

Dental and vision

Benefit Charts

2025 Individual and Family Plans

Plans off the Marketplace

Anthem Essential Choice PPO
Anthem Dental Family PPO plans,
and Blue View Vision plans

For plans effective January 1, 2025

Anthem Essential Choice PPO Plans

You can choose among these three plan options, which offer different monthly premiums, annual benefit maximums, and levels of coverage*:

- **Basic** — covers preventive care and basic services, including nonsurgical gum treatments and tooth removal
- **Select** — covers major services, like root canals, oral surgery, crowns, bridges, and dentures; also covers cosmetic teeth whitening
- **Classic** — covers all of the above, with lower out-of-pocket costs for basic services; has a higher annual maximum benefit (\$1,500) than the Bronze and Silver plans
- **Premium** — covers all of the above, plus dental implants and orthodontics for children; has a higher annual maximum benefit (\$2,000) than the Bronze, Silver, and Gold plans
- **Incentive** — innovative plan with no waiting periods for any services; offers rewards for receiving preventive care by increasing the benefits for basic and major services the next year; at \$2,500, has the highest annual maximum benefit of any plan

Cost shares show what the member pays	Essential Choice Basic	Essential Choice Select	Essential Choice Classic	Essential Choice Premier	Essential Choice Incentive
	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Diagnostic and preventive	No waiting period	No waiting period	No waiting period	No waiting period	No waiting period
Cleaning, exams, x-rays	0% / 20% coinsurance	0% / 0% coinsurance	0% / 20% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance
Basic services (includes teeth whitening)	3-month waiting period	3-month waiting period	3-month waiting period	3-month waiting period	No waiting period
Fillings	50% / 50% coinsurance	50% / 50% coinsurance	20% / 40% coinsurance	20% / 20% coinsurance	40% / 40% coinsurance <i>Rewards yearly preventive care by lowering the coinsurance by 10% the following year, up to 20% coinsurance on Basic and 50% on Major.</i>
Brush biopsy	Covered	Covered	Covered	Covered	Covered
Complex and major services	Not covered	6-month waiting period	6-month waiting period	6-month waiting period	No waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50% / 50% coinsurance	50% / 50% coinsurance	50% / 50% coinsurance	70% / 70% coinsurance <i>Rewards yearly preventive care by lowering the coinsurance by 10% the following year, up to 20% coinsurance on Basic and 50% on Major.</i>
Prosthetics (crowns, dentures, bridges)	Not covered	50% / 50% coinsurance	50% / 50% coinsurance	50% / 50% coinsurance	70% / 70% coinsurance <i>Rewards yearly preventive care by lowering the coinsurance by 10% the following year, up to 20% coinsurance on Basic and 50% on Major.</i>
Orthodontia (children covered up to age 19)	Not covered	Not covered	Not covered	\$150 deductible, then 50% coinsurance <i>\$1,000 lifetime maximum for orthodontia (\$500 per year), after 12 month waiting period.</i>	\$150 deductible, then 50% coinsurance <i>\$1,000 lifetime maximum for orthodontia (\$500 per year).</i>
Dental network	Dental Prime	Dental Prime	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services)	\$50 per person, \$150 per family <i>Deductible is waived for diagnostic and preventive services received in our network.</i>	\$50 per person, \$150 per family <i>Deductible is waived for diagnostic and preventive services received in our network.</i>	\$50 per person, \$150 per family <i>Deductible is waived for diagnostic and preventive services received in our network.</i>	\$50 per person, \$150 per family <i>Deductible is waived for diagnostic and preventive services received in our network.</i>	\$50 per person, \$150 per family <i>Deductible is waived for diagnostic and preventive services received in our network.</i>
Annual maximum (per person)	\$1,000	\$1,000	\$1,500	\$2,000	\$2,500
Annual out-of-pocket limit	None	None	None	None	None

Note: This is only a brief description of some plan benefits. Please refer to the Booklet for more complete details, including benefits, limitations, and exclusions.

* All five plans cover tooth-colored fillings on back teeth.

Anthem Dental Family PPO plans

Each of our Dental Family plans covers pediatric dental essential health benefits for children up to age 19.

You can choose from these four benefit levels for adults:

- **Dental Family Value** — covers preventive care and basic services, like fillings and nonsurgical tooth removal
- **Dental Family** — covers preventive care, basic services, and more complex procedures, like root canals, oral surgery, crowns, and dentures
- **Anthem Dental Family Enhanced** — covers all of the above, with lower out-of-pocket costs for both adults and children; also covers cosmetic orthodontics for children

Cost shares show what the member pays	Dental Family Value		Dental Family		Dental Family Enhanced	
	Members age 18 and younger	Adults age 19+	Members age 18 and younger	Adults age 19+	Members age 18 and younger	Adults age 19+
	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Diagnostic and preventive	No waiting period	No waiting period	No waiting period	No waiting period	No waiting period	No waiting period
Cleaning, exams, x-rays	0% / 30% coinsurance	0% / 50% coinsurance	0% / 30% coinsurance	0% / 50% coinsurance	0% / 20% coinsurance	0% / 50% coinsurance
Basic services	No waiting period	6-month waiting period	No waiting period	6-month waiting period	No waiting period	6-month waiting period
Fillings	40% / 50% coinsurance	50% / 75% coinsurance	40% / 50% coinsurance	50% / 75% coinsurance	20% / 40% coinsurance	20% / 60% coinsurance
Brush biopsy	Not covered	Covered	Not covered	Covered	Not covered	Covered
Complex and major services	No waiting period	Not covered	No waiting period	12-month waiting period	No waiting period <i>Except 12-month waiting period for cosmetic orthodontia.</i>	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	50% / 50% coinsurance <i>Coverage for pediatric children does not cover periodontic or prosthetic services.</i>	Not covered	50% / 50% coinsurance <i>Coverage for pediatric children does not cover periodontic or prosthetic services.</i>	70% / 85% coinsurance	20% / 50% coinsurance <i>Coverage for pediatric children does not cover periodontic or prosthetic services.</i>	50% / 75% coinsurance
Prosthetics (crowns, dentures, bridges)	50% / 50% coinsurance <i>Coverage for pediatric children does not cover periodontic or prosthetic services.</i>	Not covered	50% / 50% coinsurance <i>Coverage for pediatric children does not cover periodontic or prosthetic services.</i>	70% / 85% coinsurance	50% / 50% coinsurance <i>Coverage for pediatric children does not cover periodontic or prosthetic services.</i>	50% / 75% coinsurance
Medically necessary orthodontia	50% / 50% coinsurance	Not covered	50% / 50% coinsurance	Not covered	50% / 50% coinsurance	Not covered
Cosmetic orthodontia	Not covered	Not covered	Not covered	Not covered	50% / 50% coinsurance <i>\$1,000 lifetime maximum for cosmetic orthodontia.</i>	Not covered
Dental network	Dental Prime	Dental Prime	Dental Prime	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services)	\$50	\$50	\$50	\$50	\$25	\$50
Annual maximum (per person)	None	\$750	None	\$750	None	\$1,000
Annual out-of-pocket limit	\$375 / None <i>Per child, up to \$750 per family.</i>	None	\$375 / None <i>Per child, up to \$750 per family.</i>	None	\$375 / None <i>Per child, up to \$750 per family.</i>	None

Note: This is only a brief description of some plan benefits. Please refer to the Booklet for more complete details, including benefits, limitations, and exclusions.

Blue View Vision plans

With Blue View Vision, you can choose from more than 43,000 eye doctors and other eye care providers at over 31,000 locations.¹ You can also go to an independent eye doctor or popular retailers, such as LensCrafters®, Target Optical®, and most Pearle Vision® locations. Our network is one of the largest in the country, so you'll be able to receive your eye care, glasses, and other accessories just about anywhere. Plus, you'll have 24/7 access to online stores, including Glasses.com, ContactsDirect or 1-800 CONTACTS®.

Plan features

Our plans are designed to give you options. They all have:

- Coverage for yearly eye exams.
- Add-ons, including factory scratch coating on eyeglass lenses, at no extra cost.
- Discounts for other add-ons, including Transitions® lenses, premium progressive lenses, and premium antireflective coatings.
- Value-added savings, including 15% to 40% off most extra pairs of glasses, contact lenses, lens treatments, specialized lenses, and various accessories — even after you've used all of your covered benefits.²
- Discounts through SpecialOffers@AnthemSM for LASIK and other products and services that promote health and well-being.

Stand-alone plans

If you'd like to buy vision coverage separate from medical and dental, we offer the following plan options:

Individual and family plans

You can choose from these three plans:

- Value
- Plus
- Enhanced

Our comprehensive plans include options for adding the latest lens enhancements for members over age 19.

You can choose from these five plans:

- Progressive Select
- Progressive Preferred
- Basic
- Premier
- Ultra

Pediatric vision benefits

Our Bundled, Value, Plus, and Enhanced plans cover exams, lenses, and frames for children. These add-ons are also available at no extra charge:

- Transitions lenses, to protect eyes from ultraviolet rays
- Polycarbonate lenses, with scratch coating to protect lenses

Savings example

When you have a Blue View Vision plan from Anthem, it can often pay for itself.

	Retail	Member copay	Member cost	Member saves
Exam	\$80	\$20	\$20	\$60
Frame	\$130	None	\$0	\$130
Bifocal lenses	\$80	\$20	\$20	\$60
Scratch coating	\$22	None	\$0	\$22
Progressive premium tier 1	\$140	None	\$85	\$55
Polycarbonate lenses	\$55	None	\$40	\$15
Antireflective premium tier 2	\$100	None	\$68	\$32
Transition lenses	\$110	None	\$75	\$35
Total	\$717			\$409

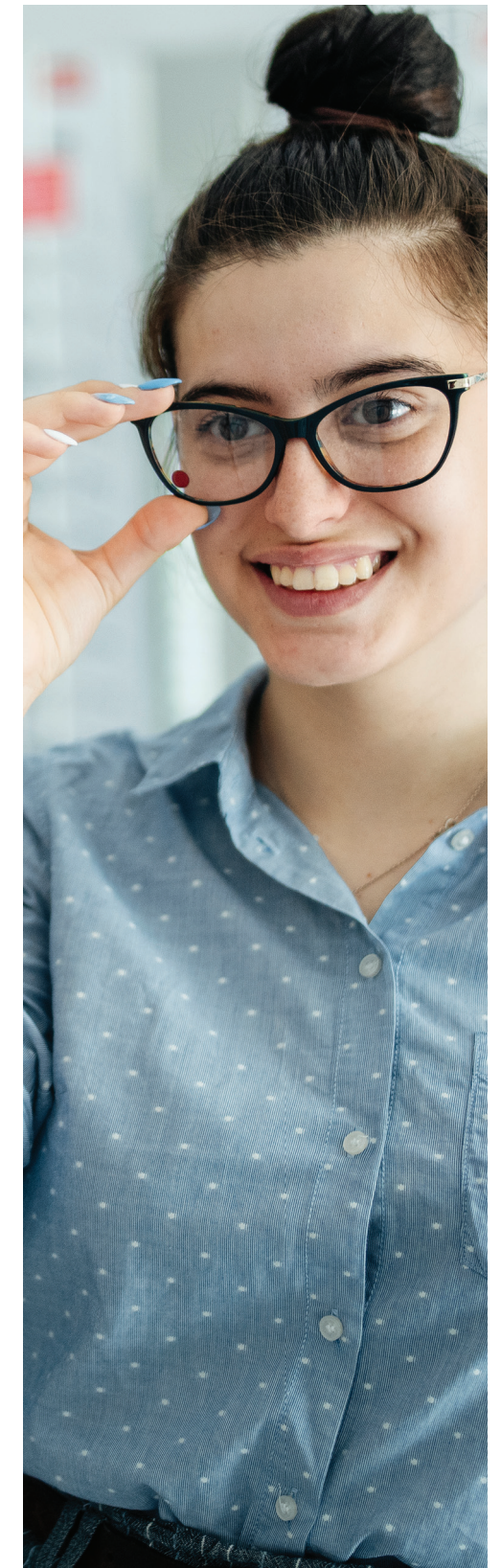
Bundled Plan

The Blue View Vision Bundled plan can only be purchased with a medical and/or dental plan.

	Blue View Vision Bundled	
	In-network	Out-of-network
Eye exam (with dilation as needed)	\$20 copay	\$30 Reimbursement
Frequency	Once every 12 months	Once every 12 months
Standard plastic (CR39) lenses¹		
Single vision	\$20 copay	\$25 Reimbursement
Bifocal	\$20 copay	\$40 Reimbursement
Trifocal	\$20 copay	\$55 Reimbursement
Frequency	Once every 24 months	Once every 24 months
Eyeglass lens add-ons		
Factory Scratch coating	\$0 copay	Not covered
Tint²	\$15 copay	Not covered
Standard anti-reflective coating	\$45 copay	Not covered
Standard progressive lens³ <i>The copay is in addition to bifocal copay.</i>	\$65 copay	\$40 Reimbursement
Polycarbonate		
Members under age 19	\$0 copay	Not covered
Members over age 19	\$40 copay	Not covered
Transitions®		
Members under age 18	\$0 copay	Not covered
Members over age 18	\$75 copay	Not covered
Frequency	Once every 24 months	Once every 24 months
Frames		
Frequency	\$130 allowance 20% off any remaining balance	\$45 Reimbursement
Contact lenses		
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.		
Elective (conventional and disposable)	\$80 allowance 5% off any remaining balance on conventional and disposable lenses	\$60 Reimbursement
Nonelective	\$0 copay	\$210 Reimbursement
Frequency	Once every 24 months	Once every 24 months

¹ NetMinder data, May 2020.

² Laws in some states may prohibit in-network providers from discounting products and services that are not covered benefits.



Blue View Vision plans

The Blue View Vision plans listed on the following pages can be purchased with or without a medical and/or dental plan.

	Blue View Vision Enhanced		Blue View Vision Plus		Blue View Vision Value		Blue View Progressive Preferred	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Eye exam (with dilation as needed)	\$10 copay	\$30 Reimbursement	\$10 copay	\$30 Reimbursement	\$20 copay	\$30 Reimbursement	\$10 copay	\$30 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Standard plastic (CR39) lenses¹								
Single vision	\$10 copay	\$25 Reimbursement	\$20 copay	\$25 Reimbursement	\$20 copay	\$25 Reimbursement	\$10 copay	\$25 Reimbursement
Bifocal	\$10 copay	\$40 Reimbursement	\$20 copay	\$40 Reimbursement	\$20 copay	\$40 Reimbursement	\$10 copay	\$40 Reimbursement
Trifocal	\$10 copay	\$55 Reimbursement	\$20 copay	\$55 Reimbursement	\$20 copay	\$55 Reimbursement	\$10 copay	\$55 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Eyeglass lens add-ons								
Factory Scratch coating	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Tint²	\$15 copay	Not covered	\$15 copay	Not covered	\$15 copay	Not covered	\$5 copay	Not covered
Standard anti-reflective coating	\$45 copay	Not covered	\$45 copay	Not covered	\$45 copay	Not covered	\$15 copay	Not covered
Standard progressive lens³ <i>The copay is in addition to bifocal copay.</i>	\$65 copay	\$40 Reimbursement	\$65 copay	\$40 Reimbursement	\$65 copay	\$40 Reimbursement	\$30 copay	\$40 Reimbursement
Polycarbonate								
Members under age 19	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered	\$40 copay	Not covered
Members over age 19	\$40 copay	Not covered	\$40 copay	Not covered	\$40 copay	Not covered	\$10 copay	Not covered
Transitions[®]								
Members under age 18	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered	\$65 copay	Not covered
Members over age 18	\$75 copay	Not covered	\$75 copay	Not covered	\$75 copay	Not covered	\$20 copay	Not covered
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Frames	\$150 allowance 20% off any remaining balance	\$45 Reimbursement	\$130 allowance 20% off any remaining balance	\$45 Reimbursement	\$130 allowance 20% off any remaining balance	\$45 Reimbursement	\$150 allowance 20% off any remaining balance	\$45 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year	Once every calendar year	Once every calendar year
Contact lenses								
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.								
Elective (conventional and disposable)	\$150 allowance 15% off any remaining balance on conventional and disposable lenses	\$60 Reimbursement	\$130 allowance 15% off any remaining balance on conventional and disposable lenses	\$60 Reimbursement	\$80 allowance 15% off any remaining balance on conventional and disposable lenses	\$60 Reimbursement	\$150 allowance 15% off any remaining balance on conventional and disposable lenses	\$60 Reimbursement
Nonelective	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year

¹ NetMinder data, May 2020.

² Laws in some states may prohibit in-network providers from discounting products and services that are not covered benefits.

Blue View Vision plans

The Blue View Vision plans listed on the following pages can be purchased with or without a medical and/or dental plan.

	Blue View Progressive Select		Blue View Vision Basic		Blue View Vision Premier		Blue View Vision Ultra	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Eye exam (with dilation as needed)	\$10 copay	\$30 Reimbursement	\$20 copay	\$30 Reimbursement	\$10 copay	\$30 Reimbursement	\$10 copay	\$30 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Standard plastic (CR39) lenses¹								
Single vision	\$20 copay	\$25 Reimbursement	\$20 copay	\$25 Reimbursement	\$20 copay	\$25 Reimbursement	\$10 copay	\$25 Reimbursement
Bifocal	\$20 copay	\$40 Reimbursement	\$20 copay	\$40 Reimbursement	\$20 copay	\$40 Reimbursement	\$10 copay	\$40 Reimbursement
Trifocal	\$20 copay	\$55 Reimbursement	\$20 copay	\$55 Reimbursement	\$20 copay	\$55 Reimbursement	\$10 copay	\$55 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Eyeglass lens add-ons								
Factory Scratch coating	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered	\$0 copay	Not covered
Tint²	\$5 copay	Not covered	\$15 copay	Not covered	\$5 copay	Not covered	\$5 copay	Not covered
Standard anti-reflective coating	\$15 copay	Not covered	\$15 copay	Not covered	\$15 copay	Not covered	\$15 copay	Not covered
Standard progressive lens³ <i>The copay is in addition to bifocal copay.</i>	\$30 copay	\$40 Reimbursement	\$65 copay	\$40 Reimbursement	\$65 copay	\$40 Reimbursement	\$65 copay	\$40 Reimbursement
Polycarbonate								
Members under age 19	\$40 copay	Not covered	\$40 copay	Not covered	\$40 copay	Not covered	\$40 copay	Not covered
Members over age 19	\$10 copay	Not covered	\$10 copay	Not covered	\$10 copay	Not covered	\$10 copay	Not covered
Transitions[®]								
Members under age 18	\$65 copay	Not covered	\$65 copay	Not covered	\$65 copay	Not covered	\$65 copay	Not covered
Members over age 18	\$20 copay	Not covered	\$20 copay	Not covered	\$20 copay	Not covered	\$20 copay	Not covered
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Frames	\$130 allowance 20% off any remaining balance	\$45 Reimbursement	\$150 allowance 20% off any remaining balance	\$45 Reimbursement	\$180 allowance 20% off any remaining balance	\$45 Reimbursement	\$200 allowance 20% off any remaining balance	\$45 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year
Contact lenses Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.								
Elective (conventional and disposable)	\$130 allowance 15% off any remaining balance on conventional and disposable lenses	\$60 Reimbursement	\$150 allowance 15% off any remaining balance on conventional and disposable lenses	\$60 Reimbursement	\$180 allowance 15% off any remaining balance on conventional and disposable lenses	\$60 Reimbursement	\$200 allowance 15% off any remaining balance on conventional and disposable lenses	\$60 Reimbursement
Nonelective	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement	\$0 copay	\$210 Reimbursement
Frequency	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year	Once every calendar year

¹ NetMinder data, May 2020.

² Laws in some states may prohibit in-network providers from discounting products and services that are not covered benefits.

Limits and exclusions

Exclusions - Blue View Vision

- Services not listed in the “Your Vision Benefits” section of the Booklet.
- Sunglasses. Sunglass lenses or accompanying frames.
- Any amounts in excess of the maximum benefits stated in the Booklet.
- Premium contact lenses fittings.
- Cosmetic lens options not specifically listed in the “What is Covered” section of the Booklet.
- Any non-prescription lenses, eyeglasses or contacts, or plano lenses or lenses that have no refractive power.
- Any diagnostic testing or medical or surgical treatment of the eyes, including any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye, such as nearsightedness (myopia) and/or astigmatism. We also will not cover any contact lenses or eyeglasses required as a result of this surgery.
- Any lost or broken lenses or frames, unless you have reached a new benefit period.
- Services received before your effective date or after your coverage ends.
- Services for which you are not legally obligated to pay, for which you are not charged, or for which no charge is made in the absence of insurance coverage.

Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers’ compensation law or similar law, even if you do not claim those benefits. If there is a dispute or substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to any workers’ compensation law or similar law, we will provide the benefits of this plan for such condition, subject to our right to a lien or other recovery applicable law.

Any services actually given to you by a local, state, or federal government agency, or by a public school system or school district, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if you are not required to pay for them or they are given to you for free.
- Treatment or services rendered by non-licensed providers and treatment or services for which the provider of services is not required to be licensed.
- Services of relatives.
- Orthoptics or vision training and any associated supplemental testing.
- Missed or cancelled appointments.
- Services or supplies combined with any other offer, coupon or in-store advertisement.



Connecting
you to the
right coverage

Dental and vision

2025 Individual
and Family Plans



Plans on the Marketplace

Anthem Dental Family PPO plans

Plans off the Marketplace

Anthem Essential Choice PPO plans,
Anthem Dental Family PPO plans,
and Blue View Vision plans



Connecting you to the right coverage

Here for your every health need

Our Individual and Family plans are designed to meet both your medical and financial health goals. With a range of options suited to different budgets, we can connect you to the coverage that's right for you.

Supporting the whole-health experience

Regular dental checkups are about more than keeping your mouth healthy. They can help dentists identify health conditions, like heart disease and diabetes.¹

Likewise, eye exams can help eye doctors find early signs of diabetes, high blood pressure, high cholesterol, and other serious health issues beyond your vision.²

We're transforming access to quality dental and vision care.

Purchasing a plan

To help support your overall health, you can buy a dental plan during open enrollment when you purchase a medical plan. You can also buy dental and vision plans on their own year-round without having to wait until the next open enrollment period.



¹ Centers for Disease Control and Prevention: *Oral Health Conditions* (September 2023); [cdc.gov](https://www.cdc.gov).

² Your Sight Matters: *Schedule Your Comprehensive Eye Exam before the year ends* (October 2022); yoursightmatters.com.

Dental and vision benefits



Dental plan benefits

When you choose Anthem, you gain access to one of the largest dental networks in the country. That means you're likely to find a dentist close to your home or work. You may even be able to see a dentist you already know and trust. Dental plan features include:

- 100% coverage for preventive care, like regular dental cleanings, exams, and X-rays, when you go to a dentist in your plan's network.
- No waiting periods for preventive care, which can be accessed right away.
- Strong network discounts, with a 35% average national network discount when you visit one of our network dentists.¹

Vision plan benefits

Our vision network is one of the largest in the country. You'll be able to receive your eye care, glasses, and other accessories just about anywhere. With our vision plan:

- You'll have access to more than 43,000 eye doctors and other eye care providers at over 31,000 locations.²
- You can go to an independent eye doctor or popular retailers, such as LensCrafters®, Target Optical®, and most Pearle Vision® locations, as well as online stores, including Glasses.com, ContactsDirect.com, 1-800 CONTACTS® or befitting.com.
- You'll get 100% coverage for preventive care, like regular eye exams, when you go to an eye doctor in your plan's network.
- There are no waiting periods for preventive care, which can be accessed right away.
- Generous network discounts will save you up to 40% on extra pairs of glasses, contact lenses, lens treatments, specialized lenses, and various accessories and add-ons — even after you've used all your covered benefits.

¹ Anthem Network Discount Report 2022.

² Zelis Network360, January 2023.

Understanding health plan terms

Monthly premiums: what you pay each month for your plan benefits

Levels of coverage: the types of benefits covered

Deductibles: the amount of expenses you have to pay out of pocket every calendar year before your plan begins to pay for benefits

Benefit waiting period: the period of time you have to wait until your plan starts covering benefits

Copays: a fee you pay for each provider visit

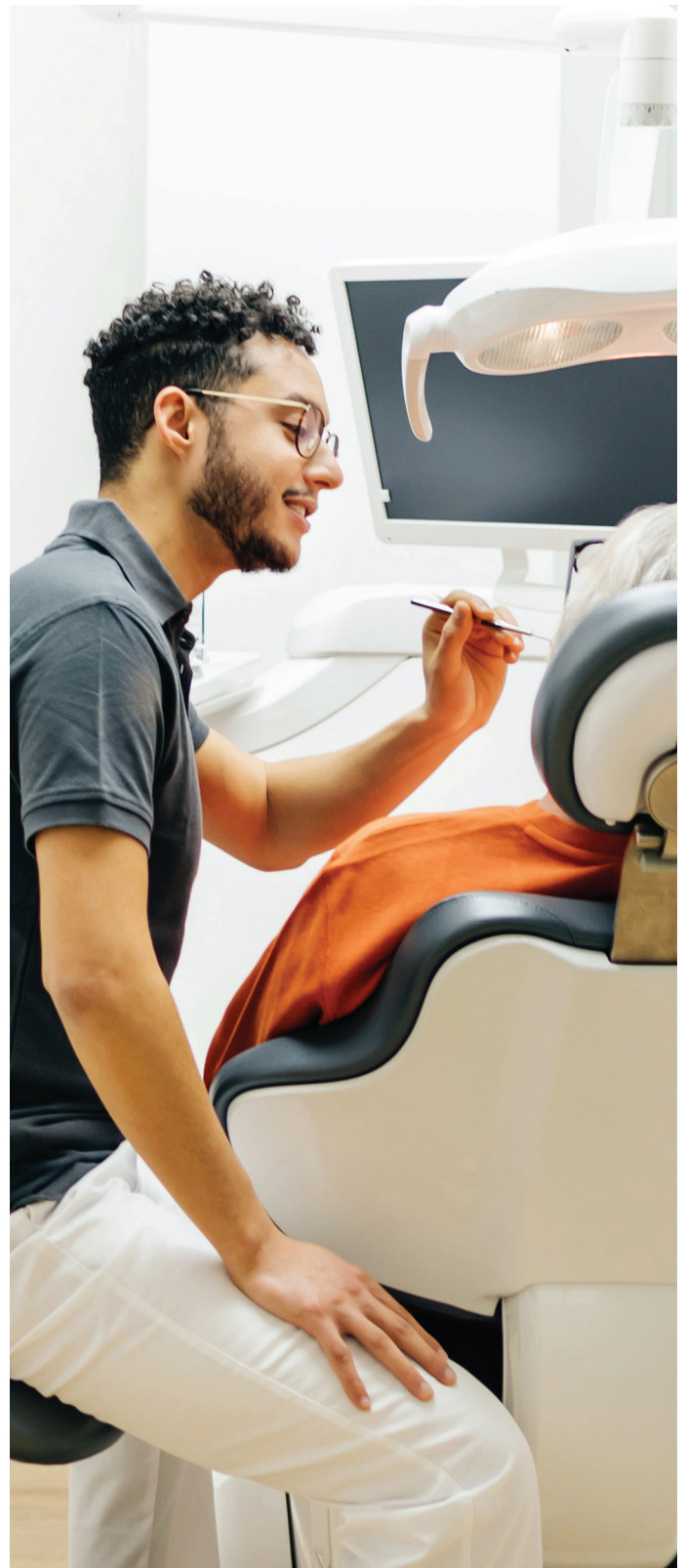
Coinsurance: the amount you pay for healthcare services; usually a certain percentage of the cost after your deductible has been paid



To learn more about dental benefits for plans on the Marketplace, **see our detailed charts.**



To learn more about dental and vision benefits for plans off the Marketplace, **see our detailed charts.**



Dental and vision plan resources

Finding a dentist or eye care

To find dental or vision care near you, go to [anthem.com/find-care](https://www.anthem.com/find-care).

Lowering your out-of-pocket costs

You will save the most money if you see a dentist or eye doctor in your plan's network. These health professionals have agreed to accept rates negotiated by your plan, so you can save money on the services you need, when you need them — including during any waiting periods and after you reach your annual maximum benefit.



Making it easier to stay connected

Through technology and innovation, we are working hard to improve health outcomes, control costs, and enhance your overall care experience.

All our plans come with online tools to make it easier for you to find care, get your benefit information, and learn about different health topics. Once you become a member, you can simply log in to [anthem.com](https://www.anthem.com) to access:

Ask a Hygienist.

Email questions to licensed dental professionals and receive quick, private, and personalized advice at no extra cost.

The Dental Cost Estimator.

Estimate your costs for dental procedures and services in your ZIP code before receiving care.

The Dental Health Assessment.

Answer a few questions to get feedback about your dental health status.

Virtual and at-home care options.

Our dental preferred provider networks (PPOs) offer virtual and remote care, including virtual exams for dental emergencies, from the convenience of your own home.

Plans that cover:

- **Dentures** have the option of custom-fit replacement dentures through our Dentures@Home program.
- **Cosmetic** orthodontics have the option for clear aligners through our Ortho@Home program.

Both programs allow you to receive at-home care under the oversight of a licensed dentist.

Value-added features

The Sydney Health app

Our mobile app brings valuable health plan information together in one place — to put you in control and make staying on top of your care more convenient.

With SydneySM Health, you can:

- View digital ID cards and plan, prescription, or claims information.
- Find nearby care.
- Compare costs for healthcare services.
- Take advantage of the Symptom Assessment tool.
- Use the free integrated Nutrition Tracker to scan food, tackle dietary habits, and generate food logs that can be shared with your healthcare professional.

Once you enroll in one of our plans, Sydney Health is available for free download on the App Store[®] or Google Play[™].

You only need a smartphone, tablet, or other personal device to get started.

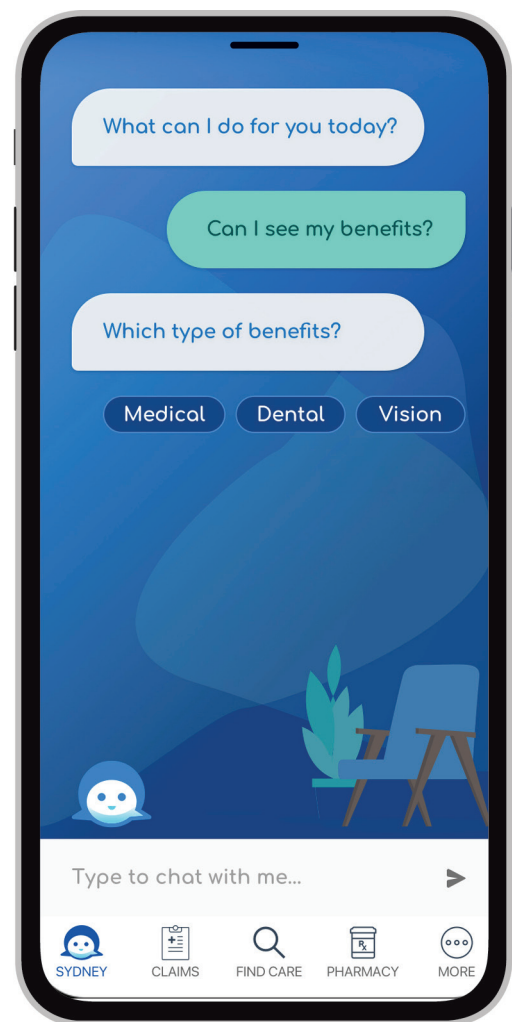
Discounts that make a difference

Through SpecialOffers@AnthemSM, you can also receive discounts on LASIK and other health and wellness products and services that may not be covered under your plan.

A focus on whole-person health

The Anthem Whole Health Connection^{®SM} program links your Anthem medical, dental, and vision plans together — to give your doctors a more complete picture of your health.*

This comprehensive approach helps foster stronger relationships with your care providers, better coordination within your care team, and improved outcomes.



* Anthem Whole Health Connection is included at no extra charge for employees with Anthem health and wellness coverage and one or more of the following plans from us: pharmacy, dental, vision, or supplemental health.

Connecting you to benefits that matter

We're here to help you make the best decision for you, your family, and your budget — with guidance, support, and resources every step of the way.

You can sign up today for our dental and vision plans

Apply online: To shop and compare on the Marketplace dental plans, go to ConnectforHealthCO.com and select the Anthem dental plan that best fits your needs.

To shop and compare off the Marketplace dental and vision plans, go to anthem.com and select **Individual & Family**.

Apply on paper: You will need to fill out and sign the application. Then, give it to your representative or mail it to us at the address on the form.



For on the marketplace dental plans, open enrollment period runs November 1, 2024 - January 15, 2025.

Off the marketplace dental and vision plans can be purchased any time of the year.

This is only a brief description of some plan terms and benefits. Please refer to your *Booklet* for more complete details, including benefits, limitations, and exclusions. Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish

Usted tiene derecho a obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

Chinese

您有權免費獲得使用您的語言提供的協助。只需撥打印於您的 ID 卡上的會員服務部電話號碼即可。視力障礙？您也可以索取本文件的其他格式。

Vietnamese

Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

Korean

귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다. 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오. 시각 장애인입니까? 다른 형식으로 된 이 문서를 요청하실 수 있습니다.

Tagalog

May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

Russian

У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

French Creole

Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòm nan dokiman sa a.

Arabic

لك الحق في الحصول على هذه المعلومات والحصول على المساعدة بلغتك مجاناً. فقط اتصل برقم خدمات الأعضاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر؟ يمكنك أيضاً طلب تنسيقات أخرى لهذه الوثيقة.

French

Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

Persian

شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات اعضا مندرج در کارت عضویت خود تماس بگیرید. آیا دچار اختلال بینایی هستید؟ همچنین می‌توانید فرمت‌های دیگر این سند را درخواست کنید.

Armenian

Դուք իրավունք ունեք անվճար օգնություն ստանալու ձեր լեզվով: Պարզապես զանգահարեք ձեր ID քարտի վրա գտնվող Անդամների սպասարկման համարին: Տեսողության խանգարում ունեցող եք: Կարող եք նաև խնդրել այս փաստաթղթի այլ ձևաչափեր:

Japanese

あなたにはあなたの言語で無料で支援を受ける権利があります。ID カードに記載されている会員サービス番号にお電話ください。視覚障害をお持ちですか？他の形式でこの文書を要求することもできます。

Italian

Hai il diritto di ricevere assistenza gratuita nella tua lingua. Basta chiamare il numero del Servizio Membri presente sulla tua tessera identificativa. Hai problemi di vista? È possibile richiedere anche altri formati di questo documento.

German

Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Rufen Sie einfach die Nummer des Mitgliederservices auf Ihrer ID-Karte an. Sehbehindert? Sie können dieses Dokument auch in anderen Formaten anfordern.

Polish

Masz prawo do bezpłatnej pomocy w swoim języku. Wystarczy zadzwonić pod numer Biura Obsługi Klienta podany na karcie identyfikacyjnej. Masz wadę wzroku? Możesz również poprosić o inne formaty tego dokumentu.

Pennsylvania Dutch

Du hoscht's Recht fer Hilf griege in dei Schprooch fer nix. Duh yuscht die Member Services Number uffrufe uff dei ID Card. Hoscht Druwwel fer sehne? Du kannscht des do Schreiwes in en differnter Weg griege so as du's besser sehne kannscht.

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>