

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.^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](https://www.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 plan

Our Blue View VisionSM plan is available to purchase with any HealthKeepers medical and/or Anthem dental plan. With Blue View Vision, you can choose from more than 36,000 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”?

The Health Insurance 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 the Health Insurance Marketplace.

To learn more, visit your state's exchange website at healthcare.gov.

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 the Health Insurance Marketplace. 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 ² | Not covered | Covered ² |
| 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 | Not covered | 50% / 50% coinsurance | 70% / 85% coinsurance |
| Prosthetics (crowns, dentures, bridges) | 50% / 50% coinsurance | Not covered | 50% / 50% coinsurance | 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 Covered for adults age 20 and older.

³ Except 12-month waiting period for cosmetic orthodontia.

⁴ \$1,000 lifetime maximum for cosmetic orthodontia.

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

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 ² | Not covered | 20% / 20% coinsurance | 20% / 20% coinsurance |
| No waiting period ³ | 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 | 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 |

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.

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 | | |
|---|----------------------|--------------------|
| Vision care services | Benefit frequency | In-network benefit |
| Eye exam (with dilation as needed) | Once every 12 months | \$20 copay |
| Standard plastic (CR39) lenses ¹ | 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.

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 | Member saves |
| Transitions lenses | \$110 | Upgrade | N/A | \$75 | |
| Total purchase | \$717 | | | \$308 | \$409 |

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! 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.

Limitations – embedded pediatric dental benefits, Dental Family Value, Dental Family and Dental Family Enhanced benefits for pediatric members up to age 19

Diagnostic and preventive services

- **Oral exams** – covered 2 times every 12 months.
- **Radiographs (x-rays)** – individual x-rays taken on the same day will be limited to the maximum allowed amount for a full mouth (complete series).
 - Bitewings – covered at 1 series of bitewings per 12 months.
 - Full mouth (complete series) – covered 1 time per 60-month period.
 - Panoramic – covered 1 time per 60-month period.
 - Periapicals and extraorals – covered as needed per diagnosis.
 - Occlusal – 2 per 12-month period.
- **Dental cleaning (prophylaxis)** – covered 2 times per 12 months.
- **Space maintainers** – covered once per 24-month period per tooth per quadrant (unilateral) per arch (bilateral). Repair or replacement of lost/broken appliances are not a covered benefit.

Basic restorative services

- **Amalgam fillings** – covered for permanent and primary posterior (back) teeth.
- **Composite fillings** – covered for permanent and primary anterior (front) teeth. If you get a composite restorative on a posterior (back) tooth, it is considered an optional treatment and will be covered up to the maximum allowed amount for an amalgam filling. You will be responsible to pay the difference between the maximum allowed amount and the dentist's actual charge. This is in addition to any applicable deductible and/or coinsurance.
- **Fillings** – covered once per tooth surface per 12-month period.

Endodontic services

- **Pulp cap (direct / indirect)**
- **Pulpotomies** – covered once per tooth per lifetime. Covered per primary teeth only. Will not be covered if billed with root canal therapy.
- **Pulpal therapy** – covered once per tooth per lifetime. Covered per primary teeth only.
- **Root canal therapy** – covered once per tooth per lifetime.
- **Retreatment of previous root canal** – covered once per tooth per lifetime.
- **Apicoectomy/periradicular surgery** – covered once per tooth per lifetime.
- **Retrograde filling** – covered once per tooth per lifetime.
- **Apexification** – covered once per tooth per lifetime. Coverage includes initial visit, interim medication replacement (limited to 3 treatments) and the final visit.

Periodontal services

- **Periodontal scaling and root planing** – covered once per quadrant per 24 months.
- **Crown lengthening** – covered once per tooth per lifetime.
- **Full mouth debridement** – covered once per 12 months.
- **Osseous surgery** – covered once per quadrant per 60 months.
- **Gingivectomy or gingivoplasty** – covered once per 24 month-period per quadrant.
- **Emergency room services provided by dentist** – covered only for occlusal orthotic devices.

Oral surgery services

- **Basic extractions and complex surgical extractions** – surgical removal of 3rd molars is only covered if the removal is associated with symptoms or oral pathology.
- **Adjunctive general services**
 - Intravenous and non-intravenous conscious sedation and general anesthesia.
- **Alveoplasty** – covered once per quadrant per lifetime.
- **Frenulectomy/frenuloplasty** – covered once per lifetime.

Major restorative services

- **Pre-fabricated, stainless steel, or temporary crown** – covered as needed per pathology. Temporary crown not covered if used during crown fabrication.
- **Protective restorations** – not covered in conjunction with root canal therapy, pulpotomy, pulpectomy, or on the same date of services as another restoration
- **Permanent crowns** (full cast, titanium, high noble metal, porcelain only, or metal/porcelain) – covered 1 time per 60 months. Only covered on a permanent tooth.
- **Labial veneers** – covered 1 per 60 months per tooth. This is considered as an alternate treatment to a full restoration for an endodontically treated tooth.

Prosthetic services

- **Removable prosthetic services (dentures and partials)** – covered 1 time per 60-month period for the replacement of extracted permanent teeth. If you have an existing denture or partial, a replacement is only covered if at least 60 months have passed and it cannot be repaired or adjusted.
- **Fixed prosthetic services (bridge)** – covered 1 time per 5 years for the replacement of extracted permanent teeth. If you have an existing bridge, a replacement is only covered if at least 60 months has passed and it cannot be repaired or adjusted. The plan will cover the least costly, commonly performed course of treatment. If there are multiple missing teeth, the plan may cover a partial denture instead of the bridge. If you still choose to get the bridge, you will be responsible to pay the difference in cost, plus any applicable deductible and coinsurance.
- **Denture adjustments** – not covered within 6 months of placement.

- **Reline denture (chair or laboratory)** – covered once per 24 months as long as the appliance (denture, partial or bridge) is the permanent appliance, not covered within 6 months of placement.
- **Occlusal orthotic device** – covered only for temporomandibular pain, dysfunction or associated musculature.

Orthodontic services

- Limited orthodontic treatment;
- Interceptive orthodontic treatment;
- Comprehensive (Complete) orthodontic treatment;
- Removable appliance therapy;
- Fixed appliance therapy; and
- Complex surgical procedure for orthodontic reason, such as exposing impacted teeth or repositioning of the teeth.

Orthodontic exclusions

We will not pay for services incurred for, or in connection with, any of the items below:

- Monthly treatment visits that are inclusive of treatment cost;
- Orthodontic retention/retainer as a separate service;
- Retreatment and/or services for any treatment due to relapse;
- Inpatient or outpatient hospital expenses.

Limitations – Dental Prime plans

- **Optional treatment plans:** If there are alternative treatments that have different costs, the final treatment decision is between you and your dentist. We will cover the treatment that is the least costly and which is the most commonly performed treatment. You will be responsible to pay for the difference in cost between the maximum allowed amount for the covered service and the optional treatment, plus any deductible and/or coverage percentage for the covered benefit.
- **Reconstructive surgery:** Benefits will be provided for reconstructive surgery when dental care is incidental to or follows surgery resulting from injury, sickness or other diseases of the involved part, or when such dental care is performed on a covered dependent child because of congenital disease or anomaly, which has resulted in a functional defect as determined by the attending physician.
- **Dental orthodontic services** not related to the management of the congenital condition of cleft lip and cleft palate is not covered under the Evidence of Coverage.
- Some services are an integral part of another completed covered service by the Evidence of Coverage. If the dentist bills these procedures separately from the covered service, we will not pay for the separately billed procedures. You will then be responsible for any charge for the separately billed procedures and must pay your dentist directly.

Diagnostic and preventive services

- **Oral evaluations** – any type of evaluation (checkup or exam) is covered 2 times per calendar year.

- **Bitewings** – covered at 1 series of bitewings per 12-month period for covered persons through the age of 17; 1 series of bitewings per 24-month period for covered persons age 18 and over.
- **Full mouth (complete series) or panoramic** – covered 1 time per 60-month period.
- **Periapical(s)** – 4 single x-rays are covered per 12-month period.
- **Occlusal** – covered at 2 series per 24-month period.
- **Prophylaxis** – any combination of this procedure and periodontal maintenance (see Periodontal services) covered 2 times per calendar year.
- **Fluoride treatment** (Topical application of fluoride) – covered 1 time per 12-month period for dependent children through the age of 18.
- **Fluoride varnish** – covered 1 time per 12-month period for dependent children through the age of 18.
- **Sealants or preventive resin restorations** – any combination of these procedures is covered 1 time per 12-month period for permanent first and second molars through the age of 15.

Basic restorative services

- **Amalgam restorations** – 1 service per tooth surface per 24-month period.
- **Composite resin restorations** – 1 service per tooth surface per 24-month period.
- **Space maintainers** – covered 1 time per lifetime on eligible dependent children through the age of 16 for extracted primary posterior (back) teeth.
- **Brush miopsy** – covered 1 time every 36 months for covered persons age 20 to 39, covered 1 time per 12 months for covered persons age 40 and above. (if applicable for the plan)

Endodontic services

- **Endodontic therapy on primary teeth**
 - Pulpal therapy – covered 1 time per tooth per lifetime.
 - Therapeutic pulpotomy – covered 1 time per tooth per lifetime.
- **Endodontic therapy on permanent teeth**
 - Root canal therapy – covered 1 time per tooth per lifetime.
 - Root canal retreatment – covered 1 time per tooth per lifetime.

Periodontal services

- **Periodontal maintenance** – any combination of this procedure and dental cleanings (see Diagnostic and preventive services) is covered 2 times per calendar year.
- **Periodontal scaling and root planing** – covered 1 time per 36 months if the tooth has a pocket depth of 4 millimeters or greater.
- **Full mouth debridement** – covered 1 time per lifetime.
- **Complex surgical periodontal care** – The following services are considered complex surgical periodontal services under

the Evidence of Coverage. Only 1 complex surgical periodontal service is covered per 36-month period.

- Gingivectomy/gingivoplasty
- Gingival flap
- Apically positioned flap
- Osseous surgery
- Bone replacement graft
- Pedicle soft tissue graft
- Free soft tissue graft
- Subepithelial connective tissue graft
- Soft tissue allograft
- Combined connective tissue and double pedicle graft
- Distal/proximal wedge – covered on natural teeth only

Oral surgery services

- **Complex surgical extractions** – Surgical removal of 3rd molars are only covered if the removal is associated with symptoms or oral pathology.
- **Other complex surgical procedures** – the following are covered only when required to prepare for dentures and is a benefit covered once in a 60-month period:
 - Alveoloplasty
 - Vestibuloplasty
 - Removal of exostosis – per site
 - Surgical reduction of osseous tuberosity
- **Surgical reduction of fibrous tuberosity** – covered 1 time per 6-months.
- **Intravenous conscious sedation, IV sedation and general anesthesia** – covered when performed in conjunction with complex surgical services; will not be covered when performed with non-surgical dental care.
- **Temporomandibular joint disorder (TMJ)** – Dental treatment that is considered surgical and nonsurgical treatment of temporomandibular joint disorder (TMJ) and craniomandibular disorder, including splints. A pretreatment estimate is recommended. NOTE: If you or your dependents currently have medical insurance coverage, the claim must be first submitted to that medical insurance program. Any remaining costs after consideration under your medical insurance may be submitted to us for further benefit consideration. You must submit a copy of the medical Explanation of Benefits (EOB) along with your claim to us.

If you or your dependents are not eligible for TMJ benefits under another insurance program, either medical or dental, dental services for TMJ will be covered under the Evidence of Coverage within the noted limitations, maximums, deductibles and coverage percentages.

Please note:

1. Reconstructive surgery benefits will be provided for reconstructive surgery when such dental procedures are incidental to or follow surgery resulting from injury, illness or other diseases of the involved part, or when such dental procedure is performed on a covered dependent child because of congenital disease or anomaly, which has resulted in a functional defect as determined by the attending physician.
2. Dental orthodontic treatment not related to the management of the congenital condition of cleft lip and cleft palate is not covered.

Major restorative services

- **Gold foil restorations** – Receive an amalgam (silver filling) benefit equal to the same number of surfaces and allowances, covered 1 time per 24-month period.
- **Inlays** – Benefit will equal an amalgam (silver) restoration for the same number of surfaces.
- **Pre-fabricated or stainless steel crown** – covered 1 time per 60-month period for eligible dependent children through the age of 18.
- **Onlays and/or permanent crowns** – covered 1 time per 7-year period per tooth for covered persons age 12 and older.
- **Recent inlay, onlay and crowns** – covered 6 months after initial placement.
- **Crown repair** – covered 1 time per 12-month period per tooth.
- **Restorative cast post and core build-up, including 1 post per tooth and 1 pin per surface** – covered 1 time per 7-year period.

Prosthetic services

- **Tissue conditioning** – covered 1 time per 24-month period.
- **Reline and rebase** – covered 1 per 24-month period after 6 months from initial placement.
- **Repairs, replacement of broken artificial teeth, replacement of broken clasp(s)** – covered 1 per 6-month period after 6 months from initial placement.
- **Denture adjustments** – covered 2 times per 12-month period after 6 months following initial placement.
- **Partial and bridge adjustments** – covered 2 times per 24-month period after 6 months from initial placement.
- **Removable prosthetic services (dentures and partials)** – covered 1 time per 7-year period for covered persons age 16 or older.
- **Fixed prosthetic services (bridge)** – covered 1 time per 7-year period for covered persons age 16 or older.
- **Recent fixed prosthetic** – covered 1 time per 12 months.
- **Single tooth implant body, abutment and crown** – covered 1 time per 7-year period for covered persons age 16 and over.

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 (1-855-748-1810 / 1-855-330-1108). (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 (1-855-748-1810 / 1-855-330-1108). (TTY/TDD: 711)

Amharic

ይህንን ሰነድ ለመረዳት በአማራጭ ቋንቋ እርዳታ ማግኘት ከፈለጉ፣ የአባል አገልግሎቶች ቁጥርን (1-855-748-1810 / 1-855-330-1108) 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. (1-855-748-1810 / 1-855-330-1108) (TTY/TDD: 711)

Bassa

Ɔ jũ ké n̄ d̄yi gbo-kpá-kpá m̄ó b̄é n̄ ké céè-d̄è n̄ià k̄e múin w̄ó dé b̄ää-w̄éin w̄ùd̄ù d̄ò mú n̄i, n̄ b̄éin ɔ z̄òò d̄ȳiin dé M̄éba j̄è gbo-gm̄ò Kp̄òè n̄òb̄à n̄ià k̄e <1-855-748-1810 / 1-855-330-1108> dá dá mú. M̄ se w̄id̄i k̄àkò d̄ò p̄éin mu. (TTY/TDD: 711)

Bengali

একটি বিকল্প ভাষায় এই তথ্য পুস্কাটি বোঝার জন্য। যদি আপনার সহায়তার প্রয়োজন হয়, তাহলে কোনো অতিরিক্ত খরচ ছাড়া সদস্য পরিষেবা নম্বর (1-855-748-1810 / 1-855-330-1108)-তে কল করে আপনি এটির অনুরোধ করতে পারেন। (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(1-855-748-1810 / 1-855-330-1108)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 1-855-748-1810 / 1-855-330-1108 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 : 1-855-748-1810 / 1-855-330-1108. (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 (1-855-748-1810 / 1-855-330-1108). (TTY/TDD: 711)

Hindi

अगर आपको यह दस्तावेज़ वैकल्पिक भाषा में समझने के लिए सहायता की ज़रूरत है, तो आप सदस्य सेवाएँ नंबर (1-855-748-1810 / 1-855-330-1108) पर कॉल करके अतिरिक्त लागत के बिना इसके लिए अनुरोध कर सकते हैं। (TTY/TDD: 711)

Igbo

Ọ bụrụ na ị chọrọ enyemaka iji ghọta dokụmentị a n'asụsụ dị iche, ị nwere ike iriọ ya na akwụghị ugwo ọ bụla ọzọ site na ikpọ nomba Ọrụ Onye Otu (1-855-748-1810 / 1-855-330-1108). (TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-748-1810 / 1-855-330-1108)로 전화를 걸어 도움을 요청할 수 있습니다. (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 (1-855-748-1810 / 1-855-330-1108). (TTY/TDD: 711)

Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (1-855-748-1810 / 1-855-330-1108). (TTY/TDD: 711)

Urdu

تو آپ ممبر سروس نمبر پر کال اگر آپ کو کسی دوسری زبان میں اس دستاویز کو سمجھنے کے لیے مدد کی ضرورت ہو جس کے لئے آپ پر کوئی اضافی اخراجات عائد نہیں ہوں گے نمبر کر کے اس کی درخواست کرسکتے ہیں
(1-855-748-1810 / 1-855-330-1108) (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 (1-855-748-1810 / 1-855-330-1108). (TTY/TDD: 711)

Yoruba

Tí o bá nílò ìrànwọ́ kí àkọsilẹ̀ yìí le yé ọ ní èdè míràn, o le bèrè rẹ̀ láísí àfikún owó nípa pípe Nọ́mbà Àwọn ìpèsè ọmọ-ẹgbẹ̀ (1-855-748-1810 / 1-855-330-1108). (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 Evidence of Coverage 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.

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