan members have a 6-month waiting period for major restorative services and procedures (such as crowns, endodontics, periodontics, oral surgery, and removable or fixed prosthetics). The waiting period may be waived with proof of prior comprehensive coverage.
- 3 "Oral Cancer Screening", <https://www.mayoclinic.org/tests-procedures/oral-cancer-screening/about/pac-20394802>, Mayo Clinic, 2020
- 4 "Oral Health Conditions", <https://www.cdc.gov/oralhealth/conditions/index.html> , CDC, 2020
- 5 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.
- 6 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.

Pending regulatory approval.

To find a dentist, or to see if your dentist is in our network, visit **blueshieldca.com** and click on *Find a Doctor*. For a list of dentists, call **(888) 679-8928**.



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: _____

1. Dental plan option:

Dental PPO 1000 Dental PPO 1500

2. Household Savings Program*: This section must be completed if you are enrolled in the Household Savings Program. You and your other household member need to both select and enroll in the same dental PPO plan to continue to receive household savings.

You will no longer be enrolled in the Household Savings Program if you select a different dental plan option below or only one household member wants to enroll in a dental PPO plan (as indicated by selecting "None" or leaving the option blank). As a result, your Medicare Supplement medical plans dues will change on your next bill because you will each receive an individual bill and the bills will not include the household savings.

Other household member name (first, last): _____

Other household member dental plan option:

Dental PPO 1000 Dental PPO 1500 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, a Blue Shield Medicare Supplement plan member.
- b. I understand that if my dental plan 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 cancelled for any reason (by me or by Blue Shield), this dental plan coverage will also be automatically terminated.
- d. I understand that Blue Shield will notify me of my effective date of coverage. I understand that 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 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 _____

Other household member's signature _____ Date _____

Please fax, mail, or email the completed and signed application to:

Installation & Billing
Blue Shield of California
P.O. Box 3008
Lodi, CA 95241-9969

Fax: **(844) 266-1850**

Email: **msinstall@blueshieldca.com**

* Savings due to increased efficiencies from administering Medicare Supplement plans under this program/service are passed along to the subscriber.

FMO/Agency Name: _____
FMO/Agency ID No.: _____
Producer Name: _____
Producer phone number: _____
Producer ID No.: _____
Producer NPN No.: _____

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