blue CALIFORNIA

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

Individual and Family

Dental, vision, life

Dental plans, vision plans, and life insurance plans

Effective 1/26

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 eyes and teeth is important, too. That's why we offer a variety of dental and vision* plans for you to choose from. One of our most popular plans – Specialty Duo℠* – conveniently combines dental and vision coverage into a single package.

Round out your coverage by protecting your loved ones' financial security. Life insurance from Blue Shield of California Life & Health Insurance Company offers financial protection at a time when they need it most.

Smile, we've got your dental plan

Protect your smile with one of our PPO or HMO dental plans, and you'll enjoy a range of dental benefits including cleanings and X-rays for $0. Plans start at just $14.00 per month for adults. If you have children under age 19, their basic dental and vision needs are covered by the pediatric dental and 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 to PPO plans. PPO plans, however, offer more flexibility in your choice of dentists. So, if you value greater choice in dental providers, and you're willing to pay a bit more, a PPO plan may be right for you. If you're more concerned with keeping costs low rather than having a wider selection of dentists, an HMO plan may be what you are looking for. Visit **blueshieldca.com/fad** to find PPO or HMO dentists in your area.

Now that you have a high-level view of your choices, compare plan details on pages 2 and 3 and plan rates on page 6.

See page 7 for helpful definitions of important terms.

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

Dental plans	Dental Standard HMO	Dental HMO	Dental PPO	Specialty Duo Dental + Vision Package*	Dental PPO 1500
	Plans available direct through Blue Shield				
Adult rates start at	$16.40	$27.40	$51.40	$57.20	$59.30
Benefit	With participating providers, members pay:[1]				
Diagnostic and preventive services (cleanings, X-rays, and initial and periodic oral examinations)	$0	$0	$0[2]	$0[2]	$0[2]
Restorative services – Fillings (resin-based composite - one surface, anterior)	$20	$18	$37[3]	$37[3]	$37[3]
Oral surgery (extraction of erupted tooth or exposed root elevation and/or forceps removal)	$40	$34	$40[3]	$40[3]	$40[3]
Removal of impacted tooth (complete bony)	$225	$125	$113[3]	$113[3]	$113[3]
Root canal (retreatment of previous root canal therapy – Anterior)	$175	$245	$156[3]	$156[3]	$156[3]
Root canal (endodontic therapy, molar tooth - Excluding final restoration)	$355	$290	$234[3]	$234[3]	$234[3]
Crowns (porcelain fused to high noble metal)	$350[6]	$300[6]	$320[4]	$320[4]	$320[4]
Pontic porcelain fused to high noble metal	$350	$300	$293[4]	$293[4]	$293[4]
Orthodontics	$2,350 for under age 19, fully banded, two years $2,650 for age 19+, fully banded, two years	$2,350 for under age 19, fully banded, two years $2,650 for age 19+, fully banded, two years	$2,350 for under age 19, fully banded, two years[4,7] $2,650 for age 19+, fully banded, two years[4,7]	$2,350 for under age 19, fully banded, two years[4,7] $2,650 for age 19+, fully banded, two years[4,7]	$2,350 for under age 19, fully banded, two years[4,7] $2,650 for age 19+, fully banded, two years[4,7]
Periodontal scaling and root planing (four or more teeth per quadrant)	$75	$55	$65[3]	$65[3]	$65[3]
Surgical placement of implant body – Endosteal implant	Not covered	$1,375	$612[4]	$612[4]	$612[4]
Denture (complete upper or lower)	$400	$400	$388[4]	$388[4]	$388[4]
Calendar-year deductible	$0	$0	$50 per individual	$50 per individual	$50 per individual
Calendar-year benefit maximum	None	None	$1,000 per individual	$1,000 per individual	$1,500 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, cost for services, waiting periods, and exclusions and limitations, please see the Summary of Benefits and Important Legal Information booklets. To get these documents, call us at (888) 256-3650.

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

1 The amounts indicated are a percentage of the allowed charges. Network providers accept Blue Shield's allowed charges as payment in full for covered services.

2 Diagnostic and preventive services do not apply to the calendar-year benefit maximum for this plan.

3 There is a three-month waiting period for these services unless you had prior coverage. Contact Customer Service at (888) 271-4880 for more information about obtaining a waiver.

4 There is a six-month waiting period for these services unless you had prior coverage. Contact Customer Service at (888) 271-4880 for more information about obtaining a waiver.

5 There is a 12-month waiting period for these services unless you had prior coverage. Contact Customer Service at (888) 271-4880 for more information about obtaining a waiver.

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.

7 Amounts do not accrue toward the calendar-year benefit maximum.

8 Lifetime maximum is per person. Deductible is $50 per person or $150 per family.

Dental plans	Enhanced Dental PPO 50/2000	Enhanced Dental PPO 50/2000 Lifetime Ortho 1500	Blue Shield Family Dental HMO	Blue Shield Family Dental PPO
	Plans available direct through Blue Shield		Blue Shield plans available through Covered California	
Adult rates start at	$75.50	$82.00	$14.00	$45.70
Benefit	With participating providers, members pay:[1]			
Diagnostic and preventive services (cleanings, X-rays, and initial and periodic oral examinations)	0%	0%	0%	0%[2]
Restorative services – Fillings (resin-based composite - one surface, anterior)	20%[4]	20%[4]	$30	20%
Oral surgery (extraction of erupted tooth or exposed root elevation and/or forceps removal)	20%[4]	20%[4]	$65	50%[4]
Removal of impacted tooth (complete bony)	20%[4]	20%[4]	$160	50%[4]
Root canal (retreatment of previous root canal therapy – Anterior)	50%[5]	50%[5]	$245	50%[4]
Root canal (endodontic therapy, molar tooth - Excluding final restoration)	50%[5]	50%[5]	$300	50%[4]
Crowns (porcelain fused to high noble metal)	50%[5]	50%[5]	$300	50%[4,6]
Pontic porcelain fused to high noble metal	50%[5]	50%[5]	$300	50%[4,6]
Orthodontics	Not covered	50% ($1,500 lifetime maximum and subject to separate deductible)[5,7,8]	$350 for under age 19 when medically necessary, not covered for age 19+	50% for under age 19 when medically necessary, not covered for age 19+
Periodontal scaling and root planing (four or more teeth per quadrant)	50%[5]	50%[5]	$55	50%
Surgical placement of implant body – Endosteal implant	50%[5]	50%[5]	Not covered	Not covered
Denture (complete upper or lower)	50%[5]	50%[5]	$300 for under age 19, $400 age 19+	50%[4]
Calendar-year deductible	$50 per individual/ $150 per family	$50 per individual/ $150 per family	$0	$75 per individual/ $150 per family for up to age 19, $50 per individual for age 19+
Calendar-year benefit maximum	$2,000 per individual	$2,000 per individual	None	None for under age 19, $1,500 per individual age 19+

= 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, cost for services, waiting periods, and exclusions and limitations, please see the Summary of Benefits and Important Legal Information booklets. To get these documents, call us at (888) 256-3650.

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1 The amounts indicated are a percentage of the allowed charges. Network providers accept Blue Shield's allowed charges as payment in full for covered services.

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3 There is a three-month waiting period for these services unless you had prior coverage. Contact Customer Service at (888) 271-4880 for more information about obtaining a waiver.

4 There is a six-month waiting period for these services unless you had prior coverage. Contact Customer Service at (888) 271-4880 for more information about obtaining a waiver.

5 There is a 12-month waiting period for these services unless you had prior coverage. Contact Customer Service at (888) 271-4880 for more information about obtaining a waiver.

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.

7 Amounts do not accrue toward the calendar-year benefit maximum.

8 Lifetime maximum is per person. Deductible is $50 per person or $150 per family.

See the value of vision coverage

For as little as $7.90 per month, you can get valuable vision coverage. With the largest vision network in California – including private-practice eye doctors as well as retail locations like Costco, LensCrafters, Target, and Walmart – finding the right eye doctor for you is easy. Visit **blueshieldca.com/fad** to find eye doctors in your area.

Our vision plans also allow you to order contact lenses online and give you access to a valuable LASIK discount at LasikPlus®, TLC LaserEye Centers, and The LASIK Vision Institute.

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 many lens options.
- Or, if you are looking to save a little money without sacrificing dependable benefits, the Ultimate Vision 15/25/120* plan may be right for you.
- Specialty Duo* offers the convenience of vision and dental coverage in a single package.

Compare plan benefits and rates

		Ultimate Vision 15/25/120	Ultimate Vision 15/25/150	Specialty Duo Dental + Vision Package
Adult rates start at		$7.90	$14.70	$57.20
Benefit		**Copays with participating providers:**[1]		
Eye exam		$15 (every 12 months)	$15 (every 12 months)	$0 copay (every 12 months)
Materials (standard single vision, lined bifocal, or lined trifocal with scratch coating lenses)		$25 (every 12 months)	$25 (every 12 months)	$25 copay (every 24 months)
		Allowances with participating providers:[1]		
Frame allowance		$25 plus all charges above $120 (every 12 months)	$25 plus all charges above $150 (every 12 months)	$25 plus all charges above $100 (every 24 months)
Lens options and treatments	Polycarbonate lenses (only for dependent children)	$25 plus all charges above $100		
	Photochromic lenses	$25 plus all charges above $200		
	Progressive lenses	$25 plus all charges above $140		
	Anti-reflective lens coating	$25 plus all charges above $50		
Contact lenses[2]	Elective (cosmetic or convenience)	$25 plus all charges above $120 (every 12 months)	$25 plus all charges above $120 (every 12 months)	$25 plus all charges above $120 (every 24 months)

☐ = All benefits are available prior to meeting any deductible.

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

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

1 Network providers accept Blue Shield's allowed charges as payment in full for covered services.

2 You may select contact lenses instead of eyeglasses.

Protect your family with life and AD&D insurance

Facing financial burdens after the loss of a loved one can be challenging but having life and accidental death and dismemberment (AD&D) insurance can help. Individual term life and AD&D insurance plans from Blue Shield of California Life & Health Insurance Company help provide critical financial protection that can be used to help cover living expenses, college education costs, mortgage payments, and more.[1]

AD&D insurance provides another layer of protection. In the case of accidental death, the amount of your accidental death benefit matches your life insurance coverage. If you are accidentally injured, the dismemberment benefit will be a portion of the benefit amount.

We offer the financial protection and security of $10,000, $15,000, $25,000, $50,000, $75,000, or $100,000 in term life and AD&D insurance, with low monthly rates based on your age, sex, and nicotine use.[2]

Life insurance coverage may be purchased without AD&D, but AD&D may only be purchased with life insurance coverage. 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 and AD&D Insurance Coverage to apply.

* All plans terminate at age 65.

1 Within the first two years of the policy, if the insured dies because of suicide, no life insurance benefit will be paid; however, the premiums will be returned. Please refer to the policy for a complete description of this limitation.

2 Those under age 20 are only eligible for $10,000, $15,000, and $25,000 coverage amounts.

Monthly individual term life and AD&D insurance rates

To calculate the monthly premium, locate your age, sex, and nicotine status, then multiply the rate by the life insurance benefit amount. If you would like AD&D insurance as well, multiply the AD&D rate by the matching AD&D benefit amount.

For example, a 45-year-old female non-nicotine user who wants $50,000 of life insurance coverage would pay $12.40 ($0.248 x 50) per month. If she adds $50,000 in AD&D benefits, it would be an additional $5 ($0.10 x 50) per month, for a total of $17.40 ($12.40 + $5) per month.

Life rates per $1,000 of coverage				
Age range	**Male**		**Female**	
	Non-nicotine user	Nicotine user	Non-nicotine user	Nicotine user
1–19	$0.122	$0.244	$0.071	$0.143
20–24	$0.125	$0.250	$0.074	$0.148
25–29	$0.132	$0.263	$0.080	$0.159
30–34	$0.150	$0.300	$0.095	$0.191
35–39	$0.180	$0.361	$0.122	$0.244
40–44	$0.231	$0.463	$0.169	$0.337
45–49	$0.329	$0.658	$0.248	$0.495
50–54	$0.487	$0.974	$0.375	$0.749
55–59	$0.732	$1.464	$0.566	$1.131
60–64	$1.193	$2.386	$0.865	$1.730
AD&D rates per $1,000 of coverage				
0–64	$0.10	$0.10	$0.10	$0.10

A $1 monthly administrative fee will be included on each bill.

Monthly dental and vision plan rates

PPO dental plans available direct through Blue Shield

		Rate per member	
		Ages 0 through 25 (rate per child for first 3 dependents – No cost for 4th dependent and beyond)*	Age 26+
All regions	Dental PPO	$43.50	$51.40
	Dental PPO 1500	$50.10	$59.30
	Enhanced Dental PPO 50/2000	$58.60	$75.50
	Enhanced Dental PPO 50/2000 Lifetime Ortho 1500	$63.60	$82.00

HMO dental plans available direct through Blue Shield

		Rate per member	
		Ages 0 through 25 (rate per child for first 3 dependents – No cost for 4th dependent and beyond)*	Age 26+
Regions 2 and 12†	Dental Standard HMO	$16.90	$20.90
	Dental HMO	$32.40	$35.30
Regions 3-11 and 13-19	Dental Standard HMO	$13.20	$16.40
	Dental HMO	$25.00	$27.40

Blue Shield dental plans available through Covered California

		Rate per member	
Region‡	Family Dental HMO	Ages 0 through 18 (rate per child for first 3 dependents – No cost for 4th dependent and beyond)#	Age 19+
15-19		$14.60	$14.00
3-7, 9		$15.90	$15.30
8, 10-11, 13-14		$17.10	$16.50
12		$23.40	$22.50
2		$27.40	$26.30

		Rate per member	
Regions	Family Dental PPO	Ages 0 through 18 (rate per child for first 3 dependents – No cost for 4th dependent and beyond)#	Age 19+
1, 13-14		$30.10	$45.70
16		$31.60	$48.00
10-11, 17		$31.70	$48.20
15		$32.60	$49.60
9		$33.10	$50.30
3, 12, 18-19		$33.50	$51.00
4		$34.60	$52.60
2, 5-6, 8		$34.80	$53.00
7		$36.40	$55.40

* Only dependent children ages 0 through 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 on the policy, each child will be given a separate policy and each child will be charged the child age rate.

† Visit **blueshieldca.com/regions** to determine your region. The Dental HMO and Dental Standard HMO plans are not available in Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties, and not available in some ZIP codes in Marin, Napa, San Luis Obispo, and Santa Barbara counties.

‡ Visit **blueshieldca.com/regions** to determine your region.

A dependent 18 years of age will be charged the age 0-18 rate through the end of the year in which they turn 19. However, that dependent will continue to count toward the three-dependent maximum rate cap until they turn 21.

Monthly Specialty Duo dental + vision package rates

		Rate per member	
		Ages 0 through 25 (rate per child for first 3 children – No cost for 4th child and beyond)*	Age 26+
All regions	Specialty Duo dental + vision package	$48.50	$57.20

* Only dependent children ages 0 through 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 ages 0 through 25 rate.

Monthly vision plan rates

		Rate per member	
		Ages 0 through 25 (rate per child for first 3 children – No cost for 4th child and beyond)*	Age 26+
All regions	Ultimate Vision 15/25/120	$7.90	$7.90
	Ultimate Vision 15/25/150	$14.70	$14.70

* Only dependent children ages 0 through 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 ages 0 through 25 rate.

Definitions

Allowed charges – The dollar amount Blue Shield uses to determine payment for covered services.

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

Calendar year benefit maximum – The maximum amount Blue Shield will pay out in benefits each calendar year per member. The member is responsible for 100% of the contracted costs for services after the calendar year benefit maximum has been met.

Calendar year 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.

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

Participating providers/network providers – 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 or vision plan. A participating, or network, provider has agreed to accept Blue Shield's contracted rate as payment in full for covered services.

Have questions, need a quote, or want to apply?

You can purchase most dental and vision plans with or without a medical plan at **buyblueshieldca.com**. Blue Shield Family Dental plans must be purchased through Covered California at **coveredca.com**. To be eligible for a Blue Shield Family Dental plan through Covered California, you must also have a medical plan through Covered California (your medical plan can be with Blue Shield or any other company). If you already purchased a medical plan through Covered California and want to add dental coverage, you can add a Blue Shield Family Dental plan during Open Enrollment (November 1, 2025 – January 31, 2026).

For individual term life insurance, ask your broker or apply online at **blueshieldca.com/LifeApplication**.

Looking for a medical plan? We have a variety of PPO and HMO plans to choose from. Ask your broker for more information.

Broker Information

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* Underwritten by Blue Shield of California Life & Health Insurance Company.
Blue Shield of California is an independent member of the Blue Shield Association