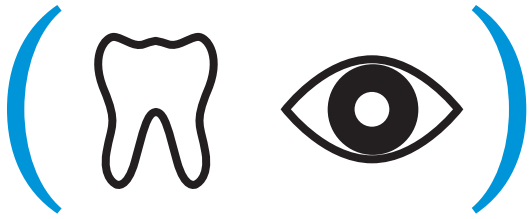


coverage that keeps you smiling!

Individual and family dental + vision coverage
available independent of Blue Shield medical plans

Effective March 1, 2013

Enjoy the protection of comprehensive Blue Shield dental and vision coverage
in one convenient combination with our Specialty DuoSM dental + vision package.¹
It's available to everyone living in California.²



Healthy mouth, healthy eyes, healthier you!

Did you know that more than 90% of all common diseases have oral symptoms?³ Or that eye exams can often detect serious, chronic conditions such as diabetes, hypertension, and high cholesterol?⁴

In fact, many health conditions can be detected through oral and eye examinations. And when health problems are identified early, there's a higher chance for successful treatment.

During dental exams your dentist checks your teeth and gums for cavities, gum disease, and other health problems. So when you keep your teeth healthy, you're also helping to keep your body healthy. That's why it's important to maintain good oral health with regular dental care.

Routine eye exams are important even if you think you have perfect vision, because they can detect both eye and systemic health problems. When detected early, many conditions can be corrected and managed more effectively – with less costly treatments and a better chance for a healthy outcome.

Why enroll?

The value you get with our Specialty Duo package keeps the cost of dental work and vision care from taking a deep bite out of your wallet. Whether you need treatment or just want preventive care, it's never too late to get dental and vision coverage to help maintain your oral, eye, and overall health.

Specialty Duo package – rates and features

Monthly rates

Adult/child	\$54.10
Adult and spouse/domestic partner	\$112.20
Adult and child	\$82.10
Adult and children	\$122.00
Family	\$190.20

Specialty Duo dental network plan features:

- Access to over 26,000 general and specialty dental care providers in California⁵
- Two annual teeth cleanings, plus annual X-rays and oral cancer screening for \$0 copayment
- Choice of network or non-network providers for services
- Low copayments for minor restorative and major services
- Fixed copayments when using network dentists
- No waiting period for diagnostic or preventive services
- Three-month waiting period for minor restorative services (includes periodontics and endodontics services) and 12-month waiting period for major restorative and orthodontic services
- Orthodontic benefits for children and adults¹²
- \$50 calendar-year deductible per member
- \$1,000 calendar-year benefit maximum per member, of which up to \$500 per member, per year can be used for non-network benefits⁶
- Enhanced dental benefits for pregnant women
- Dental plan member portal provides easy access to benefits and coverage information, claims payment and status updates, ordering replacement ID cards, and the ability to calculate treatment costs for pending services at www.yourdentalplan.com/bsca

Specialty Duo vision network plan features:

- Access to more than 19,000 ophthalmologists, optometrists, and opticians nationwide, including over 6,000 vision care providers in California⁷
- A network which includes retail locations such as Wal-Mart, LensCrafters, Target Optical and Costco which are conveniently open evenings and weekends
- Online eyewear provider My2020EyesDirect where Blue Shield benefits are applied instantly when ordering covered eyewear
- Choice of network or non-network providers for services
- \$0 copayment for eye exams
- \$25 copayment for lenses and low-vision aids
- \$100 frame allowance can be used toward any pair of frames
- Coverage for an eye exam once every 12 months
- Coverage for lenses or contact lenses every 24 months, or 12 months with a prescription change
- Coverage for frames every 24 months
- 90-day waiting period for services
- Benefit for non-prescription sunglasses if you've had LASIK or PRK surgery

Specialty Duo package highlight matrix

This chart is only a summary. For a complete list of the benefits, exclusions, and limitations of the Specialty Duo package, please refer to the *Specialty Duo Dental Plan policy* and the *Specialty Duo Vision Plan policy*.

Specialty Duo dental plan benefits^{8,9}

Calendar-year deductible	\$50 per person
Calendar-year maximum	\$1,000 (\$500 maximum may be used for non-network dentists) ⁶

Diagnostic & preventive services

Service	With network dentists, you pay:	With non-network dentists, we pay up to:
Comprehensive oral exams	\$0	\$40
Periodic oral exams	\$0	\$16
Complete X-rays	\$0	\$56
Prophylaxis (cleanings, one every 6 months)		
• Adult	\$0	\$48
• Child	\$0	\$34
Sealant/per tooth (covered to age 16) ¹⁰	\$0	\$22
Enhanced dental services for pregnant women ¹¹	\$0	100% of charge

Routine services⁸

One-surface composite (filling)	\$37	\$30
Two-surface composite (filling)	\$56	\$44
Anterior root canal	\$156	\$125
Molar root canal	\$234	\$187
Periodontal root planing/per quadrant	\$65	\$52
Extraction (single tooth)	\$40	\$32

Major services⁸

Crown (porcelain fused to noble metal)	\$320	\$256
Osseous surgery/per quadrant	\$263	\$210
Bridge pontic/false tooth – high noble metal (per unit)	\$293	\$234
Bridge retainer – porcelain fused to high noble metal (per unit)	\$313	\$250
Complete denture (upper or lower)	\$388	\$310
Removal of impacted tooth (complete bony)	\$113	\$90

Orthodontics^{8,12}

Fully banded (two-year) case – child	\$2,350 ¹³	Not covered
Fully banded (two-year) case – adult	\$2,650 ¹³	Not covered

Note: Dental diagnostic and preventive services are not subject to plan deductibles.

Specialty Duo vision plan benefits

Service and eyewear	Plan coverage when provided by network providers	Plan coverage when provided by non-network providers
Comprehensive examination – every 12 months		
Ophthalmologic	100%	Up to a maximum of \$60
Optometric	100%	Up to a maximum of \$50
Lenses^{14,15} – every 24 months (or 12 months with a prescription change)		
Single vision	100%	Up to a maximum of \$43
Bifocal	100%	Up to a maximum of \$60
Trifocal	100%	Up to a maximum of \$75
Aphakic or lenticular monofocal	100%	Up to a maximum of \$120
Aphakic or lenticular multifocal	100%	Up to a maximum of \$200
Polycarbonate lenses for covered dependent children	Up to a maximum of \$100	Up to a maximum of \$75
Frame – every 24 months	Up to a maximum of \$100 ¹⁶	Up to a maximum of \$40
Contact lenses^{15,17} – every 24 months (or 12 months with a prescription change)		
Non-elective (medically necessary) ¹⁸		
• Hard	100%	Up to a maximum of \$200
• Soft	100%	Up to a maximum of \$250
Elective contact lenses (cosmetic/convenience)	Up to a maximum of \$120	Up to a maximum of \$120
Plano (non-prescription) sunglasses^{17,19}	Up to a maximum of \$100 ¹⁶	Not covered
Diabetes management referral²⁰	100%	Not covered

Become a member today!

- 1 Specialty Duo package is underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). This plan is pending regulatory approval.
- 2 You must be a California resident at the time of enrollment. If you had a Blue Shield individual and family dental plan cancelled, you must wait six months from the date of cancellation before you can reapply.
- 3 "Prevent Oral Health Problems: Visit a Dentist Twice a Year"; Academy of General Dentistry, January 2007.
- 4 "The Eyes are the Windows to Wellness"; Employee Benefit News, August 1, 2009.
- 5 Dental providers in California are available through the contracted dental plan administrator.
- 6 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental benefits.
- 7 Vision providers in California are available through the contracted vision plan administrator.
- 8 Specialty Duo dental plan 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.
- 9 Use any network dentist to take advantage of contracted rates and pay lower out-of-pocket costs. When you use dentists who aren't in our network, the plan reimburses up to the amount listed and you're responsible for all charges in excess of that amount and a \$50 calendar-year deductible.
- 10 Coverage for sealants is limited to the first and second permanent molars.
- 11 One additional routine adult prophylaxis (including periodontal prophylaxis for gingivitis) for women during pregnancy, one periodontal maintenance visit if warranted by a history of periodontal treatment, and one course (up to four quadrants) of periodontal scaling and root planing for women during pregnancy with a documented existing periodontal condition.
- 12 Orthodontic services have a fixed patient copayment and do not apply to your \$1,000 network plan maximum.
- 13 You pay the copayment plus up to \$250 for records.
- 14 Each pair of lenses includes a pink or rose tint No. 1 or No. 2 in the allowance and up to 61mm in size.
- 15 A prescription change means any of the following: a change in prescription of 0.50 diopter or more; a shift in axis of astigmatism of 15 degrees; a difference in vertical prism greater than 1 prism diopter; or a change in lens type.
- 16 When the participating provider uses wholesale or warehouse pricing, the maximum allowable frame allowance will be as follows: wholesale allowance – \$66.04; warehouse allowance – \$69.09. Note that this pricing replaces the frame allowance shown in the Summary of Benefits. Network providers using wholesale or warehouse pricing are identified in the Directory of Network Vision Providers. You pay any cost above the allowed amount.
- 17 In lieu of lenses and frame.
- 18 A report from the provider and prior authorization from a contracted vision plan administrator are required.
- 19 For members who have had PRK, LASIK, or custom LASIK vision correction surgery only, this benefit of plano sunglasses allowance is equal to the plan's frame allowance. An eye exam by a network provider is required to verify laser surgery, or a note from the surgeon who performed the laser surgery is required to verify laser surgery. Available once every 24 months.
- 20 The diabetes disease management referral program is available to members who enroll in both Blue Shield medical and vision coverage.