

Dental Blue[®] Plans for Individuals and Families

For dental benefits you can smile about!

Why dental care is important to your overall health...

Consider this: people who suffer from periodontal disease are twice as likely to have heart disease or a stroke.¹ And there's also research linking poor oral health to diabetes, lung disease and premature births.²

Fortunately, regular dental checkups can help detect the early warning signs of certain health-related issues. That's just one reason why it's so important to take good care of your teeth and gums. And the Dental Blue plans from Anthem Blue Cross Life and Health Insurance Company can help make it easy and affordable.

¹ American Academy of Periodontology: Gum Disease Links to Heart Disease and Stroke, perio.org, 2008.

² National Institute of Dental and Craniofacial Research: Oral Health in America, 2008.

How the Dental Blue plans work:

We offer two great Dental Blue plans to choose from: Dental Blue Basic and Dental Blue Enhanced. The Dental Blue Basic plan provides coverage for many diagnostic services and preventive care such as cleanings, exams and X-rays, as well as fillings, with an annual maximum of \$500. The Dental Blue Enhanced plan includes cleanings, exams, X-rays and fillings — plus certain major services like root canals, periodontal procedures and crowns, with an annual maximum of \$1,250. It also includes orthodontic coverage for children after a 12-month waiting period.

A unique feature of Dental Blue is that members have access to the rates Anthem has negotiated with providers for covered services received during any applicable waiting periods and after the annual maximum has been met. These negotiated rates are available only at in-network providers.

Choice of dentists

Your dental plan lets you choose any dentist whether or not that dentist is part of our Dental Blue 100 network. The Dental Blue 100 network currently has more than 19,000 providers and provider locations - so it's likely your dentist participates in our program.

You might pay more when you visit an out-of-network dentist

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why: **In-network dentists** have agreed to payment rates for various services and cannot charge you more. On the other hand, **out-of-network dentists** don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service - called the "maximum allowed amount" - and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How we decide on maximum allowed amounts

The amounts we pay for dental services are based on a "fee schedule" (for example, the fee schedule may show that we will allow no more than \$50 per filling or \$25 for an office visit). The fee that Anthem pays for each out-of-network service is called the "maximum allowed amount" for that service. The maximum allowed amount is determined in one of the following ways:

- ▶▶ Out-of-network dental fee schedule/rates developed by Anthem*
- ▶▶ Information provided by a third-party vendor that gathers similar costs for dental services
- ▶▶ In-network dentist fee schedule

* These schedules may be updated based on things like reimbursement amounts accepted by dentists contracted with our dental plans or other industry cost, reimbursement and utilization data.

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and who provides the services.

Ted gets a crown from an out-of-network dentist who charges \$1,200 for the service and bills Anthem for that amount.

Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can balance bill Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- › Dentist's charge: **\$1,200**
- › Anthem's maximum allowed amount: **\$800**
- › Anthem pays 50%: **\$400**
- › You pay 50% (coinsurance): **\$400**
- › Balance you owe the provider: $\$1,200 - \$800 =$ **\$400**
- › Your total cost: $\$400$ coinsurance
+ $\$400$ provider balance = **\$800**

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been balance billed the \$400 difference.



Dental Blue benefits at-a-glance...

The chart below shows the covered benefits and amounts we pay for both of our Dental Blue plans.

	Dental Blue Basic		Dental Blue Enhanced	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$25 per member		\$50 per member/\$150 maximum per family	
Waived for Diagnostic and Preventive	Yes	No	Yes	No
Annual Maximum	\$500		\$1,250	
Diagnostic and Preventive Services Cleanings, Exams and X-rays	100%	80%	100%	80%
Basic Services				
Fillings	80%	60%	80%	60%
Other Minor Restorative	Not covered			
Major Services				
Oral Surgery	Not covered		50%	
Endodontics	50% – coverage for pulpotomies on primary teeth only		50%	
Periodontics	Not covered		50%	
Prosthodontics	50% - coverage for stainless steel crowns on primary teeth only		50%	
Orthodontics	Not covered		Children only 50%, \$100 deductible, \$500 annual/\$1,000 lifetime maximum	
Waiting Periods	No waiting period for cleanings, exams and X-rays; six-month waiting period for all other covered services		No waiting period for cleanings, exams and X-rays; six-month waiting period for basic services; 12 months for major services/orthodontics	

The amounts shown above reflect what we will pay after any deductibles have been met.

Rating Areas

Dental Blue plans are available in the areas listed on page 3. 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 charts on page 3.

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.

Counties with limited availability*

Area 3: Alpine, Amador, Inyo, Mono

Area 4: Calaveras

Area 5: Del Norte, Humboldt, Lake, Lassen, Modoc, Plimas, Sierra, Siskiyou, Tehama, Trinity

Area 6: Inyo

*As of 11/30/09.

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 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
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

Monthly rates*

Dental Blue Basic								Dental Blue Enhanced							
Area	1	2	3	4	5	6	7	Area	1	2	3	4	5	6	7
Member	\$25	\$27	\$23	\$24	\$23	\$22	\$24	Member	\$48	\$58	\$48	\$53	\$53	\$49	\$66
Member and Spouse	\$48	\$52	\$45	\$46	\$45	\$42	\$46	Member and Spouse	\$90	\$110	\$91	\$101	\$99	\$93	\$125
Member and Child	\$53	\$58	\$50	\$51	\$50	\$47	\$51	Member and Child	\$86	\$105	\$86	\$95	\$94	\$88	\$119
Member and Children	\$90	\$97	\$84	\$86	\$84	\$79	\$87	Member and Children	\$138	\$169	\$139	\$154	\$152	\$142	\$192
Member and Family	\$110	\$118	\$103	\$105	\$103	\$96	\$106	Member and Family	\$174	\$213	\$175	\$195	\$192	\$179	\$242
One Child	\$28	\$30	\$26	\$27	\$26	\$25	\$27	One Child	\$36	\$44	\$36	\$41	\$40	\$37	\$50
Two Children	\$56	\$61	\$53	\$54	\$53	\$49	\$54	Two Children	\$73	\$89	\$73	\$81	\$80	\$75	\$101
Three+ Children	\$91	\$98	\$85	\$87	\$85	\$80	\$88	Three+ Children	\$119	\$145	\$119	\$132	\$131	\$122	\$165

*Subject to change.



For a complete description of dental benefits, limitations and exclusions, please contact your Anthem Blue Cross Life and Health Insurance Company sales representative.

Eligibility

You and your enrolling dependents must be permanent, legal residents of California, ages 64 and 9 months or younger.

How to apply for coverage

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 health member who wants to add dental coverage:

- Complete and sign the Individual Enrollment Application.
- Determine your premium.
- Choose your method of payment.
- Send the application and payment to the address below or to your agent.

Please note that when you enroll in both a health and dental plan, the same method of payment must be selected for both. For members with a health 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 health premium by credit card or via automatic monthly checking account deduction.

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

This overview provides only a very brief description of some of the features of the plan. This is not the insurance contract and only the Certificate of Coverage ("Certificate") provisions apply. Please refer to the applicable Certificate which sets forth, in more detail, the benefits, limitations and exclusions. If there are any conflicts between the terms of the Certificate and the information outlined above, the terms of the Certificate will prevail.

Dental PPD plans and life plans provided by Anthem Blue Cross Life and Health Insurance Company. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. ®ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Payment Method (Premium payment required. Please choose from A or B.)

A. Please choose from the following options for initial payment and future payments. If you choose one of these options, you are not required to send in a paper check for initial payment: Credit/Debit Card (complete Section C) Monthly Checking Account Automatic Premium Payment (complete Section D)
 If you choose Credit/Debit Card, please select the frequency you would like your premiums deducted: Monthly Bi-Monthly Quarterly
NOTE: If no selection is made, this option will default to monthly.

B. If you did not select an option in Section A, please choose from the options below for your initial premium payment:
 Paper Check* Electronic Check (complete Section E) Credit/Debit Card (complete Section C)
 If you choose Credit/Debit Card, please select the number of months for your initial premium payment debit: One Month Two Months Three Months
NOTE: If no selection is made, the default debit will be one month's premium for initial payment. If you choose one of these three options, you will receive a bill every two months thereafter.

C. Credit/Debit Card

As a convenience to me, I request and authorize you to charge my card for monthly recurring premiums on each due date. I understand that the initial payment amount may vary as a result of change(s) during underwriting and/or subsequent payment amounts may vary as a result of change(s) I make once enrolled, such as, but not limited to, adding and deleting dependents, or moving my residence. If I provided my credit/debit card for the initial payment only in Section B, recurring payments will not be charged from my card. The amount may also change as outlined in my policy. This authority is to remain in effect until revoked by me by providing you a 30-day written notice. I agree that you shall be fully protected in honoring any such card payments. I further agree that if any such card payment be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, including any fees imposed by my bank, should my card be rejected even though such dishonor results in forfeiture of coverage.

We accept Visa, MasterCard, Discover and Star*.
 *For Star, we accept 16 digit card numbers only.

Card No. _____ Exp. ____/____ Cardholder ZIP code. _____
 (16 digits only)

Authorized Signature (As it appears on the credit card)	Cardholder Name (As it appears on the credit card) PRINT	Date
X		

D. Monthly Checking Account Automatic Premium Payment

By providing your check information to the right, you authorize us to electronically debit your bank account. If you have not selected an initial premium payment option from Section B, your bank account will be debited one month's premium the day after approval. Subsequent premium amounts will be debited on the day you request below.



Requested Debit Day: ____ (1st to 6th of each month)
 If no date is requested, your premiums will be debited on the first of each month.

Provide your Routing and Account numbers here. →

Bank Routing No. _____ Bank Account No. _____

As a convenience to me, I request and authorize you to charge my account for monthly recurring premiums on each due date. I understand that the initial payment amount may vary as a result of change(s) during underwriting and/or subsequent payment amounts may vary as a result of change(s) I make once enrolled, such as, but not limited to, adding and deleting dependents, or moving my residence. I agree that your rights in respect to each such debit shall be the same as if it were a check signed personally by me. I authorize Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Anthem Blue Cross and/or Anthem Blue Cross Life and Health Insurance Company premiums. This authority is to remain in effect until revoked by me by providing you a 30-day written notice. I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance. **NOTE:** Should your withdrawal not be honored by your bank, you will automatically be removed from Monthly Checking Account Automatic Premium Payment and be billed every two months. **You will incur a \$25 service charge for any withdrawal not honored.**

Authorized Signature (As it appears in the financial institution's records)	Account Holder Name PRINT	Date
X		

E. Electronic Check

Instead of sending a Paper Check, we can submit this same information electronically. You will need to complete the information below. We require an exact amount and check number of the check you are using. Please void this check to prevent future use.

Account Holder Name PRINT	Bank Routing No.	Account No.	Amount	Check No.
			\$	

* When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

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