



Blue Shield
of California

An Independent Member
of the Blue Shield Association

dental plans from Blue Shield of California

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 should you enroll?

Taking care of your teeth can help you look and feel better. From crowns to braces, dental coverage is an affordable way to protect against costly professional care, plus you'll receive most preventive and diagnostic services at no out-of-pocket cost.

More good reasons to sign up:

- Wide range of dental benefits
- No waiting period for most services
- Orthodontic services covered
- No deductibles for Dental HMO plan
- Only \$50 deductible for Dental PPO plan
- One bill for medical and dental
- Rates start at \$16 per month, depending on the plan you select

Pick the plan that suits you

You can choose the Blue Shield Dental PPO and see any dentist whenever you need covered dental services, with lowest out-of-pocket costs when you use network Participating Dentists. Or, select the Blue Shield Dental HMO and have a Dental Center provide and coordinate all of your family's dental care.

Children enrolled in YouthCare 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!

Your health plan membership automatically qualifies you 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 return the attached postcard and keep smiling!

Look inside for more details.

MONTHLY DENTAL COVERAGE RATES

	DENTAL PPO	DENTAL HMO
Individual (Adult or YouthCare)	\$34	\$16
Two-Party	\$65	\$30
Family	\$101	\$50

Compare our quality dental plans

The Blue Shield Dental PPO

With the Blue Shield Dental PPO, you have the freedom to choose any dental provider, but your out-of-pocket costs for covered services are lowest when you receive care from Participating Dentists. The Dental PPO features:

- No waiting period for diagnostic or preventive 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.)
- An individual deductible of \$50 per member per calendar year
- A wide range of dental benefits, including diagnostic and preventive services at no out-of-pocket cost. (See Dental Plan Highlights chart.)
- An extensive network of general care and specialty dentists
- Coverage even when you use an out-of-network dentist – the Plan reimburses you for up to a specified amount and you pay the balance of the total billed charges. (See Dental Plan Highlights chart.)
- A \$1,000 per member per year benefit maximum, including a \$500 per member per year maximum for out-of-network benefits. (Each calendar year, the member is responsible for all charges incurred after the Plan has paid these amounts for covered dental services.)

The Blue Shield Dental HMO

With the Blue Shield Dental HMO, you choose a Dental Center from our Dental Center Directory. The Dental Center will provide and coordinate all your family's dental care. The Dental HMO features:

- An extensive network of general care and specialty dentists
- No deductibles and no calendar year maximums
- A wide range of dental benefits, including most diagnostic and preventive services at no out-of-pocket cost to you
- Specialty care available with a referral from your Dental Center
- No claims forms
- No waiting period for most services (there is a 12-month waiting period for orthodontic services)

Conditions of Coverage

You and all the dependents on your Blue Shield health plan are covered by the dental coverage you choose.

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

- Dental benefits are not subject to health plan deductible requirements, and do not accumulate toward the maximum calendar year copayment responsibility.
- In-network benefits of the Blue Shield Dental PPO and the Blue Shield Dental HMO will be underwritten by the Dental Plan Administrator, Dental Benefit Providers of California, Inc. (DBP). Dental PPO out-of-network benefits will be underwritten by Blue Shield and administered by DBP.

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.)

- If your dental coverage is cancelled for any reason (by you or by Blue Shield), you may apply for reinstatement, but your coverage (if approved) will be subject to a waiting period of 12 months from the cancellation date. If your health plan coverage is terminated or cancelled, your dental coverage is terminated as well.
- You and any dependents covered on your Blue Shield health plan are covered by the dental coverage you choose. The dental coverage will apply to all members on your plan.
- If you are signing up for the Blue Shield Dental HMO or enrolling a YouthCare member in the Dental HMO, please be sure to list a Dental Center on the application. If you do not have a copy of the Blue Shield Dental HMO Dental Center Directory, please visit our Web site at www.mylifepath.com or contact Dental Member Services at (800) 431-2809.

Dental Member Services

If you have a question about dental services, providers, your dental benefits, how to use your dental plan, or concerns regarding the quality of care or access to care that you have experienced, you may call your Dental Member Services Department at (888) 679-8928. Dental Member Services can answer many questions over the telephone.

Grievance and Appeals Process

Blue Shield of California has established an appeals procedure for receiving, resolving and tracking members' complaints, grievances and appeals with Blue Shield of California. For more information on this process, see the "Grievance and Appeals 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 the Blue Shield health coverage plans. However, you will receive one bill that combines your health, dental, and, if applicable, CPIC Life insurance dues. If you select the

Dental and Dental HMO plan benefits override Access+ *Dentist*. If you are an Access+ HMO 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 benefits of Access+ *Dentist*.



choose a
quality dental plan
that fits your
personal needs



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 Supplement to the Service Agreement for your health plan. We will automatically send you a copy of the applicable Supplement when your health plan application is approved. To have a Supplement sent sooner, please call **(800) 431-2809**.

For a complete description of the Access+ *Dentist* feature, please see the Access+ HMO Service Agreement.

SERVICE	DENTAL PPO ^{1,2}		DENTAL HMO ^{3,4}
	WITH PARTICIPATING DENTISTS, YOU PAY:	WITH NON-PARTICIPATING 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)	\$320	\$256	\$300*
Complete Denture (upper or lower)	\$388	\$310	\$400
ORAL SURGERY²			
Extraction (single tooth)	\$37	\$30	\$30
Removal of Impacted Tooth (complete bony)	\$113	\$90	\$125
ORTHODONTICS^{2,4,6}			
Fully banded (two year) case – child	\$2350***	Not covered	\$2350***
Fully banded (two year) case – adult	\$2650***	Not covered	\$2650***

1 Use any Participating Dentist to take advantage of contracted rates and pay lower out-of-pocket costs. When you use dentists who are not in our network, the Plan reimburses up to the amount listed and you are 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 Dental Center, chosen from the Blue Shield Dental HMO Dental Center Directory. If you need to see a specialist, you must get a referral from your Dental Center to receive covered services.

4 Dental HMO members have a 12-month waiting period for orthodontics. (There are no waiting periods for other covered services.)

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

6 Orthodontic services are a fixed patient copayment and do not apply to your \$1,000 In-Network Maximum.

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

*** Plus up to \$250 for records.



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, 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
- 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 Center, 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 grafts or periodontal surgery of any type 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 Card



Blue Shield of California
An Independent Member of the Blue Shield Association

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NAME: _____

SUBSCRIBER NUMBER: _____

ADDRESS: _____

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

BLUE SHIELD DENTAL PPO

BLUE SHIELD DENTAL HMO (PLEASE COMPLETE ITEM 2, BELOW.)

2. Dental HMO applicants only – please choose a Dental Center from the Dental HMO Dental Center Directory on our Web site, at www.mylifepath.com. This Dental Center will provide or coordinate all dental care for you and your covered dependents. If you don't have access to the Internet, call (800) 431-2809 for help choosing a Dental Center.

DENTAL CENTER NUMBER	DENTAL CENTER NAME

3. Directories for the Dental PPO and Dental HMO are available online at www.mylifepath.com. If you would like a directory mailed to you, please check below.

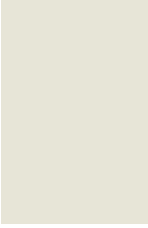
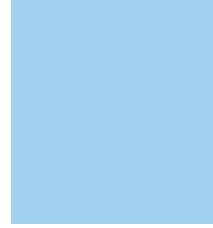
DENTAL PPO: DIRECTORY OF PARTICIPATING DENTISTS

DENTAL HMO: DENTAL HMO DENTAL CENTER DIRECTORY

4. All applicants – read carefully and sign below:

I confirm that I am or will be, at the time of dental enrollment, a Blue Shield Spectrum PPO Plan, Shield Spectrum PPO Savings Plan or Access+ HMO 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 the dental plan checked above, 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 canceled if my health plan is canceled. If my coverage is canceled for any reason (by myself or by Blue Shield), I may apply for reinstatement, but my dental coverage (if approved) will be subject to a 12-month waiting period from the cancellation date. I authorize my "provider of care", insurer, or health plan to disclose to Blue Shield of California, or their representatives, including my Blue Shield agent, all 'dental information' regarding me or any applying family member. This information will be used for evaluating the application, determining eligibility for benefits, and/or for quality assurance and peer review. A photocopy of this authorization is valid as the original.

SIGNATURE _____ DATE _____

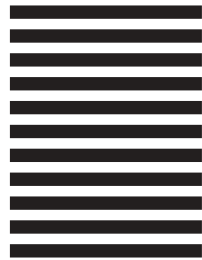


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