

# Individual and family dental plans at a glance

This chart is only a summary. For a complete list of the benefits, exclusions, and limitations of these dental plans, please refer to the *Evidence of Coverage and Health Service Agreement* or the *Policy for Individual and Families* for the exact terms and conditions of coverage.

Effective January 1, 2011					Individual and Family Plans		MedSupp		
Plan	Dental PPO <sup>1,2</sup>	Smile <sup>SM</sup> PPO <sup>1,2,3</sup>	Value Smile <sup>SM</sup> PPO <sup>1,2,3</sup>	Dental HMO <sup>2</sup>	Dental PPO 1000	Dental PPO 1500			
Must have Blue Shield health insurance?	Yes	No	No	Yes	Yes	Yes			
Eligible age	< 65	< 65	< 65	< 65	≥ 65	≥ 65			
<b>Waiting Periods</b>									
Diagnostic and preventive services	0 months	0 months	0 months	0 months	0 months	0 months			
Basic services	3 months	6 months	0 months	0 months	0 months	0 months			
Major services	12 months	12 months	Not covered	0 months	12 months	12 months			
Orthodontics	12 months	12 months	Not covered	12 months	Not covered	Not covered			
<b>Premium per month</b>									
	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays<sup>8</sup></b>	<b>Member Pays</b>	<b>Member Pays</b>			
Single premium (adult or child)	\$38.50	\$41.40	\$23.50	\$18.40	\$32.00	\$40.20			
Adult and spouse/domestic partner	\$78.00	\$85.80	\$46.30	\$36.60	\$64.00	\$80.40			
Adult and child	\$58.30	\$62.70	\$35.50	\$32.40	N/A	N/A			
Adult and children	\$86.90	\$93.20	\$53.10	\$37.80	N/A	N/A			
Family	\$135.40	\$145.40	\$82.60	\$71.20	N/A	N/A			
Calendar-year deductible per person	\$50	\$50	\$25	\$0	\$75	\$50			
Calendar-year maximum per person <sup>4</sup>	\$1,000	\$1,000	\$500	Not limited	\$1,000	\$1,500			
<b>Benefits – using in-network dentists<sup>5</sup></b>									
<b>Diagnostic and preventive care</b> for annual exam and six-month checkup					MAC <sup>11</sup> payments shown below are for Southern California				
Exam, cleanings, X-rays	\$0	\$0	\$0	\$0	\$0*	\$0*			
<b>Basic services</b> keep your teeth healthy					50% of MAC <sup>11</sup>	20% of MAC <sup>11</sup>			
Composite filling, <sup>12</sup> 1 surface (resin)	\$37	\$37	\$37	\$18	\$40.50	\$16.20			
Composite filling, <sup>12</sup> 2 surfaces (resin)	\$56	\$56	\$56	\$23	\$61	\$24.40			
Anterior root canal	\$156	\$156	Not covered						
Molar root canal	\$234	\$234	Not covered	Covered under Major services	Covered under Major services				
Single tooth extraction	\$40	\$40	Not covered						
Periodontal root-planing per quadrant	\$65 <sup>13</sup>	\$65 <sup>14</sup>	Not covered	N/A	N/A	N/A			
<b>Major services</b> make sure the big stuff is taken care of when needed					50% of MAC <sup>11</sup>	50% of MAC <sup>11</sup>			
Periodontal root-planing per quadrant	N/A	N/A	Not covered	\$75	\$67.50 <sup>15</sup>	\$67.50 <sup>15</sup>			
Crown (porcelain fused to noble metal)	\$320	\$320	Not covered	\$300 <sup>9</sup>	\$297	\$297			
Osseous surgery per quadrant	\$263	\$263	Not covered	\$303	\$327.50	\$327.50			
Anterior root canal			Not covered	\$155	\$186.50	\$186.50			
Molar root canal		Covered under Basic services	Not covered	\$290	\$280	\$280			
Single tooth extraction			Not covered	\$34	\$38.50	\$38.50			
Removal of impacted tooth (complete bony)	\$113	\$113	Not covered	\$125	\$140.50	\$140.50			
Bridge retainer/unit <sup>6</sup>	\$313	\$313	Not covered	\$300 <sup>9</sup>	\$297	\$297			
Bridge pontic/false tooth/unit <sup>7</sup>	\$293	\$293	Not covered	\$300 <sup>9</sup>	\$267	\$267			
Complete denture – upper or lower	\$388	\$388	Not covered	\$400	\$382	\$382			
Implants	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered			
<b>Orthodontics</b> for straighter teeth and a winning smile									
Adult	\$2,650 <sup>10</sup>	\$2,650 <sup>10</sup>	Not covered	\$2,650 <sup>10</sup>	Not covered	Not covered			
Child	\$2,350 <sup>10</sup>	\$2,350 <sup>10</sup>	Not covered	\$2,350 <sup>10</sup>	Not covered	Not covered			
<b>What application is needed?</b>	A or B	C	B (online only) Or C	A or B	D	D			

A Enrolling in dental plan at same time as Blue Shield health plan: IFP health plan application, C12900-AE-A

B Enrolling in dental plans subsequent to obtaining Blue Shield health plan: IFP dental plan application, A16166, or online at [blueshieldca.com/dental](http://blueshieldca.com/dental)

C Enrolling in dental plans independent of Blue Shield IFP health plans: IFP dental plan application, A36357

D Dental PPO 1000 and Dental PPO 1500 are only available when applying or currently enrolled in a Medicare Supplement health insurance plan: Medicare Supplement dental plan application, A17739

- \* The third annual teeth-cleaning benefit is only available with the Dental PPO 1000 and Dental PPO 1500 plans.
- 1 Diagnostic and preventive services are not subject to plan deductibles.
- 2 Enrollee must be a California resident and under the age of 65 at enrollment. If enrollee had a Blue Shield IFP dental plan cancelled, enrollee must wait 12 months from the date of cancellation before reapplication.
- 3 Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Pending regulatory approval.
- 4 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.
- 5 When member uses dentists who are not in the network, Blue Shield reimburses up to the amount listed, and member is responsible for all charges in excess of the amount Blue Shield pays in addition to member's calendar year deductible.
- 6 Porcelain fused to high noble metal (ADA code: 6750).
- 7 High noble metal (ADA code: 6240).
- 8 All services must be performed, prescribed, or authorized by member's dentist, chosen from the Blue Shield Dental HMO Dental Provider Directory. If member needs to see a specialist, member must get a referral from member's dental provider to receive covered services.
- 9 The member pays the copayment plus the cost of precious or semi-precious metals.
- 10 The member pays the copayment plus up to \$250 for records.
- 11 MAC is Maximum Allowable Charge of providers in the area. MAC payments shown are for Southern California as listed in the 2010 National Dental Advisory Service Fee Information publication. They are an estimate for illustrative purposes, based on fees negotiated with dentists participating in the network. The member's dentist may have negotiated a different fee. The MAC may be updated periodically and is subject to change. When a member uses a non-network dentist, the plan reimburses up to the MAC amount; if that provider charges more than the MAC rate, the member is responsible for the difference.
- 12 Anterior tooth.
- 13 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.
- 14 Smile PPO members have certain waiting periods: six 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.
- 15 Dental PPO 1000 and Dental PPO 1500 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.

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