

Dental Blue[®]

for Individuals and Families

Anthem 
Blue Cross
HEALTH
DENTAL
LIFE



Anthem 
Blue Cross

Affordable PPO solutions designed
to meet your dental needs

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Rating areas

Dental Blue plans are available in the areas listed below. To determine your monthly plan premium, locate your rating area based on the ZIP code of your primary residence, and then refer to the rate chart on Pages 14 and 15.

Availability

Availability may be limited in some counties. If you live in any of these areas, please review the Statement of Understanding on the application before choosing this plan.

Rating areas

Alameda	ZIP codes starting with 945, 946 and 953, except 94505, 94514 All other Alameda ZIPs	Area 4 Area 3
Alpine		Area 3
Amador		Area 3
Butte		Area 5
Calaveras		Area 4
Colusa	95957 Except 95957	Area 3 Area 5
Contra Costa	All except 94551 94551	Area 3 Area 4
Del Norte		Area 5
El Dorado		Area 3
Fresno	93313 All except 93313	Area 5 Area 6
Glenn		Area 5
Humboldt		Area 5
Imperial	92225 and 92274 92004 All except 92225, 92274, 92004	Area 4 Area 5 Area 6
Inyo	All except 93527 93527	Area 3 Area 6
Kern	ZIP codes starting with 933 All other Kern ZIPs	Area 5 Area 6
Kings		Area 6
Lake		Area 5
Lassen		Area 5
Los Angeles	ZIP codes starting with 901-904 and 913 ZIP codes starting with 905-908, 935, 91709 and 93243 ZIP codes starting with 900, 914 or 916 ZIP codes starting with 910-912, 915, 917 or 918, except 91709	Area 4 Area 6 Area 2 Area 7
Madera		Area 6
Marin		Area 1
Mariposa	95329 All except 95329	Area 4 Area 6
Mendocino		Area 5
Merced	95380 All except 95380	Area 4 Area 6

Modoc		Area 5
Mono		Area 3
Monterey	All except 95076 and 93451 95076 93451	Area 1 Area 4 Area 6
Napa	94589, 94590 All except 94589, 94590	Area 3 Area 5
Nevada	95602 All except 95602	Area 3 Area 5
Orange	ZIP codes starting with 926 all Orange ZIPs	Area 5 Area 6
Placer	All except 95692, 96161 95692, 96161	Area 3 Area 5
Plumas		Area 5
Riverside	ZIP codes starting with 922 except 92248 92028 All other Riverside ZIPs	Area 4 Area 5 Area 6
Sacramento	ZIP codes starting with 958 All other Sacramento ZIPs	Area 5 Area 3
San Benito	93930, 95004 All except 93210, 93930, 95004 93210	Area 1 Area 4 Area 6
San Bernardino	Except 91766, 91792 91766 and 91792	Area 6 Area 7
San Diego		Area 5
San Francisco		Area 3
San Joaquin	94505, 94514, 95632, 95690 All except 94505, 94514, 95632, 95690	Area 3 Area 4
San Luis Obispo	93426 All except 93426	Area 1 Area 6
San Mateo	Except 94303 94303	Area 1 Area 3
Santa Barbara		Area 6
Santa Clara	ZIP codes starting with 940, 943 94550, 95023, 95076 All other Santa Clara ZIPs	Area 3 Area 4 Area 5

Counties with limited availability

Area 3: Alpine, Amador, Colusa, El Dorado, Inyo, Mono

Area 4: Calaveras, Mariposa, Tuolumne

Area 5: Colusa, Glenn, Humboldt, Lake, Lassen, Modoc, Plumas, Sierra, Trinity, Yolo

Area 6: Mariposa, Tuolumne

Santa Cruz	All except 95033 95033	Area 4 Area 5
Shasta		Area 5
Sierra		Area 5
Siskiyou		Area 5
Solano	All except 94503, 95616, 95618, 95694 94503, 95616, 95618, 95694	Area 3 Area 5
Sonoma		Area 5
Stanislaus	All except 95322 95322	Area 4 Area 6
Sutter	All except 95645, 95692, 95836, 95948, 95837 95645, 95692, 95836, 95837, 95948	Area 3 Area 5
Tehama		Area 5
Trinity		Area 5
Tulare		Area 6
Tuolumne	95230, 95329 All except 95230, 95329	Area 4 Area 6
Ventura	ZIP codes starting with 930 or 932 All other Ventura ZIPs	Area 6 Area 4
Yolo		Area 5
Yuba		Area 5

Dental Blue monthly rates

New Rates effective as of 3/1/2009

The rates listed below are monthly premium rates. Please note that the monthly payment option is available only if you pay your premiums by automatic monthly checking account deduction. If you choose to be billed and pay by check, you must select either bimonthly or quarterly payment methods. To do this, simply multiply the rate by two (for bimonthly) or three (for quarterly).

Dental Blue 100 Basic	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Subscriber	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Subscriber & Spouse	40	40	41	40	40	40	39
Subscriber & Child	32	32	33	32	32	32	31
Subscriber & Children	47	47	48	48	48	47	46
Subscriber & Family	65	65	67	65	66	65	64
1 Child	12	12	12	12	12	12	12
2 Children	24	24	24	24	24	24	23
3+ Children	36	36	37	36	36	35	35

Dental Blue 100 Plus	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Subscriber	\$49	\$48	\$51	\$49	\$50	\$48	\$47
Subscriber & Spouse	98	96	102	98	100	96	94
Subscriber & Child	78	77	82	78	80	77	75
Subscriber & Children	116	114	121	116	118	114	112
Subscriber & Family	159	157	166	160	162	157	154
1 Child	29	29	31	29	30	29	28
2 Children	58	58	61	59	59	57	56
3+ Children	88	86	92	88	89	86	84

Dental Blue 200 Plus	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Subscriber	\$53	\$53	\$55	\$53	\$54	\$52	\$51
Subscriber & Spouse	106	105	109	106	107	104	103
Subscriber & Child	84	84	87	85	86	83	82
Subscriber & Children	125	125	129	126	127	124	122
Subscriber & Family	172	171	178	173	175	170	167
1 Child	32	31	33	32	32	31	31
2 Children	63	63	65	63	64	62	61
3+ Children	95	94	98	95	96	93	92

Dental Blue 200 Essential	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Subscriber	\$41	\$41	\$41	\$41	\$41	\$41	\$40
Subscriber & Spouse	82	82	83	82	83	82	81
Subscriber & Child	65	66	66	66	66	66	65
Subscriber & Children	97	97	98	98	98	97	96
Subscriber & Family	134	134	134	134	135	134	132
1 Child	24	25	25	25	25	25	24
2 Children	49	49	49	49	50	49	48
3+ Children	73	74	74	74	74	74	72

Note: All figures shown in dollar amounts.

How to enroll

If you are enrolling in Dental coverage only, or if you are a new or existing Anthem Blue Cross/ Anthem Blue Cross Life and Health Insurance Company Medical member who wants to add Dental:

- Complete and sign the attached application
- Determine your premium
- Choose your payment plan
- Write a check payable to Anthem Blue Cross
- Send the application and payment to the address below or to your agent



Please note that when you enroll in both a Medical and Dental plan, the same method of payment must be selected for both. For members with a Medical plan who are adding Dental coverage, you will need to send the first month's Dental premium with the application even if you currently pay your Medical premium by credit card or via automatic monthly checking account deduction.

To determine your initial premium:

- If you want to pay your bill monthly, fill out the attached Checking Account Deduction Authorization and submit it along with a check for one month's premium and a blank check marked "VOID"
- If you want to pay your bill every two months, write a check for two months' premium
- If you want to pay your bill every three months, write a check for three months' premium

Again, for those already enrolled in a Medical plan who are adding Dental, or those enrolling in both a Medical and Dental plan, you must select the same method of payment for both.

Send your application and payment to:
Anthem Blue Cross Life and Health Insurance Company
P.O. Box 9051
Oxnard, CA 93031-9051

Or send to your **Authorized Independent Agent**



**Anthem Blue Cross Life and Health Insurance Company
Individual Dental Blue PPO Plan Enrollment Application**

If you are an Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company subscriber, please enter your current group number and certificate number.

GROUP NO.	CERTIFICATE NO.
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Select One

<input type="checkbox"/> Dental Blue 100 Basic	<input type="checkbox"/> Dental Blue 200 Essential	<input type="checkbox"/> Dental Blue 100 Plus	<input type="checkbox"/> Dental Blue 200 Plus
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Application Information: Applicant must complete this section.

PLEASE PRINT

LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (Mo/Day/Year)	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M	SOCIAL SECURITY NUMBER
HOME ADDRESS (Must be complete, P.O. Box not acceptable)				BILLING ADDRESS IF DIFFERENT (or P.O. Box)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
HOME PHONE NO. ()			BUSINESS PHONE NO. ()			

Spouse To Be Insured (Sign Below)

NAME OF SPOUSE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (Mo/Day/Year)	SOCIAL SECURITY NUMBER
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Children To Be Insured

NAME (First and Last) 1.	SEX	BIRTHDATE (Mo/Day/Year)	NAME (First and Last) 3.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (Mo/Day/Year)
NAME (First and Last) 2.	SEX	BIRTHDATE (Mo/Day/Year)	NAME (First and Last) 4.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (Mo/Day/Year)

Signatures (Required)

Statement of Understanding for areas with limited availability. I understand the difference between a Participating Dentist and a Non-Participating Dentist, and would like to apply. I know that I probably will not be able to use a Participating Dentist and that I will probably pay more for dental care. When I use Non-Participating Dentists, I will pay the difference between the limited benefit that the plan pays and the actual charge by the Non-Participating Dentist. This means that I may be responsible for a larger portion of my dental bills.

REQUIREMENT FOR BINDING ARBITRATION

The following provision does not apply to class actions:

IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN OR ANY OTHER ISSUES RELATED TO THE PLAN AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: "It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration." THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN OR ANY OTHER ISSUES RELATED TO THE PLAN.

SIGNATURE OF APPLICANT/PARENT OR LEGAL GUARDIAN X	TODAY'S DATE	SIGNATURE OF APPLICANT'S SPOUSE X	TODAY'S DATE
SIGNATURE OF APPLICANT'S DEPENDENT AGE 18 OR OVER X	TODAY'S DATE	SIGNATURE OF APPLICANT'S DEPENDENT AGE 18 OR OVER X	TODAY'S DATE

Agent Information

SIGNATURE OF AGENT X	AGENT NAME (PRINT)	AGENT NUMBER
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FOR ANTHEM BLUE CROSS ONLY

GROUP NO.	CERTIFICATE NUMBER	AGENT NO.	EFFECTIVE DATE	PRE-EXIST	AREA	BY	DATE
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