



Dental plan options for Medicare Supplement plan members

Blue Shield of California rates effective: July 1, 2022

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 46,000 general and specialty care dentists in California, and nearly 350,000 nationwide.¹
- Three annual teeth cleanings, annual X-rays, and an oral cancer screening are covered at 100% when using network providers.
- No waiting period for dental checkups, cleanings, fillings, X-rays, or basic services.²
- 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 July 1, 2022:

| | Dental PPO 1500 | Dental PPO 1000 |
|------------|-----------------|-----------------|
| Individual | \$52.80 | \$36.10 |

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 an oral cancer screening, routine oral exams, X-rays, and three annual cleanings) | 100% | 80% | 100% | 50% |
| Basic services (includes anesthesia, palliative treatment, and restorative dentistry) | 80% | 70% | 50% | 50% |
| Major services ² 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)**, 8 a.m. to 8 p.m., 7 days a week from October 1 through March 31 and 8 a.m. to 8 p.m., Monday through Friday, from April 1 to September 30.

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.

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