

Dental Blue[®] plans for individuals and families

For dental benefits you can smile about!



Dental care is important to your health

Besides helping you keep a great smile, regular dental check-ups can help find early warning signs of health issues. That's one really good reason to take excellent care of your teeth and gums. And the Dental Blue plans from Anthem Blue Cross Life and Health Insurance Company (Anthem) can help make it easy and affordable.

How the Dental Blue plans work

We offer two great Dental Blue plans to choose from: Dental Blue Basic and Dental Blue Enhanced.

» Dental Blue Basic plan

This plan covers many services from diagnostic (seeing what problems you may have) as well as preventive (trying to stop any new ones from happening). Services include cleanings, exams and X-rays, as well as fillings, with an annual maximum of \$500. This plan offers essential coverage at a value price.

» Dental Blue Enhanced plan

If you want more coverage, this plan has more to offer. Besides cleanings, exams, X-rays and fillings, you're also covered for certain major services. These include root canals, gum treatments, crowns and orthodontic coverage for children after a 12-month waiting period. This plan has an annual maximum of \$1,250.

A unique feature of the Dental Blue plans is that during waiting periods and after your annual maximum is met, if you need services, you'll get the same great rates we've agreed to with dental providers. Keep in mind that these rates are available only by providers in our network.

You've got your choice of dentists

Dental Blue lets you choose any dentist whether or not that dentist is part of our Dental Blue 100 network. The Dental Blue 100 network now has nearly 25,000 providers and provider locations in California. So there's a good chance your dentist is in our network.

You might pay more when you visit an out-of-network dentist

While Dental Blue lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist. Here's why:

In-network dentists have agreed to payment rates for services and can't charge you more. Out-of-network dentists don't have a contract with us. That means they can bill you for the difference between the total amount we will pay (called the maximum allowed amount) and the amount they most often charge for a service. When they bill you for this difference, it's called "balance billing."

This is how maximum allowed amounts are decided

The amounts we pay for dental services are based on a "fee schedule" or a list of the amounts we'll pay for services. For example, the fee schedule may show that we will allow no more than \$50 per filling or \$25 for an office visit. The fee that we pay for each out-of-network service is called the "maximum allowed amount." The maximum allowed amount is determined in one of the following ways:

- » Anthem's out-of-network dental fee schedule/rates¹
- » A third-party dental fee schedule/rates
- » In-network dentist fee schedule

Here's an example of how you may pay more for going to an out-of-network dental provider

Ted gets a crown from an out-of-network dentist who charges \$1,200 for the service. The dentist bills Anthem for that amount. Our maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference. The dentist can bill Ted for this amount. It's called balance billing. Since Ted will also need to pay \$400 coinsurance, the total he'll need to pay the out-of-network dentist is \$800.

Here's the math:

| | |
|---|------------|
| Dentist's charge: | \$1,200.00 |
| » Anthem's maximum allowed amount: | \$800.00 |
| » Anthem pays 50% of this amount: | - \$400.00 |
| » That makes your share (coinsurance): | \$400.00 |
| » Now add balance from dentist's original bill: | + \$400.00 |
| » Your total cost: | \$800.00 |

In this example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance. That's because he would not have been balance-billed the \$400 difference.

Note: This is an example only. Your experience may be different depending on your dental plan, the services you receive and who provides the services.



Dental Blue benefits at-a-glance

The chart below shows the covered benefits and amounts we pay for both of our Dental Blue plans.

| | Dental Blue Basic | | Dental Blue Enhanced | |
|--|--|----------------|---|----------------|
| | In-network | Out-of-network | In-network | Out-of-network |
| Annual deductible | \$25 per member | | \$50 per member/\$150 maximum per family | |
| Deductible is removed for diagnostic and preventive | Yes | No | Yes | No |
| Annual maximum | \$500 | | \$1,250 | |
| Diagnostic and preventive services cleanings, exams and X-rays | 100% | 80% | 100% | 80% |
| Basic services | | | | |
| Fillings | 80% | 60% | 80% | 60% |
| Other minor restorative | Not covered | | | |
| Major services | | | | |
| Oral surgery | Not covered | | 50% | |
| Endodontics | 50% – coverage for pulpotomies (surgical removal of inflamed tissue) on primary teeth only | | 50% | |
| Periodontics (gums and mouth) | Not covered | | 50% | |
| Prosthodontics (restoration and replacement of teeth) | 50% - coverage for stainless steel crowns on primary teeth only | | 50% | |
| Orthodontics (treatment for teeth alignment problems, braces) | Not covered | | Children only 50%, \$100 deductible, \$500 annual/ \$1,000 lifetime maximum | |
| Waiting periods | No waiting period for cleanings, exams and X-rays; six-month waiting period for all other covered services | | No waiting period for cleanings, exams and X-rays; six-month waiting period for basic services; 12 months for major services/orthodontics | |

The amounts above show what we will pay after you meet your deductibles.

How to find your monthly cost

Costs are defined by the area where you live, called rating areas. Dental Blue plans are offered in the areas listed on page 3. To find out your monthly cost, look for your rating area based on the ZIP code of your main residence. Then refer to the rate charts on page 3.

Where plans are offered

Not all of our dental plans are offered in all counties. To see which plans are offered in the county where you live, please review the Statement of Understanding on the application before choosing this plan. These are the counties where plan networks are limited²:

Area 3: Alpine, Inyo, Mono

Area 4: Calaveras

Area 5: Del Norte, Humboldt, Lake, Lassen, Sierra, Siskiyou, Trinity

Rating areas

| | | |
|--------------|--|--------|
| Alameda | ZIP codes starting with 945, 946 and 953, except 94505, 94514 | Area 4 |
| | All other Alameda ZIPs | Area 3 |
| Alpine | | Area 3 |
| Amador | | Area 3 |
| Butte | | Area 5 |
| Calaveras | | Area 4 |
| Colusa | 95957 | Area 3 |
| | Except 95957 | Area 5 |
| Contra Costa | All except 94551 | Area 3 |
| | 94551 | Area 4 |
| Del Norte | | Area 5 |
| El Dorado | | Area 3 |
| Fresno | 93313 | Area 5 |
| | All except 93313 | Area 6 |
| Glenn | | Area 5 |
| Humboldt | | Area 5 |
| Imperial | 92225 and 92274 | Area 4 |
| | 92004 | Area 5 |
| | All except 92225, 92274, 92004 | Area 6 |
| Inyo | All except 93527 | Area 3 |
| | 93527 | Area 6 |
| Kern | ZIP codes starting with 933 | Area 5 |
| | All other Kern ZIPs | Area 6 |
| Kings | | Area 6 |
| Lake | | Area 5 |
| Lassen | | Area 5 |
| Los Angeles | ZIP codes starting with 901-904 and 913 | Area 4 |
| | ZIP codes starting with 905-908, 935, 91709 and 93243 | Area 6 |
| | ZIP codes starting with 900, 914 or 916 | Area 2 |
| | ZIP codes starting with 910-912, 915, 917 or 918, except 91709 | Area 7 |

| | | |
|----------------|--|--------|
| Madera | | Area 6 |
| Marin | | Area 1 |
| Mariposa | 95329 | Area 4 |
| | All except 95329 | Area 6 |
| Mendocino | | Area 5 |
| Merced | 95380 | Area 4 |
| | All except 95380 | Area 6 |
| Modoc | | Area 5 |
| Mono | | Area 3 |
| Monterey | All except 95076 and 93451 | Area 1 |
| | 95076 | Area 4 |
| | 93451 | Area 6 |
| Napa | 94589, 94590 | Area 3 |
| | All except 94589, 94590 | Area 5 |
| Nevada | 95602 | Area 3 |
| | All except 95602 | Area 5 |
| Orange | ZIP codes starting with 926 | Area 5 |
| | all Orange ZIPs | Area 6 |
| Placer | All except 95692, 96161 | Area 3 |
| | 95692, 96161 | Area 5 |
| Plumas | | Area 5 |
| Riverside | ZIP codes starting with 922 except 92248 | Area 4 |
| | 92028 | Area 5 |
| | All other Riverside ZIPs | Area 6 |
| Sacramento | ZIP codes starting with 958 | Area 5 |
| | All other Sacramento ZIPs | Area 3 |
| San Benito | 93930, 95004 | Area 1 |
| | All except 93210, 93930, 95004 | Area 4 |
| | 93210 | Area 6 |
| San Bernardino | Except 91766, 91792 | Area 6 |
| | 91766 and 91792 | Area 7 |
| San Diego | | Area 5 |
| San Francisco | | Area 3 |

| | | |
|-----------------|--|--------|
| San Joaquin | 94505, 94514, 95632, 95690 | Area 3 |
| | All except 94505, 94514, 95632, 95690 | Area 4 |
| San Luis Obispo | 93426 | Area 1 |
| | All except 93426 | Area 6 |
| San Mateo | Except 94303 | Area 1 |
| | 94303 | Area 3 |
| Santa Barbara | | Area 6 |
| Santa Clara | ZIP codes starting with 940, 943 | Area 3 |
| | 94550, 95023, 95076 | Area 4 |
| | All other Santa Clara ZIPs | Area 5 |
| Santa Cruz | All except 95033 | Area 4 |
| | 95033 | Area 5 |
| Shasta | | Area 5 |
| Sierra | | Area 5 |
| Siskiyou | | Area 5 |
| Solano | All except 94503, 95616, 95618, 95694 | Area 3 |
| | 95618, 95694 | Area 5 |
| Sonoma | | Area 5 |
| Stanislaus | All except 95322 | Area 4 |
| | 95322 | Area 6 |
| Sutter | All except 95645, 95692, 95836, 95948, 95837 | Area 3 |
| | 95645, 95692, 95836, 95837, 95948 | Area 5 |
| Tehama | | Area 5 |
| Trinity | | Area 5 |
| Tulare | | Area 6 |
| Tuolumne | 95230, 95329 | Area 4 |
| | All except 95230, 95329 | Area 6 |
| Ventura | ZIP codes starting with 930 or 932 | Area 6 |
| | All other Ventura ZIPs | Area 4 |
| Yolo | | Area 5 |
| Yuba | | Area 5 |

Monthly rates³

| Dental Blue Basic | | | | | | | | Dental Blue Enhanced | | | | | | | |
|---------------------|-------|-------|-------|-------|-------|-------|-------|----------------------|-------|-------|-------|-------|-------|-------|-------|
| Area | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Area | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Member | \$26 | \$28 | \$24 | \$25 | \$24 | \$23 | \$25 | Member | \$50 | \$61 | \$50 | \$56 | \$55 | \$52 | \$70 |
| Member and spouse | \$50 | \$54 | \$47 | \$48 | \$47 | \$44 | \$49 | Member and spouse | \$95 | \$116 | \$95 | \$106 | \$104 | \$97 | \$131 |
| Member and child | \$56 | \$61 | \$53 | \$54 | \$53 | \$49 | \$54 | Member and child | \$90 | \$110 | \$90 | \$100 | \$99 | \$92 | \$125 |
| Member and children | \$94 | \$102 | \$89 | \$90 | \$89 | \$83 | \$91 | Member and children | \$145 | \$177 | \$146 | \$162 | \$160 | \$149 | \$201 |
| Member and family | \$115 | \$124 | \$108 | \$110 | \$108 | \$101 | \$111 | Member and family | \$183 | \$224 | \$184 | \$204 | \$202 | \$188 | \$254 |
| One child | \$29 | \$32 | \$28 | \$28 | \$28 | \$26 | \$28 | One child | \$38 | \$47 | \$38 | \$43 | \$42 | \$39 | \$53 |
| Two children | \$59 | \$64 | \$55 | \$56 | \$55 | \$52 | \$57 | Two children | \$76 | \$93 | \$77 | \$85 | \$84 | \$78 | \$106 |
| Three+ children | \$96 | \$103 | \$90 | \$92 | \$90 | \$84 | \$92 | Three+ children | \$125 | \$152 | \$125 | \$139 | \$137 | \$128 | \$173 |



For a complete description of dental benefits, limitations and exclusions, please contact your Anthem Blue Cross Life and Health Insurance Company sales representative.

Applying for either Dental Blue plan is easy. Here's how:

- First, make sure you're eligible. You and your dependents must be permanent, legal residents of California, age 64 years + 9 months or younger. You can enroll if you would like dental coverage only, or if you're a new or current Anthem (health) member.
- Fill out and sign the Individual Enrollment Application.
- Find your rating area so you can see what your payment will be.
- Choose the way you'd like to pay.
- Send the application and payment to your agent or this address:
Anthem Blue Cross Life and Health Insurance Company
P.O. Box 9051
Oxnard, CA 93031-9051



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1 These schedules may be updated. Reasons for updates could be changing rates from dentists, dental costs and certain industry data.

2 As of 11/30/11.

3 Subject to change.

This overview gives only a brief description of some of the features of the plan. This is not the insurance contract. Only the Certificate of Coverage (Certificate) rules apply. Please refer to the Certificate which will show the benefits, limitations and exclusions. If there are any conflicts between the terms of the Certificate and the information in this document, then refer to the Certificate.

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