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 and Blue Shield (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:

- Anthem Dental Family Value
- Anthem Dental Family
- Anthem Dental Family Enhanced
- Dental Prime for individuals and families

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.

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 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 plans

Our Blue View Vision℠ plans are available to purchase with any Anthem medical and/or dental plan. With all Blue View Vision plans, you can choose from more than 38,000 eye doctors at over 27,000 locations. So you can get your eye care and eye wear just about anywhere. You can call or go online at Glasses.com, ContactsDirect or 1-800 CONTACTS®, visit a participating private practice eye doctor, or go in-store to LensCrafters®, Sears Optical℠, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.

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 Vision℠ providers, which include retailers such as Glasses.com, ContactsDirect or 1-800 CONTACTS®, LensCrafters®, Sears Optical℠, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. 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”?

Connect for Health Colorado (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 Connect for Health Colorado.*

To learn more, visit your state’s exchange website at [ConnectforHealthCO.com](http://ConnectforHealthCO.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 Connect for Health Colorado. 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 plans on the exchange, you may find that plans not on the exchange offer you more choices.
Anthem Dental Family Value, Anthem Dental Family and Anthem Dental Family Enhanced plans

Our plans offer these advantages:

- You will not be charged premiums for more than three children.
- For children, families will not be charged more than twice the out-of-pocket limit, regardless of how many children are in the family.
- The Anthem Dental Family Value, Anthem Dental Family and Anthem Dental Family Enhanced plans cover everyone.

Cost shares show what the member pays

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>In network / Out-of-network</th>
<th>In-network / Out-of-network</th>
<th>In-network / Out-of-network</th>
<th>In-network / Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Network</td>
<td>Dental Prime</td>
<td>Dental Prime</td>
<td>Dental Prime</td>
<td>Dental Prime</td>
</tr>
<tr>
<td>Deductible (per person, all services)</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Annual maximum (per person)</td>
<td>None</td>
<td>$750</td>
<td>None</td>
<td>$750</td>
</tr>
<tr>
<td>Annual out-of-pocket limit</td>
<td>$350 / None</td>
<td>$350 / None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

Diagnostic and preventive

- No waiting period
- No waiting period
- No waiting period
- No waiting period

Cleaning, exams, x-rays

- 0% / 30% coinsurance
- 0% / 30% coinsurance
- 0% / 30% coinsurance
- 0% / 30% coinsurance

Extra cleaning

- Not covered
- Not covered
- Not covered
- Not covered

Basic services

- No waiting period
- 6-month waiting period
- 6-month waiting period
- 6-month waiting period

Fittings

- 40% / 50% coinsurance
- 50% / 75% coinsurance
- 40% / 50% coinsurance
- 50% / 75% coinsurance

Brushing

- Not covered
- Not covered
- Covered
- Covered

Complex and major services

- No waiting period
- No waiting period
- No waiting period
- No waiting period

Endodontic/periodontic/cosmetic surgery

- Root canal, scaling, tooth removal
- 50% / 50% coinsurance
- 50% / 50% coinsurance
- 50% / 50% coinsurance

Prosthetics

- Crowns, dentures, bridges
- 50% / 50% coinsurance
- 50% / 50% coinsurance
- 70% / 85% coinsurance

Medical necessary orthodontia

- 50% / 50% coinsurance
- Not covered
- 50% / 50% coinsurance
- Not covered

Cosmetic orthodontia

- Not covered
- Not covered
- Not covered
- Not covered

International emergency dental program

- Included
- Included
- Included
- Included

Blue View Vision

- Available
- Available
- Available
- Available

1. The Dental Prime Plan is on-exchange only.
2. Except 12-month waiting period for cosmetic orthodontia.
3. Coverage for pediatric children does not cover periodontics or prosthetic services.
4. $1,000 lifetime maximum for cosmetic orthodontia.

Note: There are currently no Dental Prime–contracted dentists in Alaska, Montana, North Dakota, Vermont, and Wyoming. Out-of-network dentists will bill you for amounts over what your plan pays, up to their usual charge. The procedures listed here are samples of covered service for members. If you need help to figure out 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.

Find a dentist

To find a dentist near you, go to anthem.com/findadoctor.

What's your monthly premium for the plan options above?

Take a look at our monthly rates for a dental plan with a vision plan included.

Dental crews 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.
Blue View Vision coverage available

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

- **A broad, convenient group of national providers** — Blue View Vision providers include more than 36,000 private practice doctors at over 27,000 locations.† This includes online choices through Glasses.com, ContactsDirect or 1-800 CONTACTS® in addition to the nation’s leading retail stores like LensCrafters®, Sears Optical℠, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.

- **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**§ — including 15% to 40% off on unlimited purchases of most extra pairs of eye wear, conventional contact lenses, lens treatments, specialized lenses and various accessories — even after you’ve used all of your covered benefits.

Blue View Vision Bundled plan

Our current Blue View Vision Bundled plan has not changed. The Bundled plan can only be purchased in combination with any off the Marketplace Anthem individual medical or dental plan. The Bundled plan cannot be purchased on a stand-alone basis.

Blue View Vision Enhanced, Plus and Value plans

Our stand-alone Blue View Vision Enhanced, Plus and Value plans are designed with your lifestyle in mind and can be purchased with or without a medical and/or dental plan. You can choose the plan that gives you the most value from your benefits. See your options on the next page.

What’s your monthly premium for Blue View Vision Enhanced, Plus and Value plans?

Take a look at Blue View Vision Enhanced, Plus and Value monthly rates now.

Cost savings example

You’ll see that when you have a Blue View Vision plan from Anthem, it often pays for itself — and then some. When it comes to Blue View Vision, seeing isn’t just believing. Seeing is saving, too!

<table>
<thead>
<tr>
<th>Retail</th>
<th>Benefit</th>
<th>Copay</th>
<th>Member pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$80</td>
<td>Covered</td>
<td>$20</td>
</tr>
<tr>
<td>Frame</td>
<td>$130</td>
<td>$130 allowance</td>
<td>N/A</td>
</tr>
<tr>
<td>Single vision lenses</td>
<td>$80</td>
<td>Covered</td>
<td>$20</td>
</tr>
<tr>
<td>Scratch coating</td>
<td>$22</td>
<td>Included</td>
<td>N/A</td>
</tr>
<tr>
<td>Progressive premium tier 1</td>
<td>$140</td>
<td>Upgrade</td>
<td>N/A</td>
</tr>
<tr>
<td>Polycarbonate lenses</td>
<td>$55</td>
<td>Upgrade</td>
<td>N/A</td>
</tr>
<tr>
<td>Anti-reflective premium tier 2</td>
<td>$100</td>
<td>Upgrade</td>
<td>N/A</td>
</tr>
<tr>
<td>Transitions lenses</td>
<td>$110</td>
<td>Upgrade</td>
<td>N/A</td>
</tr>
<tr>
<td>Total purchase</td>
<td>$717</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Blue View Vision plans

<table>
<thead>
<tr>
<th>Vision care services</th>
<th>Benefit frequency</th>
<th>In-network benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blue View Vision Bundled</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eye exam (with dilation as needed)</strong></td>
<td>Once every 12 months</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Standard plastic (CR39) lenses¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Once every 24 months</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Bifocal</td>
<td></td>
<td>$20 copay</td>
</tr>
<tr>
<td>Trifocal</td>
<td></td>
<td>$20 copay</td>
</tr>
<tr>
<td>Contact lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective (conventional and disposable)</td>
<td>Once every 24 months</td>
<td>$80 allowance</td>
</tr>
<tr>
<td>Non-elective</td>
<td></td>
<td>Covered in full</td>
</tr>
<tr>
<td>Frames</td>
<td></td>
<td>$130 allowance</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Vision care services</th>
<th>Benefit frequency</th>
<th>In-network benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blue View Vision Enhanced</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eye exam (with dilation as needed)</strong></td>
<td>Once per calendar year</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Standard plastic (CR39) lenses¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Once per calendar year</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Bifocal</td>
<td></td>
<td>$10 copay</td>
</tr>
<tr>
<td>Trifocal</td>
<td></td>
<td>$10 copay</td>
</tr>
<tr>
<td>Contact lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective (conventional and disposable)</td>
<td>Once per calendar year</td>
<td>$150 allowance</td>
</tr>
<tr>
<td>Non-elective</td>
<td></td>
<td>Covered in full</td>
</tr>
<tr>
<td>Frames</td>
<td></td>
<td>$150 allowance</td>
</tr>
</tbody>
</table>

** Blue View Vision Enhanced can be purchased with or without a medical and/or dental plan.

<table>
<thead>
<tr>
<th>Vision care services</th>
<th>Benefit frequency</th>
<th>In-network benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blue View Vision Plus</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eye exam (with dilation as needed)</strong></td>
<td>Once per calendar year</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Standard plastic (CR39) lenses¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Once per calendar year</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Bifocal</td>
<td></td>
<td>$20 copay</td>
</tr>
<tr>
<td>Trifocal</td>
<td></td>
<td>$20 copay</td>
</tr>
<tr>
<td>Contact lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective (conventional and disposable)</td>
<td>Once per calendar year</td>
<td>$130 allowance</td>
</tr>
<tr>
<td>Non-elective</td>
<td></td>
<td>Covered in full</td>
</tr>
<tr>
<td>Frames</td>
<td></td>
<td>$130 allowance</td>
</tr>
</tbody>
</table>

** Blue View Vision Plus can be purchased with or without a medical and/or dental plan.

<table>
<thead>
<tr>
<th>Vision care services</th>
<th>Benefit frequency</th>
<th>In-network benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blue View Vision Value</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eye exam (with dilation as needed)</strong></td>
<td>Once per calendar year</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Standard plastic (CR39) lenses¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Once per calendar year</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Bifocal</td>
<td></td>
<td>$20 copay</td>
</tr>
<tr>
<td>Trifocal</td>
<td></td>
<td>$20 copay</td>
</tr>
<tr>
<td>Contact lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective (conventional and disposable)</td>
<td>Once per calendar year</td>
<td>$80 allowance</td>
</tr>
<tr>
<td>Non-elective</td>
<td></td>
<td>Covered in full</td>
</tr>
<tr>
<td>Frames</td>
<td></td>
<td>$130 allowance</td>
</tr>
</tbody>
</table>

** Blue View Vision Value can be purchased with or without a medical and/or dental plan.

---

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.

<table>
<thead>
<tr>
<th></th>
<th>In-network dentist</th>
<th>Out-of-network dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What you pay the dentist</strong></td>
<td>▪ Your deductible</td>
<td>▪ Your deductible</td>
</tr>
<tr>
<td></td>
<td>▪ The percentage that's not covered by your insurance</td>
<td>▪ The percentage that's not covered by your insurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ The difference between what the dentist charges and the total amount we allow to be paid for a service</td>
</tr>
<tr>
<td><strong>Claims paperwork</strong></td>
<td>▪ Your dentist sends claims to us</td>
<td>▪ You or your dentist may submit your claims to us</td>
</tr>
<tr>
<td></td>
<td>▪ We pay the dentist directly</td>
<td>▪ We pay you or your dentist for covered expenses</td>
</tr>
</tbody>
</table>

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! Take a look at the application included with this brochure.

Online: Go to anthem.com 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.
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 (855-453-7031 / 855-383-7249). (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

Amharic
አማርኛ ማስሻል የሚለው ከማይነት ይህ ከማስታወቂያ ይቀን (855-453-7031 / 855-383-7249) ከማስታወቂያ የሚለው ከማይነት ይቀን (TTY/TDD: 711)

Arabic
إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، يمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء (855-453-7031 / 855-383-7249) (TTY/TDD: 711)

Bassa
O jú ké m dyi gbo-kpá-kpá mó bɛ̀ m kɛ cèé-dɛ̀ nìà kɛ mű́n wò dë bā̀a-wë̀n wùɖụ̀ dò mú ni, m bɛ̀ìn o zǒò dyi ɖé Mečà jë gbo-gmò Kpòč nóbà nìà kɛ <855-453-7031 / 855-383-7249> dà dà mú. M se wiɖí kàkò dò pèɛ̀n mu. (TTY/TDD: 711)

Chinese
如果您需要协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(855-453-7031 / 855-383-7249)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 اعضای به شماره 855-453-7031 / 855-383-7249 تماس بگیرید. (TTY/TDD: 711)

French
Si vous avez besoin d’aide pour comprendre ce document dans une autre langue, vous pouvez en faire la demande gratuitement en appelant les Services destinés aux membres au numéro suivant : 855-453-7031 / 855-383-7249. (TTY/TDD: 711)

German
Falls Sie Hilfe in einer anderen Sprache benötigen, um dieses Dokument zu verstehen, können Sie diese kostenlos anfordern, indem Sie die Servicenummer für Mitglieder anrufen (855-453-7031 / 855-383-7249). (TTY/TDD: 711)

Igbo
Ọ bụrụ na i choro enyemaka iji ghota dokumeti a n'asusu di iche, i nwere ike ịrio ya na akwughị ụgbọ o bula ozo site na ikpo ọmụba Ọrụ Onye Otu (855-453-7031 / 855-383-7249). (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（855-453-7031 / 855-383-7249）に電話して支援を求めることができます。追加費用はありません。 (TTY/TDD: 711)

Korean
다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(855-453-7031 / 855-383-7249)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Nepali
यदि तपाईंलाई यो कागजात कुनै अर्को भाषामा बुझ्न सहायता चाहिए, तपाईंले सर्विस सेवा नम्बर (855-453-7031 / 855-383-7249) मा कल गर्ने उपर्युक्त कारणबाट सहायता गर्न सक्नुहुनै गरिएको छ। (TTY/TDD: 711)
Oromo
Sanada kana afaan kan biroodhaan hubachuuf yoo gargaarsa barbaadde lakkoofsa bilbilaa tajaajila miseensaa (Member Services) (855-453-7031 / 855-383-7249) waraqqaa eenyummaa kee irra jiru irratti bilbliudhaan kaffaltii dabalataa malee gaafachu dandeessa. (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 (855-453-7031 / 855-383-7249). (TTY/TDD: 711)

Tagalog
Kung kailangan ninyo ng tulong upang maunawaang ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (855-453-7031 / 855-383-7249). (TTY/TDD: 711)

Vietnamese

Yoruba
Ti o bá nilò ìrànwọ́ kí àkosílẹ̀ yìí le yé o ní èdè míràn, o le bèrè rè láísì àfikún owó nípa pipe Nómbá Àwọn ̀òpèsè omo-ègbè (855-453-7031 / 855-383-7249). (TTY/TDD: 711)
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* Academy of General Dentistry Know Your Teeth website: Warning Signs in the Mouth Can Save Lives (accessed August 2015); knowyourteeth.com.
† Network data from Strenuus, August 2016.
△ Internal data, 2015.
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