

Individual term life insurance coverage

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

Monthly individual term life insurance rates

Amount of insurance

Age range	\$10,000	\$30,000	\$60,000*	\$90,000*
1 to 18*	\$1.95	\$2.95	N/A	N/A
19 to 29	\$2.75	\$5.35	\$9.25	\$13.15
30 to 39	\$3.05	\$6.25	\$11.05	\$15.85
40 to 49	\$5.85	\$14.65	\$27.85	\$41.05
50 to 59	\$13.85	\$38.65	\$75.85	\$113.05**
60 to 64	\$20.45	\$58.45	\$115.45	\$172.45**

Please note: Individual term life insurance is available to primary subscribers (ages 1 to 64) of any Blue Shield health plan except those members of Blue Shield guaranteed-issue for individuals and families including child subscriber plans.

* Those under age 19 are not eligible for \$60,000 and \$90,000 benefit amounts.

** \$90,000 benefit amount is not available for new sales to those age 50 years or older. These members can purchase \$10,000, \$30,000 and \$60,000 in coverage. Existing members who reach age 50 are eligible to keep their original coverage until age 65.

Dental and term life insurance

Blue Shield Dental

PPO		HMO	
	Monthly rate		Monthly rate
Adult	\$35	Adult	\$17
Adult and spouse/domestic partner	\$74	Adult and spouse/domestic partner	\$34
Adult and child	\$53	Adult and child	\$30
Adult and children	\$79	Adult and children	\$35
Family	\$123	Family	\$66

Please note: Monthly rates for the dental HMO and dental PPO plans are in addition to the monthly rates for medical benefits covered by the Blue Shield health plan. For your convenience, you will receive one bill that combines your health, dental, and, if applicable, life insurance premiums. If you select the HMO medical plan, your dental HMO plan and health coverage effective dates must be the first of the month. (No benefits are paid for services received before the effective date.) If you select the PPO medical plan along with a dental HMO or dental PPO plan, you may request any effective date for both plans.

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/Policy for your health plan. For a complete description of the Access+ *Dentist* feature, please see the Access+ HMO Service Agreement. 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**.

Service	Dental PPO ^{1,2}		Dental HMO ^{3,4}	Access+ <i>Dentist</i>
	With network dentists, you pay:	With non-network dentists, the plan reimburses you up to:	You pay:	(Access+ HMO members only) ⁵ You pay:
Diagnostic services				
Comprehensive oral exams	\$0	\$40	\$0	\$20 (plus \$10 for full-mouth series X-rays)
Preventive care				
Prophylaxis (cleanings, every 6 months)				
Adult	\$0	\$48	\$0	\$20
Child	\$0	\$34	\$0	\$20
Sealant/per tooth⁶ (covered to age 16)	\$0	\$22	\$11	\$10
Restorative services²				
One-surface composite (filling)	\$37	\$30	\$15	80%**
Crown (porcelain fused to noble metal)	\$320	\$256	\$300*	80%**
Endodontics²				
Anterior root canal	\$156	\$125	\$155	80%**
Molar root canal	\$234	\$187	\$290	Not covered
Periodontics²				
Osseous surgery/per quadrant	\$263	\$210	\$303	Not covered
Periodontal root planing/per quadrant	\$65	\$52	\$75	80%**
Prosthetics²				
Bridge pontic/false tooth – high noble metal (per unit)	\$293	\$234	\$300*	80%**
Bridge retainer – porcelain fused to high noble metal (per unit)	\$313	\$250	\$300*	80%**
Complete denture (upper or lower)	\$388	\$310	\$400	80%**
Oral surgery²				
Extraction (single tooth)	\$40	\$32	\$34	80%**
Removal of impacted tooth (complete bony)	\$113	\$90	\$125	Not covered
Enhanced dental services for pregnant women⁷ (not subject to plan deductibles with network dentists)	\$0	100% of charge	Not covered	Not covered
Orthodontics^{2,4,8}				
Fully banded (2-year) case – child	\$2,350†	Not covered	\$2,350†	Not covered
Fully banded (2-year) case – adult	\$2,650†	Not covered	\$2,650†	Not covered

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

** Based on the attending dentist's billed charges.

† Plus up to \$250 for records.

1 Use any network 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; 12 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 dentist, chosen from the *Blue Shield Dental HMO Dental Provider Directory*. If you need to see a specialist, you must get a referral from your dental provider 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 Services available only when you use Access+ *Dentist*. (Access+ *Dentists* are listed in the *Blue Shield Directory of Access+ Dentists*.)

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

7 One additional routine adult prophylaxis (including periodontal prophylaxis for gingivitis) for women during pregnancy and 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.

8 Orthodontic services have a fixed patient copayment and do not apply to your \$1,000 in-network plan maximum.