

# Dental Blue<sup>®</sup>

for Individuals and Families



**May we assist you?**

Click here to have a Specialist call you.

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**Anthem.**   
Blue Cross  
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**Anthem.**   
Blue Cross

Affordable PPO solutions designed  
to meet your dental needs

# Dental Blue gives you the power to choose

## Something to smile about

With four Dental Blue Individual and Family plans for you to choose from, we're confident you'll find the one that's right for you. Plan benefits, premiums and coinsurance amounts vary, however, all offer:

- Three dental networks, with more than 20,000 participating dentist locations in California to choose from
- Dental specialists within all networks
- Deductibles that are waived for covered in-network cleanings, exams and X-rays
- No copayment for covered in-network preventive and diagnostic services, including cleanings, exams, X-rays and sealants
- No claim forms or paperwork to deal with when visiting an in-network dentist
- The choice of seeing dentists outside of the Dental Blue network, however, you may save more money when you visit a dentist within the Dental Blue network
- Savings on popular non-covered services such as porcelain veneers, dental implants, TMJ and orthodontics

And no referrals are needed!

## The advantages don't end there – Save during waiting periods and even after you have reached your annual maximum

Even if you reach your annual maximum for the year, you'll still save because you pay our negotiated fee instead of the dentist's full price for dental services. The same applies during any waiting periods you may have under your plan or for non-covered services such as porcelain veneers, dental implants, TMJ and orthodontics. As long as you're a Dental Blue member, the dentists and specialists in the Dental Blue networks will extend the special rates we have negotiated with them to you.

## The beauty of the Dental Blue three-tiered network

No matter which Dental Blue plan you choose, you can see a dentist or specialist in any of the Dental Blue networks and still be considered "in network." You also have the freedom to visit a dentist outside of our Dental Blue network should you decide to do so. However, you may save the most money when you visit a dentist within the Dental Blue network that you selected.

You're protected from balance billing – meaning you'll never pay more than the Dental Blue negotiated rate for covered services – when you visit any dentist in the Dental Blue network.



# Which plan is right for you?

## Dental Blue 100 Basic highlights

- The lowest plan premiums of the four Dental Blue plans
- The lowest annual deductible of the four Dental Blue plans
- No coverage for Major Services (including oral surgery, endodontics, periodontics and prosthodontics) however as a Dental Blue member, you will still have access to our negotiated savings for non-covered services when visiting a Dental Blue dentist
- Immediate benefits – there are no waiting periods
- In-network benefits when seeing any Dental Blue 100, 200 or 300 dentist, but savings are typically greatest when seeing a dentist in the Dental Blue 100 network

## Dental Blue 200 Essential highlights

- Annual deductibles apply for up to three family members maximum
- There is a higher maximum benefit per year than with the Dental Blue 100 Basic plan
- Major Services are covered and include oral surgery, endodontics (root canals, crowns), periodontics and prosthodontics
- You remain in network when you see a Dental Blue 100, 200 or 300 dentist, but savings are typically greatest when seeing a dentist in the Dental Blue 100 or 200 network
- There are waiting periods for covered Basic and Major services

## Dental Blue 100 Plus highlights

- Cost sharing is more predictable since in-network benefits are paid based on a percentage of the negotiated rates
- You are covered for Preventive, Basic and Major dental services
- You can see any Dental Blue 100, 200 or 300 dentist while remaining in network, but savings are typically greatest when seeing a dentist in the Dental Blue 100 network
- Waiting periods apply for Major Services only

## Dental Blue 200 Plus highlights

- Benefits are comparable to those in the Dental Blue 100 Plus plan while premiums are slightly higher due to your ability to access greater savings when seeing a Dental Blue 200 or 300 network dentist
- You remain in network when you see a Dental Blue 100, 200 or 300 dentist, but savings are typically greatest when seeing a dentist in the Dental Blue 100 or 200 network
- There are waiting periods for covered Basic and covered Major Services



# Dental Blue at a glance – our plans

	Dental Blue 100 Basic		Dental Blue 200 Essential		Dental Blue 100 Plus		Dental Blue 200 Plus	
	In	Out	In	Out	In	Out	In	Out
<b>In Network/Out of Network</b>	In	Out	In	Out	In	Out	In	Out
<b>Annual Deductible</b>	\$25 per member		\$50 per member/ \$150 per family		\$50 per member/ \$150 per family		\$50 per member/ \$150 per family	
<b>Deductible Waived for Preventive &amp; Diagnostic Services</b>	Yes	No	Yes	No	Yes	No	Yes	No
<b>Annual Benefit Maximum</b>	\$500		\$1,000		\$1,000		\$1,000	
<b>Preventive &amp; Diagnostic Services</b>	Cleanings, exams, X-rays, sealants, space maintainers	Cleanings, exams, X-rays, sealants, space maintainers	Cleanings, exams, X-rays, sealants, space maintainers	Cleanings, exams, X-rays, sealants, space maintainers	Cleanings, exams, X-rays, sealants	Cleanings, exams, X-rays, sealants	Cleanings, exams, X-rays, sealants	Cleanings, exams, X-rays, sealants
<b>Covered at:</b>	100%	Fee schedule*	100%	Fee schedule*	100%	80%	100%	80%
<b>Basic Services</b>	Fillings <sup>1</sup> / stainless steel crowns for primary (baby) teeth and pulpotomies <sup>2</sup>	Fillings, stainless steel crowns for primary (baby) teeth and pulpotomies	Fillings		Fillings, space maintainers	Fillings, space maintainers	Fillings, space maintainers	Fillings, space maintainers
<b>Covered at:</b>	<sup>1</sup> 80%/ <sup>2</sup> 50%	Fee schedule*	Fee schedule*		80%	60%	80%	60%
<b>Major Services</b>	Oral surgery, endodontics, crowns for secondary (adult) teeth, periodontics, prosthodontics		Oral surgery, endodontics including root canals, crowns, periodontics, prosthodontics		Oral surgery, endodontics including root canals, crowns, periodontics, prosthodontics		Oral surgery, endodontics including root canals, crowns, periodontics, prosthodontics	
<b>Covered at:</b>	Not covered		Fee schedule*		50%		50%	
<b>Orthodontics Services</b>	Not covered		Not covered		Not covered		Not covered	
<b>Out-of-Network Reimbursement Covered at:</b>	Fee schedule*		Fee schedule*		Dental Blue 100 network level**		Dental Blue 100 network level**	
<b>Waiting Periods</b>	No waiting periods		Three months for Basic Services; 12 months for Major Services		Six months for Major Services		Three months for Basic Services; 12 months for Major Services	

\*Plan pays a predetermined amount or the actual fee charged by your dentist, whichever is lower. When you see a dentist outside the Dental Blue network, you will be responsible for any coinsurance, deductible, any amounts over the Maximum Benefit and any amount in excess of the Covered Expense for these services. This is because non-participating Dental Blue dentists have no agreements with us and therefore can charge their usual billed charges for services rendered. For Dental Blue 200 Essential Basic Services, when you see a dentist in the Dental Blue network, you will be responsible for any coinsurance, deductible, and any amounts over the Maximum Benefit for these services.

\*\*Plan pays 80% of covered expense for diagnostic and preventive services; 60% of the covered expense for basic dental care services; and 50% of covered expense for major dental care services. When you see a dentist in the Dental Blue network, you will be responsible for any coinsurance, deductible, and any amounts over the Maximum Benefit for these services. When you see a dentist outside the Dental Blue network, you will be responsible for any coinsurance, deductible, any amounts over the Maximum Benefit and any amount in excess of the Covered Expense for these services. This is because non-participating Dental Blue dentists have no agreements with us and therefore can charge their usual billed charges for services rendered.

# Coverage information

## More than a great smile

The success of your overall health is partly dependent on good oral health - and there's a lot you can do to help improve your chances for good oral health. Start by keeping your teeth and gums healthy. Practice good oral hygiene at home and visit your dentist regularly. Anthem Blue Cross Life and Health Insurance Company's Dental Blue coverage is designed to help you accomplish this.

## Finding a dentist is simple

Visit [www.anthem.com/ca](http://www.anthem.com/ca) and check out our Online Provider Directory. Here you will be able to find out if your dentist is in one of our Dental Blue networks and, if you don't have a regular dentist and don't mind switching to save money, search for a Dental Blue provider in your area. Just go to the home page and click on the "Find a Doctor" link.

If you do not have access to the Internet, you may call (888) 315-2049 and a Customer Service Representative will be happy to help you.

## It's all about you

At Anthem Blue Cross, our mission is to improve the lives of the people we serve and the health of our communities. That's why we encourage healthy habits and regular dental visits. With access to a network that includes many dentists in your area, you can feel confident in knowing that you have the power to choose the care that best suits your needs.

## Eligibility

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

Eligible dependents include:

- The Policyholder's lawful spouse
- Any unmarried child (of the Policyholder or the enrolled spouse) under age 19
- Any unmarried child (of the Policyholder or the enrolled spouse) ages 19 to 23 who qualifies as a dependent for Federal Income Tax purposes
- Any of the Policyholder's, the Policyholder's enrolled spouse's or enrolled Domestic Partner's children who continue to be both incapable of self-sustaining employment due to a continued physically or mentally disabling injury, illness, or condition and who are dependent upon the Policyholder, enrolled spouse or enrolled Domestic Partner for support.

## Date coverage begins

The effective date of your plan is assigned by Anthem Blue Cross Life and Health Insurance Company and can be any day of the month following approval.

## Termination of coverage

Coverage ceases under the plan when:

- You do not pay the premium when due, subject to the grace period
- The spouse is no longer married to the principal insured
- A child fails to meet the previously listed eligibility requirements
- Any member becomes enrolled in any other Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company non-group Dental policy, in which case the policy with the lesser benefits will be cancelled and the member will be entitled only to the benefits of the Dental policy with the greater benefits
- Any covered member resides in a foreign country for more than six consecutive months or is absent from California for more than six consecutive months

You must notify Anthem Blue Cross of all changes affecting your eligibility.

# Coverage information

## **Non-duplication of Anthem Blue Cross benefits**

If, while covered under one of these policies, you are also covered by another Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company Individual Dental policy, you will be entitled only to the benefits of the Dental policy with the greater benefits, and we will cancel the other Dental policy. The Anthem Blue Cross Companies will refund any premiums received under the policy with the lesser benefits, covering the time period both policies were in effect. However, any claims payments made by the Anthem Blue Cross Companies under the policy with the lesser benefits will be deducted from any such refund of premiums.

## **Binding arbitration**

Any dispute or claim arising out of this Policy or breach thereof, must be resolved by arbitration if the amount sought exceeds the jurisdictional limit of the small claims court.

Any disputes regarding a claim for damages within the jurisdictional limits of the small claims court will be resolved in such court.

The Insured and Anthem Blue Cross Life and Health Insurance Company agree to be bound by these arbitration provisions and acknowledge that they are giving up their right to a trial by jury for both medical malpractice claims and any other disputes.

The Federal Arbitration Act shall govern the interpretation and enforcement of all proceedings under this Binding Arbitration provision. To the extent that the Federal Arbitration Act is inapplicable, or is held not to require arbitration of a particular claim, state law governing agreements to arbitrate shall apply. With respect to an arbitration held in California, should the Federal Arbitration Act not apply, the California Arbitration Act, Code of Civil Procedure Sections 1280. et seq. shall apply.

The arbitration is initiated by the Insured making written demand on Anthem. The arbitration will be conducted by the Judicial Arbitration and Mediation Services ("JAMS"), according to its applicable Rules and Procedures. If for any reason JAMS is unavailable to conduct the arbitration, the arbitration will be conducted by another neutral arbitration entity, by mutual agreement of the Insured and Anthem, or by order of the court, if the Insured and Anthem cannot agree.

The costs of this arbitration will be allocated per the JAMS Policy on Consumer Arbitrations. If the arbitration is not conducted by JAMS, the costs will be shared equally by the parties, except in cases of extreme financial hardship, upon application to the neutral arbitration entity to which the parties have agreed, in which cases, Anthem will assume all or a portion of the costs of the Policyholder's costs of the arbitration.

Should damages claimed be \$50,000.00 or less, the arbitration shall be held by a single neutral arbitrator mutually agreed to by the parties. Such arbitrator shall have no jurisdiction to award more than \$50,000.00. The arbitrator shall be selected in accordance with the applicable rules of the arbitration administration entity. With respect to an arbitration held in California, if the parties are unable to agree on the selection of an arbitrator using the rules of the arbitration administration entity, the method provide in Code of Civil Procedure Section 1281.6 shall be used.

The Insured and Anthem agree to give up the right to participate in class arbitrations against each other. Even if applicable law permits class actions or class arbitrations the Insured waives any right to pursue, on a class basis, any such controversy or claim against Anthem, and Anthem waives any right to pursue on a class basis any such controversy or claim against the Insured.

The arbitration findings will be final and binding except to the extent that California or federal law provides for the judicial review of arbitration proceedings.

Anthem will provide Policyholders, upon request, with an application, or information on how to obtain an application from the neutral arbitration entity, for relief of all or a portion of their share of the fees and expenses of the neutral arbitration entity. Approval or denial of an application in the case of extreme financial hardship will be determined by the neutral arbitration entity.

### **Please send all binding arbitration demands in writing to:**

Anthem Blue Cross Life and Health Insurance Company  
P.O. Box 9066  
Oxnard, California 93031-9066

# 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.

## Counties with limited availability

**Area 2:** Alpine, Amador, El Dorado, Inyo, Mono

**Area 3:** Colusa, Glenn, Lake, Yolo

**Area 10:** Lassen, Modoc, Plumas, Sierra, Trinity

**Area 11:** Calaveras, Mariposa, Tuolumne

**Area 12:** Humboldt

## Rating areas

Alameda	95304, 95377, 95391 all other Alameda ZIPs	Area 11 Area 3
Alpine		Area 2
Amador		Area 2
Butte		Area 3
Calaveras		Area 11
Colusa		Area 3
Contra Costa		Area 3
Del Norte		Area 10
El Dorado		Area 2
Fresno	93245, 93618 all other Fresno ZIPs	Area 7 Area 11
Glenn		Area 3
Humboldt		Area 12
Imperial	92004, 92225, 92274 all other Imperial ZIPs	Area 6 Area 14
Inyo	93527 all other Inyo ZIPs	Area 7 Area 2
Kern	93536 93558 all other Kern ZIPs	Area 9 Area 14 Area 7
Kings	93242, 93631, 93656 all other Kings ZIPs	Area 11 Area 7
Lake	except 95467 95467	Area 3 Area 12
Lassen		Area 10
Los Angeles	ZIP codes beginning with 906-912, 915, 917, 918 & 935 (except 90623, 90630, 90631, 91709, 93560) 90623, 90630, 90631 91709 93243, 93560 all other Los Angeles ZIPs	Area 9 Area 13 Area 14 Area 7 Area 5
Madera		Area 11
Marin		Area 2
Mariposa		Area 11
Mendocino		Area 12
Merced		Area 11
Modoc		Area 10
Mono		Area 2
Monterey	93451 95076 all other Monterey ZIPs	Area 8 Area 3 Area 1

Napa	95476 all other Napa ZIPs	Area 12 Area 3
Nevada	95977 all other Nevada ZIPs	Area 3 Area 2
Orange	90638 all Orange ZIPs beginning with 926 all other Orange ZIPs	Area 9 Area 4 Area 13
Placer	95668, 95692 all other Placer ZIPs	Area 3 Area 2
Plumas	95981 all other Plumas ZIPs	Area 3 Area 10
Riverside	92860, 92880, 92883 92028 and ZIP codes beginning with 922 except 92248 91752, 92248 and all other Riverside ZIPs beginning with 923-928 except 92860, 92880, 92883	Area 13 Area 6 Area 14
Sacramento	94571 all other Sacramento ZIPs	Area 3 Area 2
San Benito	93930, 95004 all other San Benito ZIPs	Area 1 Area 11
San Bernardino	91766, 91792 93516, 93555 92880 all other San Bernardino ZIPs	Area 9 Area 7 Area 13 Area 14
San Diego		Area 6
San Francisco		Area 3
San Joaquin	94514 95632, 95690 all other San Joaquin ZIPs	Area 3 Area 2 Area 11
San Luis Obispo	93252 93426 all other San Luis Obispo ZIPs	Area 7 Area 1 Area 8
San Mateo		Area 2
Santa Barbara	93252 all other Santa Barbara ZIPs	Area 7 Area 8

Santa Clara	94303 95023 ZIPs beginning with 950-951 except 95023, 95076 all other Santa Clara ZIPs	Area 2 Area 11 Area 12 Area 3
Santa Cruz	95033 all other Santa Cruz ZIPs	Area 12 Area 3
Shasta		Area 10
Sierra	95922 95960 all other Sierra ZIPs	Area 2 Area 3 Area 10
Siskiyou		Area 10
Solano	95690 all other Solano ZIPs	Area 2 Area 3
Sonoma	94515 all other Sonoma ZIPs	Area 3 Area 12
Stanislaus		Area 11
Sutter	95626, 95648, 95837 all other Sutter ZIPs	Area 2 Area 3
Tehama	95963, 95973 all other Tehama ZIPs	Area 3 Area 10
Trinity	95526 all other Trinity ZIPs	Area 12 Area 10
Tulare	93631, 93641, 93646, 93654 all other Tulare ZIPs	Area 11 Area 7
Tuolumne		Area 11
Ventura	90265 and ZIP codes beginning with 913 93252 all other Ventura ZIPs	Area 5 Area 7 Area 8
Yolo		Area 3
Yuba	95960 all other Yuba ZIPs	Area 2 Area 3

# Dental Blue monthly rates

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).

<b>Dental Blue 100 Basic</b>	Areas 1 and 10	Areas 2 and 11	Areas 3 and 12	Areas 4 and 13	Area 5	Areas 6 and 14	Area 7	Area 8	Area 9
Member	\$17	\$17	\$17	\$17	\$17	\$16	\$16	\$16	\$16
Member & Spouse	34	33	34	35	33	32	32	33	33
Member & Child	27	27	27	28	27	26	26	26	26
Member & Children	40	39	41	41	39	39	38	39	39
Family	55	54	56	57	54	53	53	53	53
1 Child	10	10	10	10	10	10	10	10	10
2 Children	20	20	20	21	20	19	19	19	19
3+ Children	30	30	31	31	30	29	29	29	29

<b>Dental Blue 100 Plus</b>	Areas 1 and 10	Areas 2 and 11	Areas 3 and 12	Areas 4 and 13	Area 5	Areas 6 and 14	Area 7	Area 8	Area 9
Member	\$41	\$41	\$43	\$43	\$40	\$39	\$39	\$39	\$39
Member & Spouse	82	81	87	87	80	78	78	79	79
Member & Child	65	65	69	69	64	62	62	63	63
Member & Children	97	97	103	103	95	93	92	93	93
Family	133	133	141	141	131	127	126	128	128
1 Child	24	24	26	26	24	23	23	23	23
2 Children	49	49	52	52	48	47	46	47	47
3+ Children	73	73	77	78	72	70	69	70	70

<b>Dental Blue 200 Plus</b>	Areas 1 and 10	Areas 2 and 11	Areas 3 and 12	Areas 4 and 13	Area 5	Areas 6 and 14	Area 7	Area 8	Area 9
Member	\$48	\$48	\$50	\$51	\$48	\$47	\$46	\$47	\$47
Member & Spouse	97	96	100	102	96	93	92	93	93
Member & Child	77	77	80	82	76	74	74	75	75
Member & Children	115	114	119	121	113	110	110	111	111
Family	158	156	163	166	156	152	151	152	152
1 Child	29	29	30	30	29	28	28	28	28
2 Children	58	57	60	61	57	56	55	56	56
3+ Children	87	86	90	91	86	83	83	84	84

<b>Dental Blue 200 Essential</b>	Areas 1 and 10	Areas 2 and 11	Areas 3 and 12	Areas 4 and 13	Area 5	Areas 6 and 14	Area 7	Area 8	Area 9
Member	\$39	\$39	\$39	\$41	\$39	\$39	\$38	\$38	\$39
Member & Spouse	79	78	79	82	78	77	77	77	77
Member & Child	63	62	63	65	63	61	61	61	62
Member & Children	93	92	93	97	93	91	91	91	91
Family	128	127	128	133	127	125	125	125	126
1 Child	24	23	24	24	23	23	23	23	23
2 Children	47	46	47	49	47	46	46	46	46
3+ Children	71	70	71	73	70	69	69	69	69

Note: All figures shown in dollar amounts.

# Exclusions and limitations

This is an abbreviated overview only. A comprehensive description of Exclusions and Limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

## **EXCLUSIONS AND LIMITATIONS FOR DENTAL BLUE 200 ESSENTIAL, DENTAL BLUE 100 PLUS AND DENTAL BLUE 200 PLUS. EXCLUSIONS AND LIMITATIONS WITH AN ASTERISK (\*) ALSO APPLY TO DENTAL BLUE 100 BASIC.**

No benefits are provided for or in connection with the following. They are considered to be exclusions and limitations, which include, but are not limited to the following:

\*Services not specifically listed in the Covered Services section of the policy.

\*Procedures not yet recognized by the American Dental Association as indicated with a specific procedure code designation, or procedures which are considered experimental or investigative in nature or which are not widely accepted as proven and effective procedures within the organized dental community.

\*Services or treatments that are not medically necessary. Medically necessary services or treatments are those which are ordered by the attending dentist for the direct care and treatment of a covered condition. They must be standard dental practice where received for the condition being treated and must be legal in the United States.

If more than one treatment plan would be considered Medically Necessary for a dental condition, any amount exceeding the cost of the least expensive professionally acceptable treatment plan is not covered.

\*Any condition for which benefits are recovered or can be recovered, either by 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 worker's compensation law or similar law, we will provide the benefits of this plan for such conditions, subject to the right to a lien or other recovery under section 4903 of the California Labor Code or other applicable law.

\*Any services you actually received that were provided by a local, state, county or federal government agency including any foreign government, except when payment under this Policy is expressly required by federal or state law. This Policy will not cover payment for these services if you are not required to pay for them or they are given to you for free. Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.

Any services for treatment of illness or injury that occurs as a result of any act of war, declared or undeclared.

Any services for treatment of injuries sustained or illnesses resulting from participation in a riot or civil disturbance, or while committing or attempting to commit an assault or felony (unless otherwise required by law).

Services, treatments or other care required while incarcerated in a federal, state or local penal institution or required while in custody of federal, state or local law enforcement authorities, including work release programs.

\*Services For Which You Are Not Legally Obligated To Pay: services for which no charge is made to you in the absence of insurance coverage.

\*Expenses Before Coverage Begins or After Coverage Ends: Services received before your Effective Date or services received after your coverage ends.

\*Professional services received from a person who lives in the Insured's home or who is related to the Insured by blood, marriage or adoption.

\*Cosmetic Dentistry: Any services performed for cosmetic purposes (including, but not limited to, external bleaching, bleaching of non-vital discolored teeth, composite restorations, veneers, crowns on teeth not exhibiting pathology and facings on crowns on posterior teeth).

\*Excess Amounts: Any amounts in excess of the dental benefit maximums and yearly Maximum Benefit stated in this Policy. The Covered Expense for all Covered Services includes the administration of any local anesthesia and the provision of infection control procedures as required by state and federal mandates. If billed separately, such charges will be denied.

\*Procedures requiring appliances and restorations (other than those for replacement of structure loss from tooth decay) that are necessary to alter, restore or maintain occlusions. These include, but are not limited to:

- Changing the vertical dimension.
- Replacing or stabilizing lost tooth structure by attrition, abrasion, abfraction, erosion or bruxism.
- Realignment of teeth.
- Gnathological recording.
- Occlusal equilibration.
- Periodontal splinting

Harmful Habit Appliances: Fixed and removable Appliances to inhibit thumb sucking.

# Exclusions and limitations (cont.)

Replacement of an existing fixed or removable prosthesis for which benefits were paid if replacement occurs within seven years of the original placement, unless the prosthesis is being used during the healing period for recently extracted anterior teeth.

Replacement of crowns, inlays, onlays and laboratory-fabricated restorations if replacement occurs within seven years of the original placement. Benefits will not be provided for a pontic or an abutment if a fixed or removable partial, crown or onlay was placed on the affected tooth/teeth in the last seven years.

Lost or Stolen Dentures, or Appliances. Replacement of existing full or partial dentures, or appliances which have been lost or stolen.

Charges for any duplicate prosthetic device or appliance, or for a "spare" set of dentures or any other duplicate appliance such as, but not limited to, removable orthodontic retainers.

\*Prescribed drugs, pre-medication or analgesia, including charges for nitrous oxide or any similar local anesthetic, when the charge is made separately from a covered service.

\*Replacement of existing fillings for any purpose other than restoring active decay.

The extraction of immature erupting third molars and nonpathologic, asymptomatic third molars is excluded. Third molar extractions are not covered under age 16.

Histopathological exams (examination of cells by microscope) and/or the removal of tumors, cysts, and foreign bodies.

\*Charges for tobacco counseling, oral hygiene instruction, dietary planning, or behavior management.

\*Diagnosis or Treatment of the Joint of the Jaw and/or Occlusion: Services, supplies or Appliances provided in connection with: any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means; or

\*Treatment of congenital or developmental malformations including but not limited to cleft palate, maxillary and mandibular malformations, enamel hypoplasia, fluorosis, and anodontia.

Osseous grafts if the following procedures have been performed on the affected tooth or site on the same date of service or within the previous 12 months:

- Apicoectomy
- Retrograde filling
- Root canal therapy

Personalization or characterization of dentures or teeth. Precision attachments and the replacement of part of a precision attachment.

Overdentures and related services, including root canal therapy on teeth supporting an overdenture.

Maxillofacial prosthetics that repair or replace facial and skeletal anomalies, maxillofacial surgery, orthognathic surgery or any oral surgery requiring the setting of a fracture or dislocation.

Prosthetics for patients under 16 years of age including, but not limited to, fixed bridges, dentures, removable partials, crowns, inlays and onlays.

Denture adjustments, repairs, reline and rebase are not covered for a period of six months from initial placement if the denture(s) were paid for under this policy.

Fixed prosthodontics are not a covered service when all molars are missing on one or both sides of an arch. Benefits are provided for the replacement of an existing bridge if it is seven years old or older and cannot be made serviceable.

Fixed bridges are covered only when:

- The bridge is replacing teeth that were extracted after the insured's effective date; and
- The total units required to replace all missing teeth is six units or less in an arch (arch means maxilla or mandible); and
- The bridge or bridges consist of no more than six units total in an arch. (Each abutment is a unit and each pontic is a unit in a bridge.) Coverage for fixed bridgework that includes more than a total of six units is limited to the amount this policy would pay for a removable partial denture

Temporary and interim prosthetics (temporary crowns, bridges, partials, dentures, etc.). Temporary services are considered an integral part of the final services rather than a separate service, and are therefore not eligible for benefits.

\*Implants: Materials implanted into or on bone or soft tissue and all adjunctive services (including, but not limited to, surgery, prosthetics placed on implants, cleanings, maintenance, etc.) performed in conjunction with the placement or removal of implants

Occlusal guards, occlusal adjustments (complete or limited) and occlusal analysis.

\*All hospital costs and any additional fees charged by the Dentist for hospital treatment.

Professional visits for house/extended care facility, office visits after regularly scheduled hours, and case presentations.

# Exclusions and limitations (cont.)

Teeth lost prior to coverage under this policy are not eligible for prosthetic replacement unless the prosthetic replacement replaces one or more eligible natural teeth lost during the term of this coverage.

Charges for missed or cancelled appointments.

\*Orthodontic services, cephalometric film, braces, Appliances and all related services including surgery necessary in conjunction with orthodontic treatment.

\*Transfer of care: If a Policyholder transfers from the care of one Dentist to that of another Dentist during the course of treatment, or if more than one Dentist renders services for one dental procedure, Anthem Blue Cross Life and Health Insurance Company shall be liable only for the amount it would have been liable for had one Dentist rendered the services.

\*Services for treatment of malignancies and neoplasms.

Complications of Non-Covered Services: Complications arising from non-Covered Services and supplies. Examples of non-Covered Services include but are not limited to, Cosmetic Surgery, operations and procedures which are determined to be Experimental/Investigational.

\*Claims received after 12 months from the date service rendered.

## Additional exclusions and limitations for Dental Blue 100 Basic

Charges for treatment by other than a licensed Dentist, except charges for dental prophylaxis performed by a licensed dental hygienist.

Oral evaluations exceeding two visits per year.

Prophylaxis (teeth cleaning) exceeding two per year.

More than one set of full-mouth X-rays or its equivalent in a five-year period.

No more than one bitewing X-ray series in one year will be covered and bitewing X-rays submitted singly will be combined and paid up to the amount of a full mouth series and are subject to the full-mouth X-ray limitation.

No more than eight films for vertical bitewings in a 60-month period will be covered.

Fluoride applications:

- If you are over 18 years of age
- Exceeding two per year Periapical

Fillings exceeding one per year per surface per tooth if you are under the age of 19 and one every three years per surface per tooth if you are age 19 and older.

If a tooth or teeth can be restored with amalgam (with the exception of composite resin on anterior teeth), any amount exceeding the cost of that material is not covered if another material is used. Anterior teeth exhibiting pathology eligible for composite restorations are central incisors, lateral incisors, cuspids and the facial surface of bicuspid.

Services for oral surgery, for example, tooth extractions.

Services for endodontics, for example, root canals. Endodontics means the branch of dentistry dealing with diseases of the tooth pulp.

Services for periodontics, for example, scaling and root planing. Periodontics is the dental specialty of treating periodontal disease.

Services for prosthodontics, for example, crowns. Prosthodontics is the branch of dentistry dealing with the construction of artificial appliances for the mouth, especially for the purpose of replacing missing teeth with bridges and dentures.



# 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**



Attach Check Here

**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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**Check Billing Type Selected**

- Monthly (by checking account deduction only)  
 Bimonthly  Quarterly

Select One

- Dental Blue 100 Basic  Dental Blue 200 Essential  Dental Blue 100 Plus  Dental Blue 200 Plus

**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)**

Any dispute between you and Anthem Blue Cross/Anthem Blue Cross Life and Health must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of Small Claims Court, and not by lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Under this coverage, both you and Anthem Blue Cross and its affiliates are giving up the right to have any dispute decided in a court of law before a jury.

**Statement of Understanding for Areas 2, 3, 10, 11 and 12 (counties with limited availability - see pages 12 and 13.)** 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.

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

**Agent Information**

SIGNATURE OF AGENT <b>X</b>	AGENT NAME (PRINT) First Eagle Insurance	AGENT NUMBER 95-4239571
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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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# Optional monthly checking account deduction

- ① Complete this section.
- ② Attach a blank check marked "VOID" to this form. (DEPOSIT SLIPS or TEMPORARY CHECKS ARE NOT ACCEPTABLE).
- ③ Submit a check for one month's premium payable to Anthem Blue Cross. If the account listed is a joint account, both account holders' signatures are required.

## Checking Account Deduction Authorization

As a convenience to me, I request and authorize you to pay and charge to my account checks drawn on that account by and made payable to the order of Anthem Blue Cross, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn by you and signed personally by me. I authorize Anthem Blue Cross to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Anthem Blue Cross premiums. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor may result in the forfeiture of insurance.

Name of Bank
Address
City / State / Zip Code

Policyholder's Name	
Policyholder's Social Security No. / Certificate No.	Group No.
Name on Checking Account (if different than above)	
Checking Account No.	
Authorized Signature (as it appears in the financial institution's records)	
Date	
Authorized Signature (as it appears in the financial institution's records) --	
Date	

**NOTE: You will incur a service charge for any withdrawal not honored. Should your withdrawal not be honored by your bank, you automatically will be removed from monthly checking account deduction and will be billed quarterly. After 12 months, you may re-apply for the monthly checking account deduction option.**

→ Staple Blank, Voided Check Here ←