

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 VisionSM 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 OpticalSM, 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 VisionSM providers, which include retailers such as Glasses.com, ContactsDirect or 1-800 CONTACTS®, LensCrafters®, Sears OpticalSM, 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**.

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	Anthem Dental Family Value off-exchange and on-exchange		Anthem Dental Family off-exchange and on-exchange	
	Dependents age 18 and younger	Adults age 19+	Dependents age 18 and younger	Adults age 19+
	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Dental network	Dental Prime	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services)	\$50	\$50	\$50	\$50
Annual maximum (per person)	None	\$750	None	\$750
Annual out-of-pocket limit	\$350 ¹ / None	None	\$350 ¹ / None	None
Diagnostic and preventive	No waiting period	No waiting period	No waiting period	No waiting period
Cleaning, exams, x-rays	0% / 30% coinsurance	0% / 50% coinsurance	0% / 30% coinsurance	0% / 50% coinsurance
Extra cleaning	Not covered	Not covered	Not covered	Not covered
Basic services	No waiting period	6-month waiting period	No waiting period	6-month waiting period
Fillings	40% / 50% coinsurance	50% / 75% coinsurance	40% / 50% coinsurance	50% / 75% coinsurance
Brush biopsy	Not covered	Covered	Not covered	Covered
Complex and major services	No waiting period	Not covered	No waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	50% / 50% coinsurance ³	Not covered	50% / 50% coinsurance ³	70% / 85% coinsurance
Prosthetics (crowns, dentures, bridges)	50% / 50% coinsurance ³	Not covered	50% / 50% coinsurance ³	70% / 85% coinsurance
Medically 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 Per child, up to \$700 per family.
2 Except 12-month waiting period for cosmetic orthodontia.
3 Coverage for pediatric children does not cover periodontic or prosthetic services.
4 \$1,000 lifetime maximum for cosmetic orthodontia.
Note: There are currently no Dental Prime-contracted dentists in Archuleta, Baca, Chaffee, Cheyenne, Crowley, Gilpin, Hinsdale, Jackson, Kiowa, Lake, Mineral, Moffat, Park, Pitkin, Rio Blanco, Routt, Saguache, San Juan, Sedgwick, Washington and Yuma counties.
out-of-network dentists will bill you for amounts over what your plan pays, up to their usual charge. The procedures listed here are a sample of covered service for members. If you need help to figure out the highest amount payable to an out-of-network dentist, call us at the number on your ID card.
Note: This is only a brief description of some plan benefits. Please refer to the Booklet for more complete details including benefits, limitations and exclusions.

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 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.

Anthem Dental Family Enhanced off-exchange and on-exchange		Dental Prime Plan A off-exchange only	Dental Prime Plan B off-exchange only	Dental Prime Plan C off-exchange only
Dependents age 18 and younger	Adults age 19+			
In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Dental Prime	Dental Prime	Dental Prime	Dental Prime	Dental Prime
\$25	\$50	None	\$50	\$50
None	\$1,000	\$500	\$1,000	\$1,250
\$350 ¹ / None	None	None	None	None
No waiting period	No waiting period	No waiting period	No waiting period	No waiting period
0% / 20% coinsurance	0% / 50% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance
Not covered	Not covered	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
No waiting period	6-month waiting period	Not covered	6-month waiting period	6-month waiting period
20% / 40% coinsurance	20% / 60% coinsurance	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
Not covered	Covered	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
No waiting period ²	12-month waiting period	Not covered	12-month waiting period	12-month waiting period
20% / 50% coinsurance	50% / 75% coinsurance	Not covered	50% / 50% coinsurance	50% / 50% coinsurance
50% / 50% coinsurance ³	50% / 75% coinsurance	Not covered	Not covered	50% / 50% coinsurance
50% / 50% coinsurance	Not covered	Not covered	Not covered	Not covered
50% / 50% coinsurance ⁴	Not covered	Not covered	Not covered	Not covered
Included	Included	Included	Included	Included
Available	Available	Available	Available	Available

Find a dentist

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

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 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 OpticalSM, 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!

	Retail	Benefit	Copay	Member pays	
Exam	\$80	Covered	\$20	\$20	
Frame	\$130	\$130 allowance	N/A	\$0	
Single vision lenses	\$80	Covered	\$20	\$20	
Scratch coating	\$22	Included	N/A	\$0	
Progressive premium tier 1	\$140	Upgrade	N/A	\$85	
Polycarbonate lenses	\$55	Upgrade	N/A	\$40	
Anti-reflective premium tier 2	\$100	Upgrade	N/A	\$68	
Transitions lenses	\$110	Upgrade	N/A	\$75	
Total purchase	\$717			\$308	Member saves \$409

Blue View Vision plans

Blue View Vision Bundled*		
Vision care services	Benefit frequency	In-network benefit
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

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

Blue View Vision Enhanced**		
Vision care services	Benefit frequency	In-network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$10 copay
Standard plastic (CR39) lenses¹	Once per calendar year	
Single vision		\$10 copay
Bifocal		\$10 copay
Trifocal		\$10 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$150 allowance
Non-elective		Covered in full
Frames	Once per calendar year	\$150 allowance

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

Blue View Vision Plus**		
Vision care services	Benefit frequency	In-network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$10 copay
Standard plastic (CR39) lenses¹	Once per calendar year	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$130 allowance
Non-elective		Covered in full
Frames	Once every other calendar year	\$130 allowance

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

Blue View Vision Value**		
Vision care services	Benefit frequency	In-network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$20 copay
Standard plastic (CR39) lenses¹	Once per calendar year	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$80 allowance
Non-elective		Covered in full
Frames	Once every other calendar year	\$130 allowance

** 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.

	In-network dentist	Out-of-network dentist
What you pay the dentist	◦ Your deductible ◦ The percentage that's not covered by your insurance	◦ 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	◦ Your dentist sends claims to us ◦ We pay the dentist directly	◦ 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! Take a look at the application included with this brochure.

Online: Go to [anthem.com](https://www.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.

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 (855-453-7031 / 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

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (855-453-7031 / 855-383-7249). (TTY/TDD: 711)

Amharic

ይህንን ሰነድ ለመረዳት በአማራጭ ቋንቋ እርዳታ ማግኘት ከፈለጉ፣ የአባል አገልግሎቶች ቁጥርን (855-453-7031 / 855-383-7249) በመደወል ያለምንም ክፍያ ማግኘት ይችላሉ። (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. (855-453-7031 / 855-383-7249) (TTY/TDD: 711)

Bassa

Ɔ jũ ké n̄ d̄y gbo-kpá-kpá m̄ó b̄é n̄ ké céé-q̄è n̄ià k̄e múin w̄ó dé b̄āā-w̄ēin w̄ùd̄ù d̄ò mú n̄i, n̄ b̄ēin ɔ z̄òò d̄ȳin dé M̄éba j̄è gbo-gm̄ò Kp̄òè n̄òb̄à n̄ià k̄e <855-453-7031 / 855-383-7249> dá dá mú. M̄ se w̄id̄i k̄àk̄ò d̄ò p̄ēin mu. (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(855-453-7031 / 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 اعضا 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 ị chọrọ enyemaka ịji ghotà dokụmentị a n'asụsụ dị iche, ị nwere ike iriọ ya na akwughị ugwo ọ bụla ọzọ site na ịkpọ nọmba 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。追加費用はかかりません。(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 चाहिएमा, तपाईंले सदस्य सेवा नम्बर (855-453-7031 / 855-383-7249) मा कल गरेर कुनै अतिरिक्त खर्च बिना यसको लागि अनुरोध गर्न सक्नुहुन्छ। (TTY/TDD: 711)

Oromo

Sanada kana afaan kan biroota hubachuuf yoo gargaarsa barbaadde lakkoofsa bilbilaa tajaajila miseensaa (Member Services) (855-453-7031 / 855-383-7249) waraqaa eenyummaa kee irra jiru irratti bilbiluudhaan kaffaltii dabalataa malee gaafachuu 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 maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (855-453-7031 / 855-383-7249). (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 (855-453-7031 / 855-383-7249). (TTY/TDD: 711)

Yoruba

Tí o bá nílò ìrànwọ́ kí àkọsílẹ̀ yìí le yé ọ ní èdè míràn, o le bèrè rẹ láísí àfikún owó nípa pípe Nọmbà Àwọn ìpèsè ọmọ-ẹgbẹ (855-453-7031 / 855-383-7249). (TTY/TDD: 711)

Notes

Notes

Notes



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 Booklet 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 and Blue Shield.

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

Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess.

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.