We are california



Individual and Family
Dental, vision & life
insurance plan guide

A complete plan is a better plan

There's more to good health than eating right, exercising and getting regular checkups. Taking care of your oral and visual health is just as important. That's why we offer a variety of dental and vision plans for you to choose from. If you're all about convenience, you can even get dental and vision coverage in a single plan with Specialty Duo.^{SM,*}

We also understand how important it is to invest in your loved ones' financial security. Life insurance* from Blue Shield of California Life & Health Insurance Company (Blue Shield Life) can help offer protection at a time when they need it most.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

Get a quote and apply at **bscapply.com**.

Smile, we've got your dental plan

Protect your smile with one of our dental plans, and you'll enjoy a range of dental benefits with access to a large network of providers. We offer both PPO and HMO dental plan options to fit your lifestyle. And remember, if you have children under age 19, their basic dental and vision needs are covered by the pediatric dental and pediatric vision benefits we include in every individual and family medical plan.

Not sure which plan to choose? We can help. HMO plans generally cost less per month and have lower out-of-pocket costs for services compared with PPO plans. PPO plans, however, offer you

more flexibility in your choice of dentists compared with HMO plans. So, if you value greater choice in dental providers and you're willing to pay a bit more in costs, a PPO plan may be right for you. If you are more concerned with keeping costs down than you are about flexibility in selecting a dentist, an HMO plan may be right for you. Visit blueshieldca.com/fap to locate PPO or HMO dentists in your area.

Now that you have a high-level view of your choices, compare the details on the next page.

See the monthly dental and vision plan rates charts on page 4 for complete rate details.

Dental plan rates and benefits

	ENHANCED DENTAL HMO \$0	DENTAL HMO	ENHANCED DENTAL PPO 25/500	ENHANCED DENTAL PPO 50/1250	DENTAL PPO	SPECIALTY DUO DENTAL + VISION PACKAGE*
Monthly rates starting at	\$14.20	\$20.00	\$22.40	\$27.20	\$31.60	\$47.90
Benefit	With participating providers, members pay:1					
Diagnostic and preventive services (includes, but is not limited to, cleanings, X-rays and initial and periodic oral examinations)	\$0	\$0	0%	0%	\$0 ²	\$O ²
Restorative services – fillings (one surface resin composite, anterior)	\$20	\$15	20%³	20%³	\$35⁴	\$37⁴
Oral surgery (includes, but is not limited to, extraction of erupted tooth or exposed root)	\$75	\$70	20%³	20%³	\$40 ⁴	\$40⁴
Removal of impacted tooth (complete bony)	\$225	\$125	50% ⁵	50% ⁵	\$113 ⁴	\$113⁴
Root canal (anterior root canal)	\$175	\$155	50%⁵	50%⁵	\$156⁴	\$156⁴
Root canal (molar)	\$355	\$290	50%5	50%5	\$234⁴	\$2344
Crowns (full cast high noble metal)	\$350 ⁶	\$3006	50% ⁵	50% ⁵	\$320 ⁵	\$320⁵
Pontic (porcelain fused to high noble metal)	\$350	\$300	50%⁵	50%⁵	\$293 ⁵	\$293 ⁵
Orthodontics	\$2,350 for under age 26, fully banded, two years \$2,650 for age 26+, fully banded, two years	\$2,350 for under age 26, fully banded, two years ⁵ \$2,650 for age 26+, fully banded, two years ⁵	Not covered	Not covered	\$2,350 for under age 26, fully banded, two years ^{5,7} \$2,650 for age 26+, fully banded, two years ^{5,7}	\$2,350 for under age 26, fully banded, two years ^{5,7} \$2,650 for age 26+, fully banded, two years ^{5,7}
Periodontal scaling and root planing (four or more teeth)	\$75	\$55	50%⁵	50%⁵	\$65⁴	\$65⁴
Surgical placement of implant body – endosteal implant (procedure code D6010)	N/A	\$1,375	N/A	50%⁵	\$612 ⁵	\$612 ⁵
Denture (full upper or lower)	\$400	\$400	50%⁵	50%⁵	\$388⁵	\$388 ⁵
Calendar-year deductible	\$0	\$0	\$25 per individual/ \$75 per family	\$50 per individual/ \$150 per family	\$50 per individual	\$50 per individual
Calendar-year benefit maximum	None	None	\$500 per individual	\$1,250 per individual	\$1,000 per individual	\$1,000 per individual

⁼ Benefit is available prior to meeting any deductible

= Benefit is subject to a deductible

This chart is an overview of benefits. For additional benefit information including non-network benefits, cost for services, waiting periods, and exclusions and limitations, please see the Benefit Summary and Important Legal Information booklets. To get these documents, just call us at (888) 254-3650.

- * Underwritten by Blue Shield of California Life & Health Insurance Company and pending regulatory approval.
- 1 The amounts indicated are a percentage of the allowable amounts. Network providers accept Blue Shield's allowable amounts as payment-infull for covered services.
- 2 Diagnostic and preventive services do not apply to the calendar-year benefit maximum for this plan.
- 3 There is a six-month waiting period for these services.

- 4 There is a three-month waiting period for these services.
- 5 There is a 12-month waiting period for these services.
- 6 If precious metals are used, the member will be charged at the dentist's cost. For Dental HMO, porcelain on molar teeth is subject to an additional charge of \$75.00.
- 7 Amounts do not accrue toward the calendar-year benefit maximum.

See the value of vision coverage

You can't see the world in a new light if you have poor vision health, so protect your vision with a Blue Shield vision plan. Basic vision care can cost you hundreds of dollars out of pocket, but for as little as \$15 per month, you can get valuable vision coverage to help you pay for your future vision care needs. And since we have one of the largest vision networks in California, finding an eye doctor who's right for you should be easy. Visit blueshieldca.com/fap to locate eye doctors in your area.

We offer three vision plans to choose from:

- The Ultimate Vision 15/25/150* is a comprehensive vision plan that features a \$150 frame allowance and a number of lens options.
- Or, if you are looking to save a little money without sacrificing dependable benefits, the Ultimate Vision 15/25/120* may be right for you.
- Specialty Duo* offers the convenience of vision and dental coverage in a single package.

Compare plan benefits to the right:

See the monthly dental and vision plan rates charts on page 4 for complete rate details.

		ULTIMATE VISION 15/25/150	ULTIMATE VISION 15/25/120	SPECIALTY DUO DENTAL + VISION PACKAGE		
Monthly rates starting at		\$19.10	\$14.92	\$47.90		
Benefit		Allowance and copays with participating providers:				
Eye exam (every 1	2 months)	\$15 copay	\$15 copay	\$0 copay		
Materials copay		\$25 copay	\$25 copay	\$25 copay		
Frame allowance		Up to \$150 allowance (every 12 months)	Up to \$120 allowance (every 12 months)	Up to \$100 allowance (every 24 months)		
Lenses (standard single vision, lined bifocal, or lined trifocal with scratch coating)		Every 12 months	Every 12 months	Every 24 months		
	Polycarbonate lenses (only for dependent children)	\$100 allowance	\$100 allowance	\$100 allowance		
Lens options	Photochromic lenses	\$115-\$200 allowance	Not covered	Not covered		
and treatments	Progressive lenses	\$140 allowance	Not covered	Not covered		
	Anti-reflective lens coating	\$50 allowance	Not covered	Not covered		
	Medically necessary	\$25 copay	\$25 copay	\$25 copay		
Contact lenses ²	Elective (cosmetic or convenience)	\$120 allowance (every 12 months)	\$120 allowance (every 12 months)	\$120 allowance (every 24 months)		
Diabetes Management Referral ³		\$0 copay	\$0 copay	\$0 copay		

= Benefit is available prior to meeting any deductible

This chart is an overview of benefits. For additional benefit information, cost for services, waiting periods, and exclusions and limitations, please see the Benefit Summary and Important Legal Information booklets. To get these documents, just call us at (888) 256-3650.

- * Underwritten by Blue Shield of California Life & Health Insurance Company and pending regulatory approval.
- Network providers accept Blue Shield's allowable amounts as payment in full for covered services. There is a 90-day waiting period for all vision benefits.
- 2 You may select contact lenses instead of eyeglasses.
- 3 This benefit is only available if you also have a Blue Shield medical plan.

Monthly dental and vision plan rates

Monthly dental PPO plan rates				
		Rate per member		
		Age 0 to 25 (3-child maximum)*	Age 26+	
All regions	Dental PPO	\$31.60	\$37.40	
	Enhanced Dental PPO 50/1250	\$27.20	\$35.00	
	Enhanced Dental PPO 25/500	\$22.40	\$28.70	

Monthly dental HMO plan rates				
		Rate per member		
		Age 0 to 25 (3-child maximum)*	Age 26+	
Regions 1, 2 and 12 ^t	Dental HMO	\$25.80	\$28.10	
	Enhanced Dental HMO \$0	\$18.30	\$22.70	
All other regions	Dental HMO	\$20.00	\$21.80	
	Enhanced Dental HMO \$0	\$14.20	\$17.60	

Please note: Monthly rates for dental plans are in addition to the rates for the medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, dental and, if applicable, vision plan rates.

- * Only dependent children age 0 to 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the age 0 to 25 rate. Also, if a dependent child will turn age 26 in 2017, that dependent does not count toward the three-child maximum rate cap. The dependent child will be charged the 26+ rate.
- t Region 1 is made up of the following counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba. Region 2 is made up of the following counties: Marin, Napa, Solano and Sonoma. Region 12 is made up of the following counties: San Luis Obispo, Santa Barbara and Ventura.

Monthly Specialty Duo dental + vision package rates				
		Rate per member		
		Age 0 to 25 (3-child maximum)*	Age 26+	
All regions	Specialty Duo dental + vision package	\$47.90	\$56.30	

Please note: Monthly rates for Specialty Duo are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health and dental + vision package rates.

* Only dependent children age 0 to 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the age 0 to 25 rate. Also, if a dependent child will turn age 26 in 2017, that dependent does not count toward the three-child maximum rate cap. The dependent child will be charged the 26+ rate.

Monthly vision plan rates					
		Rate per member			
		Age 0 to 25 (3-child maximum)*	Age 26+		
All regions	Ultimate Vision 15/25/120	\$14.92	\$14.92		
All legions	Ultimate Vision 15/25/150	\$19.10	\$19.10		

Please note: Monthly rates for vision plans are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, vision and, if applicable, dental plan rates.

Only dependent children age 0 to 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the age 0 to 25 rate.

Protect your family further with life insurance

Facing financial burdens after the loss of a loved one can be overwhelming, and having life insurance helps. Individual term life insurance plans from Blue Shield of California Life & Health Insurance Company can help safeguard the future of the significant people in your life. They provide critical financial protection that can be used to help cover living expenses, college education costs, mortgage payments and more.

We offer the financial protection and security of \$10,000, \$30,000, \$60,000, \$90,000 or \$100,000 in term life insurance, with low monthly rates based on your age.* For example, an individual in their thirties can purchase a \$100,000 policy for just \$17.45 per month.

Coverage is available to all individuals, ages 1 to 64,[†] with or without a Blue Shield health plan. Simply complete and submit the Application for Individual Term Life Insurance Coverage to apply.

- * Those under age 19 are not eligible for \$60,000, \$90,000 or \$100,000 coverage amounts.
- † All plans terminate at age 65.

See the chart below for complete rate details.

Monthl	Monthly individual term life insurance rates (all regions)					
Age range	\$10,000	\$30,000	\$60,000	\$90,000	\$100,000	
1 to 18*	\$1.95	\$2.95	N/A	N/A	N/A	
19 to 29	\$2.75	\$5.35	\$9.25	\$13.15	\$14.45	
30 to 39	\$3.05	\$6.25	\$11.05	\$15.85	\$17.45	
40 to 49	\$5.85	\$14.65	\$27.85	\$41.05	\$45.45	
50 to 59	\$13.85	\$38.65	\$75.85	\$113.05	\$125.45	
60 to 64	\$20.45	\$58.45	\$115.45	\$172.45	\$191.45	

Please note: Monthly rates for individual term life insurance are in addition to the rates for medical, dental and/or vision benefits.

* Those younger than age 19 are not eligible for \$60,000, \$90,000 or \$100,000 benefit amounts.



DEFINITIONS:

Allowable amount – The total dollar amount Blue Shield has established for payment of benefits the member has received.

Benefits (covered services) – The necessary dental and vision services and supplies covered by the dental and vision plans.

Copayment (copay) – The fixed dollar amount a member pays for benefits after meeting any applicable calendar-year deductible.

Deductible – The amount a member pays each calendar year for most covered services before Blue Shield begins to pay. Specific covered services, such as preventive care, are covered before a member reaches the calendar-year deductible.

Participating providers/provider network –

A provider (includes general dentists, dental specialists, optometrists and ophthalmologists) that has agreed to contract with Blue Shield to provide covered services to members of a dental and vision plan. A participating provider has agreed to accept Blue Shield's contracted rate as payment in full for covered services.

Ready to apply?

- ☐ Visit us at **bscapply.com**
- Call your broker

How to apply

You can purchase dental and vision plans without a medical plan at **bscapply.com**.

For individual term life insurance, download the application from **blueshieldca.com/LifeApplication** and mail it to the address included on the application.