

## Comprehensive dental benefits for you and your family

### Choose a Dental Blue® plan

Regular dental check-ups and cleanings are important to your overall health. That's why we give you the option of adding one of our Dental Blue plans to your Anthem health coverage.

- Dental Blue Basic 100:** Provides coverage for the basics, including routine dental check-ups and fillings. If your dental needs are simple, this may be the right plan for you.
- Dental Blue Essential 100:** Includes coverage for the basics, plus services like crowns, bridges, root canals and dentures. If you think you may need a plan that offers more comprehensive benefits, this is the right plan for you.
- Dental Blue Essential 200:** Has basically the same coverage as Dental Blue Essential 100 but gives you wider choice of network dentists in exchange for a slightly higher cost. If your favorite dentist is in our larger network, this plan may be the best choice for you.

### Save more by using our Dental Blue networks

While all three Dental Blue plans allow you to go to any dentist, you'll save the most money when choosing a dentist from your plan's dental provider network. There are two Dental Blue networks:

- **Dental Blue 100 network:** This is the value network for our Dental Blue 100 plans. Dental Blue Basic 100 and Essential 100 members can save the most on dental care when they choose a dentist from this network.
- **Dental Blue 200 network:** Includes the entire 100 network plus even more choices of dentists and specialists. Dental Blue Essential 200 members can save the most on dental care when they choose a dentist from this network.



## Compare benefits side by side

| Plan Names                         | Dental Blue Basic 100   | Dental Blue Essential 100   | Dental Blue Essential 200                               | All Dental Blue Plans  |
|------------------------------------|---|---|---|--|
| Annual Maximums                    | \$500 per member  | \$1,000 per member  |   |  |
| Networks                           | Dental Blue 100   |   | Dental Blue 200 (includes all Dental Blue 100 dentists) | You'll benefit from negotiated rates at Dental Blue providers.   |
| Diagnostic and preventive services | 100% covered within plan network. Pays set amounts out-of-network. Includes routine check-ups, cleanings, X-rays and fluoride applications.               | 100% covered within plan network. Pays set amounts out-of-network. Includes routine check-ups, cleanings, X-rays, fluoride applications and space maintainers.  |   | No waiting period; no deductible in or out-of-network; covers two routine cleanings and oral exams per year; molar/bicuspid X-rays; full mouth X-rays covered once every five years. |
| Minor restorative dental services  | 80% covered within plan network after \$50 deductible* Pays set amounts out-of-network. Includes fillings and space maintainers. Extractions not covered. | Pays set amounts within plan network and out-of-network after \$50 deductible.* Includes fillings and simple extractions.   |   | No waiting period  |
| Major restorative dental services  | Not covered   | Pays set amount within plan network and out-of-network after \$50 deductible.* Includes oral surgery, prosthodontics (i.e., crowns, bridges, and dentures), endodontics (i.e., root canals), and periodontics (i.e., scaling and root planing). |   | 12-month waiting period with Dental Blue Essential plan options.   |
| Monthly Rates by age range         |   |   |   |  |
| Adult (19-64)                      | \$18.50   | \$21.50   | \$31.00   |  |
| Child (0-18)                       | \$13.00   | \$15.00   | \$21.50   |  |

\* Per member, per calendar year  
Your fee schedule is included in your Individual Dental Contract.

This is only a summary of Dental Blue benefits. For complete benefit details, please refer to your Individual Dental Contract.

**Is your dentist in our Dental Blue networks? Go to [anthem.com](http://anthem.com) to find out.**

**Choosing a dentist.** You have the freedom to visit any dental provider. However, your dentist choice can make a difference in the amount you pay. The choice is yours!

**Dental Blue Basic 100 and Dental Blue Essential 100** – Using a dentist in the 100 network will be your most cost-effective option. If you choose a dentist in the 200 or 300 networks, you will still receive a discount on services.

**Dental Blue Essential 200** – Using a dentist in the 100 or 200 networks will be your most cost-effective option. If you choose a dentist in the 300 network, you will still receive a discount on services.

## How to Find a Dental Blue Provider

Go to [anthem.com](http://anthem.com)

**Filing a claim.** Claims should be submitted to Anthem Dental P.O. Box 9274, Oxnard CA 93031-9274.

## Limitations & Exclusions

### Limitations

This is a partial list of plan limitations. Please see the Individual Dental Plan Contract for a complete list. Note that some of these benefits may not be covered under the Dental Blue Basic 100 plan.

|   |   |
|---|---|
| <a href="#">Oral Evaluations</a>                        | Limited to two per calendar year.   |
| <a href="#">Prophylaxis or Periodontal Prophylaxis</a>  | Limited to two treatments per calendar year.  |
| <a href="#">Fluoride</a>                                | Fluoride treatment limited to two per calendar year children up to age 19.  |
| <a href="#">X-rays</a>                                  | Limited to one set of full-mouth X-rays or its equivalent in a five-year period. Periapical X-rays are limited to 4 films per year.                         |
| <a href="#">Bitewing X-rays</a>                         | Limited to one set of up to 4 films twice per calendar year.  |
| <a href="#">Sealants</a>                                | Limited to children under 16 years of age for permanent unrestored first and second molars. Treatment is limited to one application per tooth per lifetime. |
| <a href="#">Space Maintainers</a>                       | Limited to once per quadrant per lifetime for children up to age 16. Includes all adjustments within six months of placement.                               |
| <a href="#">Restorations</a>                            | Limited to once per surface per tooth every 24 months.  |
| <a href="#">Periodontal Scaling</a>                     | Limited to once per quadrant every 24 months.   |
| <a href="#">Periodontal Surgery</a>                     | Limited to one time per quadrant in a 36-month period.  |
| <a href="#">Root Canal Therapy</a>                      | Limited to one treatment per tooth for initial treatment and one retreatment per tooth – for permanent teeth only.  |
| <a href="#">Stainless Steel Crowns</a>                  | Limited to primary teeth only. Once per tooth in any five years.  |
| <a href="#">Crowns</a>                                  | Limited to once per tooth in any five years   |
| <a href="#">Removable Complete and Partial Dentures</a> | Limited to once in five years. Benefits are payable for either complete or immediate dentures, but not both.  |
| <a href="#">General Anesthesia</a>                      | Covered only when used in conjunction with covered oral surgical procedures.  |

### Exclusions

**This is a partial listing of plan exclusions. Please see the Individual Dental Plan Contract for a complete list.**

Prescribed drugs, pre-medication or analgesia including charges for nitrous oxide or any similar local anesthetic when the charge is made separately · Occlusal guards · Bleaching of non-vital discolored teeth · Crown buildups on the same tooth as an amalgam or composite restoration that was done within the same Calendar Year · Procedures to alter, restore or maintain occlusion, change vertical dimension, and replace or stabilize tooth structure lost by attrition, abrasion, erosion or bruxism · Harmful habit appliances · Services related to diagnosis or treatment related to the temporomandibular joint (TMJ) · Dental implants and all adjunctive services performed in conjunction with the placement or removal of implants including but not limited to surgery, cleanings, maintenance and prosthetics placed on implants · Infection control procedures, if billed separately · Precision attachments · Prefabricated resin crown or stainless steel crown with resin window · Pulpotomy on permanent teeth · Replacement of a prosthodontic appliance (fixed or removable) more often than once in any five-year period, whether under this contract or under any prior dental coverage · Root canal therapy on deciduous teeth · Sealants on restored teeth (occlusal surface) · Temporary/interim prosthodontia or appliances (temporary crowns, bridges, partials, dentures, etc.) · Biopsies · Services or supplies not specifically listed in the Covered Services section of the Individual Dental Contract.