

Blue Shield Dental Plans

Broker information for groups with 2 to 50 eligible employees

Effective January 1, 2011

Today employers are looking for ways to stretch their benefit dollars. While you help them consider their options, remember that dental coverage is an essential part of a benefit package that can help your clients maintain a happy, healthy workforce, which helps their bottom line. Your clients can select any Blue Shield dental plan without our health plans.

Advantages worth smiling about

Access to extensive networks. The dental PPO network includes more than 20,000 providers in California and 120,000 nationwide¹, and the dental HMO network includes more than 8,300 providers in California.

Plan choice. Choice of dental PPO and HMO plans with no waiting periods², voluntary plans, and dental plan packages:

- **Suite Deal Dental package:** Employees choose from a package of five dental plans: Can be sold alongside any Blue Shield health plan or on a standalone basis. Sixty-five percent participation is required with a minimum of two enrolled.
- **Dual Option Dental package:** Offers a choice between any two dental HMO and dental PPO plans, including voluntary dental plans, to groups with a minimum of two eligible employees.

Orthodontic coverage. Up to \$1,000 per calendar year for children and adults. All dental plans, including plans with orthodontic coverage, are available to groups with two or more employees.

Voluntary dental plans. For greater flexibility, our voluntary dental plans have no minimum participation or employer contribution requirement. All other (non-voluntary) dental plans require a 50% employer contribution and 75% employee participation.

Oral cancer screening benefit. All our dental PPO plans include an oral cancer screening benefit covered at 100%. Oral cancer can hide below the surface, and detecting it early greatly improves success of treatment.

Third cleaning for pregnant women. Periodontal treatment during pregnancy can reduce premature births by 84%³. That's why we provide one additional cleaning for pregnant women. A third periodontal maintenance visit is also covered, if needed to treat periodontal disease⁴.

Wellness discounts⁵. Available to all members, this program offers discounts on Weight Watchers, 24 Hour Fitness, prescription eyewear, drugstore.com, and alternative care services (acupuncture, chiropractic, massage therapy, herbal supplements). Visit blueshieldca.com/wellnessdiscounts for complete program details.

One-stop solution. By purchasing dental coverage through Blue Shield, employers enjoy the convenience of a one-stop solution for their health benefit package.

Easy to sell. Dental coverage is available with or without Blue Shield medical coverage. Neither underwriting nor a DE-6 is required for dental coverage. All that's needed is an application, payment, and enrollment information.

Find providers online

Search the directory of dental care providers at blueshieldca.com.

Please note that dental plans are not available with Access Baja[®] HMO plans. See footnotes, page 4.

Dental PPO plan comparison

What's in a name? Just the benefits you want: Plan names correspond to: deductible per person/calendar-year maximum/orthodontic coverage/out-of-network reimbursement level.

Plans	Deductible		Calendar-year maximum	Diagnostic and preventive care ¹	Basic services ³	Endodontics, Periodontics, and oral surgery	Major services ⁴	Orthodontics – all ages (up to \$1,000 per calendar year ⁵)
Smile Basic Voluntary 75/1000/ No Ortho/MAC ⁶	Network	\$75/person \$225/family	\$1,000 (\$750 may be used for non-network dentists)	100%	50%	50%	50%	Not covered
	Non-networks			50%	50%	50%	50%	
Smile Basic 75/1000/ No Ortho/MAC ⁹	Network	\$75/person \$225/family	\$1,000 (\$750 may be used for non-network dentists)	100%	50%	50%	50%	Not covered
	Non-networks			50%	50%	50%	50%	
Smile Value 50/1500/ No Ortho/MAC ⁹	Network	\$50/person \$150/family	\$1,500 (\$750 may be used for non-network dentists)	100%	80%	50%	50%	Not covered
	Non-networks			80% ²	70%	50%	50%	
Smile 50/1500/ No Ortho/MAC	Network	\$50/person \$150/family	\$1,500 (\$750 may be used for non-network dentists)	100%	80%	80%	50%	Not covered
	Non-networks			80% ²	70%	70%	50%	
Smile Plus 50/1500/ Ortho/MAC	Network	\$50/person \$150/family	\$1,500 (\$750 may be used for non-network dentists)	100%	80%	80%	50%	50%
	Non-networks			80%	70%	70%	50%	50%
Smile Plus Gold 50/1500/ Ortho/U85 ⁷	Network	\$50/person \$150/family	\$1,500 (\$1,000 may be used for non-network dentists)	100%	80%	50%	50%	50%
	Non-networks			80% ²	70%	50%	50%	50%
Smile Deluxe 2000 50/2000/ No Ortho/MAC	Network	\$50/person \$150/family	\$2,000 (may be used for both network and non-network dentists)	100%	80%	80%	50%	Not covered
	Non-networks			100% ²	80%	80%	50%	
Smile Deluxe 50/1500/ Ortho/MAC	Network	\$50/person \$150/family	\$1,500 (may be used for both network and non-network dentists)	100%	80%	80%	50%	50%
	Non-networks			100% ²	80%	80%	50%	50%
Smile Deluxe Plus 2000 50/2000/ Ortho/MAC ⁹	Network	\$50/person \$150/family	\$2,000 (may be used for both network and non-network dentists)	100%	80%	80%	50%	50%
	Non-networks			100% ²	80%	80%	50%	50%
Smile Deluxe Gold 50/1500/ Ortho/U85 ⁷	Network	\$50/person \$150/family	\$1,500 (may be used for both network and non-network dentists)	100%	80%	80%	50%	50%
	Non-networks			100% ²	80%	80%	50%	50%

1 Not subject to plan deductibles with network dentists. Includes routine oral exams, X-rays, cleanings, and oral cancer screening

2 Not subject to plan deductibles with network or non-network dentists.

3 Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.

4 Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores.

5 In addition to the calendar-year maximum for the other covered services.

6 Has a 12-month waiting period for major services.

7 Uses a different schedule of allowable amounts for non-network dentists than that used for network dentists. If you go to a non-network dentist, your reimbursement for a service by that non-network dentist may be less than the amount billed.

8 The coinsurance percentage indicated is a percentage of allowed amounts that Blue Shield pays to providers. Non-network providers can charge more than Blue Shield's allowable amount. When members use non-network providers, they must pay the applicable copayment/coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or copayment maximum.

9 Part of the Suite Deal Dental plan package.

Dental HMO plan comparison

Benefit/Service	Dental HMO Basic ⁵ (member pays)	Dental HMO Plus ⁵ (member pays)	Dental HMO Deluxe (member pays)	Dental HMO Voluntary (member pays)
Office Visit	\$5 per visit	\$5 per visit	\$5 per visit	\$5 per visit
Diagnostic and Preventive				
Comprehensive oral exam	\$0	\$0	\$0	\$0
Complete X-rays	\$0	\$0	\$0	\$0
Preventive				\$0
Prophylaxis (cleanings, every 6 months)	\$0	\$0	\$0	
Sealant application per tooth ¹	\$0	\$0	\$0	\$0
Routine Services				
Fillings (one-surface resin composite)	\$75 per tooth	\$64 per tooth	\$61 per tooth	\$71 per tooth
Anterior root canal	\$175 per tooth	\$75 per tooth	\$50 per tooth	\$125 per tooth
Molar root canal	\$525 per tooth	\$135 per tooth	\$90 per tooth	\$225 per tooth
Periodontal root planing	\$75 per quadrant	\$20 per quadrant	\$10 per quadrant	\$40 per quadrant
Routine extraction	\$40 per tooth	\$11 per tooth	\$6 per tooth	\$23 per tooth
Major Services				
Porcelain with metal crowns ²	\$350 each crown	\$150 each crown	\$125 each crown	\$250 each crown
Metal crowns ²	\$350 each crown	\$150 each crown	\$125 each crown	\$250 each crown
Osseous surgery (four or more teeth)	\$275 per quadrant	\$150 per quadrant	\$125 per quadrant	\$225 per quadrant
Full upper or lower denture (includes adjustments for first six months post insertion) ³	\$400 per denture	\$175 per denture	\$100 per denture	\$250 per denture
Pontics ³	\$350 each tooth replaced	\$150 each tooth replaced	\$125 each tooth replaced	\$250 each tooth replaced
Removal of impacted tooth (complete bony)	\$225 per tooth	\$75 per tooth	\$65 per tooth	\$95 per tooth
Orthodontics⁴				
Fully banded (two year) case - adult	\$2,650	\$1,700	\$1,500	\$2,650
Fully banded (two year) case - child through age 18	\$2,350	\$1,400	\$1,200	\$1,800

¹ Permanent molars only - eligible member through age 17.

² Precious metals, if used, will be charged to the member at the dentist's cost.

³ Denture relines if done within six months of the initial insertion of a denture are considered part of the original denture service and are included in the denture copayment; denture relines after six months of the initial insertion of a denture require the additional denture reline copayment.

⁴ In order to be covered, orthodontic treatment: 1) must be received in one continuous course of treatment; 2) must be received in consecutive months, and 3) must not exceed 24 consecutive months. Full case fee includes consultation, treatment plan, tooth movement, and retention. Orthodontist may charge member separately for records, limited to \$250 per case.

⁵ Part of the Suite Deal Dental plan package.

Help your clients get a return on their investment

Here is an example of the costs of coverage and employees' potential savings. The example below shows the annual costs for the employer and employee based on the Dental PPO SmileSM Basic plan.

With dental coverage		Without dental coverage ⁷	
Annual rate ⁶ (\$27 x 12 months)	\$324	Annual premium, deductible	\$0
Employer paid (minimum 50%)	- \$162		
Employee paid	= \$162		
Annual deductible	+ \$75		
Dental exam, cleaning, X-rays	No charge	Initial visit: Dental	\$92
		Cleaning	\$95
		X-rays	\$131
		Follow-up: Dental	\$52
		Cleaning	\$95
Employee portion of crown (reduced price) (\$746 x 50% = \$373)	+ \$373	Crown (full price)	+ \$1,120
Total employee cost	= \$610	Total retail cost	= \$1,585

MAC vs UCR dental plans⁸

MAC (Maximum Allowable Charge)

For groups who...

- Anticipate minimal out-of-network utilization
- Are looking for a lower price point

UCR (Usual, Customary and Reasonable)

For groups who...

- Anticipate high out-of-network utilization
- Want to minimize out-of-pocket costs when going out of network

Compare: That's nearly a \$1,000 savings!

As you'll see in the example above, the member pays a lower price for the crown with a network dentist, because network dentists agree to extend a lower negotiated rate to Blue Shield dental members.

Learn more

Find out how easy it is to combine our plans in one comprehensive package. Contact your Blue Shield sales representative to help you develop a customized benefit solution.

If your clients or their employees have questions about their existing dental coverage, the Dental Member Services team is available at **(888) 702-4171** (dental PPO) or **(800) 585-8111** (dental HMO) weekdays from 5 a.m. to 8 p.m. Or, refer them to blueshieldca.com/employer for more information.

¹ Dental providers in and out of California are available through a contracted dental plan administrator.

² The Smile Basic Voluntary plan has a 12-month waiting period for major services.

³ Dasanayake, A., et al. "Periodontal Pathogens and Gestational Diabetes Mellitus." *Journal of Dental Research*, April 1, 2008; 87(4): 328 - 333.

⁴ Periodontal maintenance covered with a documented periodontal condition. Covers one course of periodontal scaling and root planning.

⁵ These discount program services are not a covered benefit of Blue Shield health plans, and none of the terms or conditions of Blue Shield health plans applies.

The network of practitioners and facilities in the discount programs are managed by the external program administrators identified below, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy. Nor does Blue Shield make any recommendations, representations, claims or guarantees regarding the practitioners, their availability, fees, services, or products.

Some services offered through the discount program may already be included as part of the Blue Shield health plan covered benefits.

Members should access those covered services prior to using the discount program. Members who are not satisfied with products or services received from the discount program may use the Blue Shield's grievance process described in the Grievance Process section of the *Evidence of Coverage or Certificate of Insurance*. Blue Shield reserves the right to terminate this program at any time without notice.

Discount programs administered by or arranged through: Alternative Care Program – American Specialty Health Networks are subsidiaries of American Specialty Health Incorporated, Discount Vision program – MESVision, LASIK and PRK – Laser Eye Care of California LLC, Weight control – Weight Watchers North America, Fitness facilities – 24 Hour Fitness, Club Sport, and Renaissance Club Sport, Health products (excluding prescription drugs) – drugstore.com Inc.

⁶ All rates subject to change. Based on the January 1, 2011 employee rate in San Francisco (Region 2 and 3) under the Smile Basic 75/1000/No Ortho/MAC plan.

⁷ Out-of-pocket charges are based on 80% of the UCR rate for a procedure performed in San Francisco, CA.

⁸ Out-of-network reimbursement levels vary by plan and are either paid at a MAC amount as determined by the plan administrator or at the 85th percentile of UCR fees determined by the plan administrator by region. If the provider charges more than the MAC or UCR rate, the member is responsible for the difference. MAC is based on the Maximum Allowable Charge of providers in the area; UCR is based on Usual, Customary and Reasonable charges for providers in the area.