



Take control of your total health with the right dental and vision coverage

The mouth and eyes are important parts of your body and your health. They can show early warning signs of disease – so regular dental and vision checkups help you stay healthy. That's why taking care of your total health requires not just medical coverage, but also dental and vision plans.

- You've probably heard before that dental health is an important part of overall health. In fact, 90% of the body's diseases first show signs and symptoms in the mouth.*
- 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 detect major health problems like diabetes, high blood pressure and heart disease.** Some eye diseases have no warning signs. So people may not even know their vision is at risk.***

Getting the dental and vision plans you need

Off-exchange, standalone coverage from Anthem Blue Cross (Anthem) can help you get the dental and vision care you need for your total health. Many of our dental plans cover you 100% for exams, cleanings and X-rays. All of our vision plans cover you for yearly eye exams.

All-in-one or 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. Separate plans usually offer more choices and may have more benefits to meet your needs. The main differences are in how you apply for coverage and how you are billed.



Anthem dental plans

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

- Dental Prime for Individuals and Families
- Anthem Dental Blue
- Dental Select HMO

Anthem has one of the largest dental preferred provider organization (PPO) networks in the country.[‡] Plus, we work with in-network dentists to get deep discounts for you. By seeing an in-network dentist, you can save an average of 25% to 32% on covered dental services.^Δ

Tools that put a smile on your face

We offer some great online tools to help you better understand your dental health. Once you're a member, log in to [anthem.com/ca](https://www.anthem.com/ca) to access:



Ask a Hygienist

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



Dental Cost Estimator

Help estimate your costs for dental procedures and services in the ZIP code where you get care.



Dental Health Assessment

Get feedback based on your responses to a few questions to help you keep a healthy smile.

Blue View Vision plan

Our Blue View VisionSM plan is available to purchase with any Anthem medical and/or dental plan. With Blue View Vision, you can choose from more than 33,000 eye doctors at over 26,000 locations.[†] So you can get your eye care and eyewear just about anywhere. You can call or go online at 1-800 CONTACTS[®], visit a participating private practice eye doctor, or go in-store to LensCrafters[®], Sears OpticalSM, Target Optical[®] and JCPenney[®] Optical.

You'll enjoy the convenience of having just one ID card when you purchase your medical, dental and/or vision plans with Anthem. You'll also get just one combined bill for all your Anthem plans.

How does health care reform affect dental and vision coverage?

Health care reform, officially known as the Affordable Care Act (ACA), requires that all Americans have a minimum amount of health insurance. This includes a list of 10 essential health benefits that must be covered by health insurance carriers. One of these is pediatric services, including dental and vision coverage.

Here's how the ACA relates to dental and vision coverage for children:

Dental

In some states, pediatric dental benefits are required to be included in ACA-compliant medical plans sold off the Marketplace (also known as the exchange). In other states, these benefits can be offered in medical plans off the Marketplace or can be provided through a separate stand-alone policy that is sold with the medical plan.

Vision

Pediatric vision coverage will be included with all ACA-compliant medical plans offered on and off the Marketplace.

Pediatric dental essential health benefits

Pediatric dental coverage is included in nearly all of our individual medical plans as of January 2014.

You have two options for buying pediatric dental essential health benefits:

- A medical plan that has pediatric dental essential health benefits coverage
- A stand-alone dental plan that includes pediatric dental essential health benefits coverage.

Pediatric vision essential health benefits

These benefits provide exams and vision materials (lenses and frames) for children.

Our plans use Blue View VisionSM providers, which include retailers such as 1-800 CONTACTS[®], LensCrafters[®], Sears OpticalSM, Target Optical[®] and JCPenney[®] Optical. 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.

Should I buy “on the Marketplace” or “off the Marketplace”?

Covered California (the name of your state's Marketplace) was created as part of the ACA. This is the online marketplace where you can purchase medical coverage.

If you're eligible for financial assistance to help pay for your medical coverage...and want to use it, you must get your medical plan through Covered California.

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

If you're not eligible for financial assistance, and you are shopping around for a dental or vision plan... you don't have to buy plans on Covered California. You can still buy coverage as you have in the past, through a broker or agent or directly from an insurance company.

Because there are rules for on the exchange, you may find that plans not on the exchange offer you more choices.

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.

Dental Select HMO counties

The Dental Select HMO plan's current service area includes the following counties and parts of counties: Alameda, Contra Costa, El Dorado except for Placerville and Lake Tahoe, Fresno, Kern except for Delano, Mojave, Taft, and Tehachapi, Kings except for Hanford, Los Angeles, Marin, Monterey except for Salinas, Orange, Placer except for Lake Tahoe, Riverside except for Banning/Beaumont, Blythe, Twenty-Nine Palms and vicinity and Yucca Valley, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz except for Santa Cruz, Solano, Sonoma, Tulare except for Visalia, Ventura except for Santa Paula/Fillmore.

Cost shares show what the member pays	Dental Prime Plan A (1RBD)	Dental Prime Plan B (1RBE)	Dental Prime Plan C (1RBF)
	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Dental network	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, unless otherwise noted)	None	\$50	\$50
Annual maximum (per person)	\$500	\$1,000	\$1,250
Annual out-of-pocket limit	None	None	None
Diagnostic and preventive	No waiting period	No waiting period	No waiting period
Cleaning, exams, x-rays	0% / 0% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance
Extra cleaning	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic
Basic services	Not covered	6-month waiting period	6-month waiting period
Fillings	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
Brush biopsy	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
Complex & major services	Not covered	12-month waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50% / 50% coinsurance	50% / 50% coinsurance
Prosthetics (crowns, dentures, bridges)	Not covered	Not covered	50% / 50% coinsurance
Medically necessary orthodontia	Not covered	Not covered	Not covered
Cosmetic orthodontia	Not covered	Not covered	Not covered
International emergency dental program	Included	Included	Included
Blue View Vision	Available	Available	Available

¹ With our Dental Blue PPO Basic and Dental Blue PPO Enhanced Plans, the deductible is waived for diagnostic and preventive services received in our network.

² The six-month waiting period for basic services applies only on fillings where there is no member copay.

³ \$1,000 lifetime maximum for cosmetic orthodontia (\$500 per year).

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

Our dental plans come with the International Emergency Dental Program[‡]

If you travel outside of the U.S., you still 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 Blue PPO plans

We offer two Dental Blue PPO plans — Dental Blue Basic and Dental Blue Enhanced. Both plans use the Dental Blue 100 network.

Dental Blue Basic and Dental Blue Enhanced both offer essential coverage:

- Diagnostic and preventive coverage for services like cleanings, exams and X-rays
- Benefits for basic services, such as fillings

Dental Blue Enhanced offers more coverage:

- Major services like crowns, periodontal (gum-related) procedures, oral surgery and root canals
- Orthodontic coverage for children after a 12-month waiting period, with a separate lifetime limit of \$1,000 (\$500 per year)

Dental Blue PPO Basic (1JZ5)	Dental Blue PPO Enhanced (1JZ6)	Dental Select HMO (1F3E)
In-network / Out-of-network	In-network / Out-of-network	In-network
Dental Blue 100	Dental Blue 100	Dental Select HMO
\$25 ¹	\$50 per person ¹ \$150 per family ¹	None
\$500	\$1,250	None
None	None	None
No waiting period	No waiting period	No waiting period
0% / 20% coinsurance	0% / 20% coinsurance	Copay
Not covered	Not covered	Not covered
6-month waiting period	6-month waiting period	6-month waiting period ²
20% / 40% coinsurance	20% / 40% coinsurance	Copay
Not covered	Not covered	Not covered
Not covered	12-month waiting period	No waiting period
Not covered	50% / 50% coinsurance	Copay
Not covered	50% / 50% coinsurance	Copay
Not covered	Not covered	Not covered
Not covered	\$100 deductible, then 50% coinsurance / \$100 deductible, then 50% coinsurance ³	Copay
Included	Included	Included
Available	Available	Available

Savings beyond your plan benefits

With our dental plans, you get more for your money. For example, you can still pay our negotiated (lower) rates for covered services from in-network dentists during waiting periods, when you've gone over your yearly limit or when you've used up your benefits. In other words, if a plan covers two cleanings each year and you go for a third, you still pay our negotiated rate for that third cleaning.

To find a dentist near you, go to [anthem.com/ca/findadoctor](https://www.anthem.com/ca/findadoctor).

Blue View Vision coverage available

You can add Blue View VisionSM benefits to your dental plan. These plans feature:

- **A broad, convenient group of national providers** — Blue View Vision providers include more than 33,000 private practice doctors at over 26,000 locations.[†] This includes online choices through 1-800 CONTACTS[®] in addition to the nation's leading retail stores like LensCrafters[®], Sears OpticalSM, Target Optical[®] and JCPenney[®] Optical. These stores offer evening and weekend hours.
- **A complete picture of your health between your eye doctor and your primary care doctor.** When you have a medical plan with us, every time you get care through our network, it becomes part of your health history. With Blue View Vision, your network eye doctor can access your health history information — including patient summaries, diagnoses, lab results and prescriptions. They can also securely share relevant eye health information back to your primary care doctor, while protecting your personal information. This approach helps all of your doctors in the network gain a better understanding of your whole health — leading to 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 children younger than 19 can be added at no extra cost.
- **Discounts 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 cuts down on your out-of-pocket costs.
- **Value-added savings[§]** — You can get even more savings, including 15% to 40% off 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 dilation as needed)	Once every 12 months	\$20 copay
Standard plastic (CR39) lenses¹	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

¹ Factory scratch coating is covered at no extra cost. Polycarbonate and Transitions lenses are covered for children under age 19.

Save time and money with smart provider choices

While all PPO plans allow you to see any doctor, you can save money by choosing an in-network doctor.

	In-network dentist	Out-of-network dentist
What you pay the dentist	<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 dentist charges and the total amount we allow to be paid for a service
Claims paperwork	<ul style="list-style-type: none">◦ Your dentist sends claims to us◦ We pay the dentist directly	<ul style="list-style-type: none">◦ You or your dentist may submit your claims to us◦ We pay you or your dentist for covered expenses

You may pay more for care if you choose an out-of-network doctor. Here's why:

- In-network doctors have agreed, by contract, to special payment rates for services and cannot charge you more than these negotiated rates. If you have coinsurance or a deductible, you pay those amounts.
- Out-of-network doctors 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). That means higher costs for you.

How to enroll

Sign up today for our dental and vision plans!

Online: Go to [anthem.com/ca](https://www.anthem.com/ca) and select **Shop For Insurance** to get your free quote and enroll.

Paper: Fill out and sign the appropriate form. Then, give the form to your broker or agent or mail it to us at the address listed on the form.

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you need assistance to understand this document in an alternate language, you may request it at no additional cost by calling the Member Services number (855-634-3381 / 855-383-7247). (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services telephone number on the back of your ID card.

Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (855-634-3381 / 855-383-7247). (TTY/TDD: 711)

Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء. (855-634-3381 / 855-383-7247) (TTY/TDD: 711)

Armenian

Եթե այս փաստաթուղթը անհրաժեշտ լինի Ձեզ այլ լեզվով, կարող եք խնդրել այն Անդամների սպասարկման կենտրոնից՝ զանգահարելով (855-634-3381 / 855-383-7247) հեռախոսահամարով: Այն Ձեզ անվճար կտրամադրվի: (TTY/TDD: 711)

Chinese

如果您需要協助以便以另一種語言理解本文件，您可以撥打成員服務號碼(855-634-3381 / 855-383-7247)請求免費協助。(TTY/TDD: 711)

Farsi

در صورتی که برای درک این سند به زبانی دیگر نیازمند کمک هستید، می‌توانید بدون هیچ هزینه اضافی این را درخواست کنید. برای این کار با مرکز خدمات اعضا به شماره 855-634-3381 / 855-383-7247 تماس بگیرید. (TTY/TDD: 711)

Hindi

अगर आपको यह दस्तावेज़ वैकल्पिक भाषा में समझने के लिए सहायता की ज़रूरत है, तो आप सदस्य सेवाएँ नंबर (855-634-3381 / 855-383-7247) पर कॉल करके अतिरिक्त लागत के बिना इसके लिए अनुरोध कर सकते हैं। (TTY/TDD: 711)

Hmong

Yog hais tias koj xav tau kev pab txhawm rau kom nkag siab txog daim ntawv no hais ua lwm hom lus, tej zaum koj kuj yuav thov tau yam tsis xam tus nqi dab tsi ntxiv hlo li uas yog hu rau tus nab npawb xov tooj lis Cov Kev Pab Cuam Rau Tswv Cuab (855-634-3381 / 855-383-7247). (TTY/TDD: 711)

Japanese

この書面を他の言語で理解するための支援が必要な場合には、メンバーサービス番号 (855-634-3381 / 855-383-7247) に電話して支援を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

Khmer

បើអ្នកត្រូវការជំនួយក្នុងការយល់ពីឯកសារនេះជាភាសាផ្សេង អ្នកអាចសុំវិភាគឯកសារដោយឥតគិតថ្លៃបន្ថែមដោយហៅទូរស័ព្ទទៅលេខសេវាសមាជិក (855-634-3381 / 855-383-7247)។(TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(855-634-3381 / 855-383-7247)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਕਿਸੇ ਬਦਲਵੀਂ ਭਾਸ਼ਾ ਵਿੱਚ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਸਮਝਣ ਲਈ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ (855-634-3381 / 855-383-7247) ਤੇ ਕਾਲ ਕਰਕੇ ਕਿਸੇ ਵਾਧੂ ਲਾਗਤ ਦੇ ਬਿਨਾਂ ਇਸ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। (TTY/TDD: 711)

Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (855-634-3381 / 855-383-7247). (TTY/TDD: 711)

Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (855-634-3381 / 855-383-7247). (TTY/TDD: 711)

Thai

หากท่านต้องการความช่วยเหลือเพื่อทำความเข้าใจเกี่ยวกับเอกสารนี้ในภาษาอื่น ท่านอาจขอรับบริการได้โดยไม่เสียค่าใช้จ่ายเพิ่มเติมใดๆ โดยโทรไปที่หมายเลขฝ่ายบริการสมาชิก (855-634-3381 / 855-383-7247) (TTY/TDD: 711)

Vietnamese

Nếu quý vị cần hỗ trợ để hiểu được tài liệu này bằng một ngôn ngữ thay thế, quý vị có thể yêu cầu mà không tốn thêm chi phí bằng cách gọi số của Dịch Vụ Thành Viên (855-634-3381 / 855-383-7247). (TTY/TDD: 711)



It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with 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 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

* Academy of General Dentistry Know Your Teeth website: *Warning Signs in the Mouth Can Save Lives* (accessed August 2015); knowyourteeth.com.

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

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

± Network data from Strenuus, August 2016.

Δ Internal data, 2015.

† Blue View Vision internal data, 2016.

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

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

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.