

Dental and vision coverage for your total health

The mouth and eyes are important parts of your body, and your health. Regular dental and vision checkups can help find early warning signs of disease. So complete health coverage is more than just medical coverage, it also includes dental and vision coverage.

Taking care of your teeth and making regular visits to your dentist can help you stay healthy. An unhealthy mouth can actually affect the rest of the body. That's one reason why it's so important to take good care of your teeth and gums.

Routine eye checkups are about more than making sure you can see clearly. They're important to health, safety and learning. Even if you think you have 20/20 vision, it's key that you're checked regularly — at every age.

Eye exams can give you a glimpse into major health problems like diabetes, high blood pressure and heart disease.¹ Eye diseases often have no warning signs. So many people don't realize that they might have a chance of their vision getting worse or losing their sight all together.²

How does health care reform affect dental and vision coverage?

Essential health benefits include dental and vision

You've probably heard about the Affordable Care Act (ACA), also known as health care reform. Starting on January 1, 2014, many medical plans will be required to cover 10 essential health benefits, including one for dental and vision for children.

Pediatric dental essential health benefits — These benefits are built into some medical plans, and cover exams, cleanings and X-rays for children through our Prime network providers. Here are a few things you should know about our coverage:

- You can visit non-network providers, but it will cost you more out of pocket. For example, you usually pay more in coinsurance. Also, a non-network dentist can bill you for the difference between what we pay and what the dentist charges for care.
- Pediatric dental essential health benefits do **not** have a yearly limit (maximum) on coverage (what we pay). These benefits have an out-of-pocket (what you pay) limit.
 - For children, families cannot be charged more than two times the out-of-pocket limit. For a family with three children, if the out-of-pocket limit for one child is \$700, the family wouldn't pay more than \$1,400 even though there are three children. Adult benefits have a separate out-of-pocket limit.
- For a family, we will only charge a premium amount for no more than three children, even if the family has more children covered by the plan.



Pediatric dental essential health benefits are required

Pediatric dental is one of 10 essential health benefits that individuals are responsible for purchasing in the off-exchange marketplace.

To comply with the ACA, consumers have the following purchase options:

1. A medical plan that has pediatric dental essential health benefits coverage, **or**
2. A standalone pediatric dental essential health benefits policy, **or**
3. A standalone adult or family dental plan that includes pediatric dental essential health benefits coverage.

Pediatric dental coverage **may** be included with medical plans that comply with the ACA, but they are not required to be combined.

Pediatric vision essential health benefits — Health insurers must include pediatric vision coverage with all medical plans that follow the ACA. This benefit provides exams and vision materials (lenses and frames) for children. Our plans use Blue View VisionSM providers, which include retailers such as LensCrafters[®] and Target Optical[®], as well as 1-800 CONTACTS[®].

With these plans:

- Covered children can choose from a selection of frames and contact lenses.
- Glasses with Transitions[®] lenses (to protect eyes from UV rays) and polycarbonate lenses with scratch coating (to protect lenses from damage) are available at no extra charge.

Buying on exchange versus off exchange

In this brochure, we may use some words that aren't familiar to you. Some of them are related to health care reform. You can get coverage either "on exchange" or "off exchange." Let's explain the difference between them.

On exchange

This means buying your coverage through the exchange, also known as the Health Insurance Marketplace, which is run by the state or federal government. Health insurers offer plans with essential health benefits. If you're eligible for a subsidy to help pay for your health coverage and want to use it, you must get your medical plan through the exchange.

To learn more, visit your state exchange's website at www.connectforhealthco.com.

Off exchange

If you aren't eligible for a subsidy, or if you're shopping for a dental or vision plan, you don't have to buy through the exchange. You can still get coverage as you have in the past, through a broker or agent, or directly from an insurance company.

Because there are rules for on-exchange plans, you might find that off-exchange plans offer more choices.

Our off-exchange standalone coverage: Dental and vision plans to make you smile

Anthem Blue Cross and Blue Shield (Anthem) can help you get the dental and vision care you need — which can help you get a better handle on your total health. That's why many of our dental plans include exams, cleanings and X-rays covered 100%, and all of our vision plans cover you for yearly vision exams.

All-in-one or à la carte: Dental and vision benefits included in your medical plan vs. separate plans

You can buy a medical plan that includes dental and vision benefits, or you can buy separate plans. You may want to think about buying your dental and vision separate from your medical plan. This is because separate plans usually offer more choices, and may have more benefits to meet your needs.

The main differences for you would be how you apply for coverage and how you are billed.

Anthem Blue Cross and Blue Shield dental plans

We offer a variety of individual and family dental plan options to fit your needs and budget. These plans include:

- Anthem Dental Prime for Individuals and Families
- Anthem Dental Adult and Family plans

This table will help you compare our dental plan options:

In-Network Benefits

	Dental Prime plans			Anthem Dental plans	
	Plan A	Plan B	Plan C	Adult*	Adult Enhanced*
Diagnostic & preventive (D&P) – (cleaning, exams, X-rays) no waiting period	100%	100%	100%	100%	100%
Extra cleaning	For those who are pregnant or living with diabetes			Not covered	
Basic services – (fillings) 6-month waiting period	Not covered	80%	80%	50%	80%
Brush biopsy	Not covered	80%	80%	Not covered	
Complex and major services – 12-month waiting period	Not covered	50%	50%	30%	50%
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)					
Prosthetic services (crowns, dentures, bridges)	Not covered	Not covered	50%	30%	50%
Orthodontics	Not covered			Not covered	
Dental implants	Not covered	Not covered	Not covered	Not covered	Not covered
International Emergency Dental Program	Included			Included	
Providers	Dental Prime			Dental Prime	
Deductible per person	None	\$50	\$50	\$50	\$50
Yearly limit per person	\$500	\$1,000	\$1,250	\$750	\$1,000
Yearly out-of-pocket limit	None			None	
Premium payment options	Credit, debit/ATM card options			No credit, debit/ATM card options	
Premium discount	5% discount when paying each year			No discount	

* Anthem Dental Adult benefits differ from Dental Pediatric benefits. See detailed table under Anthem Dental Adult and Family plans.

Our dental plans come with the International Emergency Dental Program³

Members who travel outside of the U.S. have access to emergency dental services. With one call, we can help you find a credentialed, English-speaking dentist for your urgent dental care needs.

We can even help with translation services when you call the dentist's office. Services you get through this program don't count toward your yearly limit, if your plan has one.

Dental Prime for Individuals and Families

Our Dental Prime plans cover routine care (like exams, cleanings and X-rays) with no waiting periods, so you can use those benefits right away. Because there are three plan options, you can choose a plan that fits your needs and budget.

In-Network Benefits	Dental Prime plans		
	Plan A	Plan B	Plan C
Diagnostic & preventive (D&P) – (cleaning, exams, X-rays) no waiting period	100%	100%	100%
Extra cleaning	For those who are pregnant or living with diabetes		
Basic services – (fillings) 6-month waiting period	Not covered	80%	80%
Brush biopsy	Not covered	80%	80%
Complex and major services – 12-month waiting period			
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50%	50%
Prosthetic services (crowns, dentures, bridges)	Not covered	Not covered	50%
Orthodontics	Not covered		
Dental implants	Not covered	Not covered	Not covered
International Emergency Dental Program	Included		
Providers	Dental Prime		
Deductible per person	None	\$50	\$50
Yearly limit per person	\$500	\$1,000	\$1,250
Yearly out-of-pocket limit	None		
Premium payment options	Credit, debit/ATM card options		
Premium discount	5% discount when paying each year		

To find a Dental Prime provider near you, go to AnthemDentalAdmin.com and click **Enroll Now**. Enter your ZIP code, coverage type and date of birth. Click **Get Quote**, then **Dentist Search**.

Anthem Dental Adult and Family plans

We also offer adult plans that can be combined with pediatric essential health benefits plans to create a family plan.

Family plans offer these advantages:

- You will not be charged premiums for more than three children.
- For children, families will not be charged more than two times the out-of-pocket limit, regardless of how many children are in the family. Adult benefits have a separate out-of-pocket limit.
- Cosmetic orthodontic benefits for pediatric members when pairing Dental Adult Enhanced with Dental Pediatric Enhanced (50% coinsurance; 12-month waiting period, lifetime limit of \$1,000).

In-Network Benefits	Anthem Dental	Anthem Dental	Anthem Dental	Anthem Dental
	<i>Pediatric</i>	<i>Pediatric Enhanced</i>	<i>Adult</i>	<i>Adult Enhanced</i>
Diagnostic and preventive (D&P) (cleanings, exams and X-rays)	90%	100%	100%	100%
Basic services (fillings)	50%	80%	50%	80%
Major services (crowns, bridges, dentures, etc.)	50%	50%	30%	50%
Endodontic, periodontal and oral surgery services	50%	50%	30%	50%
Medically necessary orthodontia 12-month waiting period	50%	Medically necessary 50%; cosmetic buy-up available	Not covered	Not covered
Deductible	\$50	\$50 waived for D&P	\$50	\$50
Yearly limit	None	None	\$750	\$1,000
Yearly out-of-pocket limit	\$700	\$700	None	None

To find a provider near you with Anthem Dental Adult or Family plans, go to AnthemDentalAdmin.com and click **Enroll Now**. Enter your ZIP code, coverage type and date of birth. Click **Get Quote**, then **Dentist Search**.

Anthem Blue Cross and Blue Shield vision plans

Optional Blue View VisionSM coverage available

You can add optional Blue View Vision benefits to your Dental Prime plan. These plans feature:

- *A broad, convenient group of national providers* — Blue View Vision providers include more than 30,000 private practice doctors and more than 25,000 locations. This includes the nation's leading retail stores like LensCrafters[®], Sears OpticalSM, Target Optical[®], JCPenney[®] Optical, and most Pearle Vision[®] locations. These stores offer evening and weekend hours. You can also use your benefits at 1-800 CONTACTS[®].
- *A complete picture of your health between your eye care and health care providers* — only from Anthem Blue Cross and Blue Shield. With Blue View Vision, network eye care providers can now see data about a patient's eye health — including patient summaries, diagnoses, lab results and prescriptions. And they can share your eye health information with other network providers. So all network providers can better understand your whole health. This means they can give better, more holistic care.
- *"Add-ons" at no extra charge* — Factory scratch coating on eyeglass lenses is included at no extra cost. Transitions[®] and polycarbonate lenses for kids younger than 19 can be added at no extra cost.
- *Negotiated rates for other "add-ons"* — Includes Transitions lenses for adults at a fixed price, as well as tiered pricing for premium progressive lenses and premium anti-reflective coatings. This helps to reduce your out-of-pocket costs.
- *Value-added savings* — You can enjoy more savings of 15% to 40% on unlimited purchases of most extra pairs of eyewear, conventional contact lenses, lens treatments, specialized lenses and various accessories — even after you've used all of your covered benefits.

Vision care services	Benefit frequency	Participating services
Eye exam (with dialation as needed)	Once every 12 months	\$20 copay
Standard plastic (CR39) lenses*	Once every 24 months	
Single Vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once every 24 months	
Elective (conventional and disposable)		\$80 allowance
Non-elective		Covered in full
Frames	Once every 24 months	\$130 allowance

* Factory scratch coating is covered at no extra cost. Polycarbonate and Transition lenses are covered for dependents.

Save time and money with smart provider choices

While all PPO plans allow you to go to any provider, you can save money by choosing a network provider.

	network dentist	Non-network dentist
What you pay the provider	<ul style="list-style-type: none">• Your deductible• The percentage that's not covered by your insurance	<ul style="list-style-type: none">• Your deductible• The percentage that's not covered by your insurance• The difference between what the provider charges and the total amount we allow to be paid for a service
Claims paperwork	<ul style="list-style-type: none">• Your provider sends claims to us• We pay the provider directly	<ul style="list-style-type: none">• You or your provider may submit your claims to us• We pay you or your provider for covered expenses

You may pay more for care if you choose a non-network provider. Here's why:

network providers have agreed, by contract, to payment rates for services and cannot charge you more than these negotiated rates. If you have coinsurance or a deductible, you pay those amounts.

Non-network providers don't have a contract with us. They can charge you the difference between the total amount we allow to be paid for a service and the amount they normally charge for a service (plus your coinsurance or deductible).

How to enroll

Sign up today for our off-exchange dental and vision plans!

For Anthem Dental Adult or Family plans:

Fill out and sign the application form. Then give your completed form to your agent or mail it to us at:

Enrollment Department
P.O. Box 9041
Oxnard, CA 93031-9041

For Anthem Dental Prime plans:

With or without optional Blue View Vision coverage

Fill out a form online or by hand.

- Go to AnthemDentalAdmin.com and fill out a form online.
- Or fill out and sign the appropriate form. Then give the form to your agent or mail it to us at:

Dental Enrollment Department
P.O. Box 1193
Minneapolis, MN 55440-1193



There are currently no Dental Blue PPO-contracted dentists in: Baca, Chaffee, Crowley, Custer, Dolores, Elbert, Gilpin, Grand, Hinsdale, Jackson, Kiowa, Lake, Mineral, Moffat, Ouray, Phillips, Pitkin, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington, and Yuma counties.

There are currently no Dental Prime-contracted dentists in: Baca, Chaffee, Cheyenne, Crowley, Dolores, Eagle, Elbert, Gilpin, Grand, Hinsdale, Jackson, Kiowa, Lake, Mineral, Moffat, Ouray, Phillips, Pitkin, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington, and Yuma counties.

Out-of-network providers will bill you for amounts over what your plan pays, up to their usual charge.

The procedures listed here are a sample of covered services for members. If you need help to figure out the highest payable amount to an out-of-network dentist, you may call us at the number on your ID card.

Note: plan availability, rates and terms subject to regulatory review and approval. At the time of this brochure's creation, the products and plans described were pending regulatory review and approval. In the event of any conflict between this brochure and the final plans and terms ultimately approved by the regulator, the plans and terms approved by the regulator shall control.

This is only a brief description of some plan terms and benefits. Please refer to your Dental Benefit Policy for more complete details including benefits, limitations and exclusions.

1 All About Vision website: *Why Are Eye Exams Important?* (May 2011): allaboutvision.com/eye-exam/importance.htm

2 American Academy of Ophthalmology website: *Eye Diseases* (March 13, 2008) geteyesmart.org.

3 The International Emergency Dental Program is managed by DeCare Dental. DeCare Dental is an independent company offering dental management services to Anthem Blue Cross and Blue Shield.

Individual dental and vision premiums for Colorado



For policies with start dates beginning January 2014

We know that you have choices when it comes to health care coverage. Anthem Blue Cross and Blue Shield (Anthem) gives you access to complete dental coverage and one of the largest dental networks in the state. But cost is important to you too.

Because insurance can be a big part of your budget, we make every effort to keep our costs low – so you pay less for coverage. The price you pay for your dental premium depends on several things, including how much dental care costs and where you live.

Anthem Dental Adult and Family plans

To find your cost for these plans, select the table for the plan chosen for the adult member. With Anthem Dental Family plans, you will not be charged premiums for more than three children, even if the family has more children covered by the plan.

Anthem Dental Adult

1 Adult	\$24.93
2 Adults	\$49.86

Family

Anthem Dental Pediatric

1 Adult + 1 pediatric	\$41.77
1 Adult + 2 pediatric	\$59.23
1 Adult + 3 pediatric	\$76.69
2 Adults + 1 pediatric	\$66.08
2 Adults + 2 pediatric	\$83.54
2 Adults + 3 pediatric	\$101.00

Anthem Dental Adult Enhanced

1 Adult	\$33.17
2 Adults	\$66.34

Family

Anthem Dental Pediatric Enhanced

1 Adult + 1 pediatric	\$63.10
1 Adult + 2 pediatric	\$88.68
1 Adult + 3 pediatric	\$114.26
2 Adults + 1 pediatric	\$100.62
2 Adults + 2 pediatric	\$126.20
2 Adults + 3 pediatric	\$151.78

Dental Prime plans

Premiums (Annual rates reflect a 5% discount when pre-paying annually)	Plan A		Plan B		Plan C	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
Individual	\$24.00	\$273.60	\$40.55	\$462.25	\$50.40	\$574.55
Individual + 1	\$46.70	\$532.40	\$78.85	\$898.90	\$98.00	\$1,117.20
Family	\$74.70	\$851.60	\$126.20	\$1,438.70	\$156.80	\$1,787.50

Blue View Vision plans

This vision option is available only when combined with Dental Prime for Individuals and Families

Premiums (Annual rates reflect a 5% discount when pre-paying annually)	Monthly	Annual
Individual	\$7.20	\$82.08
Individual + 1	\$12.60	\$143.64
Family	\$20.16	\$229.82

There are currently no Dental Blue PPO-contracted dentists in: Baca, Chaffee, Crowley, Custer, Dolores, Elbert, Gilpin, Grand, Hinsdale, Jackson, Kiowa, Lake, Mineral, Moffat, Ouray, Phillips, Pitkin, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington, and Yuma counties.

There are currently no Dental Prime-contracted dentists in: Baca, Chaffee, Cheyenne, Crowley, Dolores, Eagle, Elbert, Gilpin, Grand, Hinsdale, Jackson, Kiowa, Lake, Mineral, Moffat, Ouray, Phillips, Pitkin, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington, and Yuma counties.

Out-of-network providers will bill you for amounts over what your plan pays, up to their usual charge.

The procedures listed here are a sample of covered services for members. If you need help to figure out the highest payable amount to an out-of-network dentist, you may call us at the number on your ID card.

Rates apply to members under age 65 and are subject to change.

As of January 1, 2014, the Affordable Care Act (ACA) or health care reform law, requires health insurers to pay an annual fee to fund premium subsidies and Medicaid expansion. This fee applies to fully insured dental plans. The monthly premiums listed above include the ACA insurer fee.

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