

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.

O 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



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 network dentists to get deep discounts for you. By seeing a 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 qet 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 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 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		Anthem Dental Family	
	(Dependents age 18 and younger)	(Adults age 19+)	(Dependents age 18 and younger)	(Adults age 19+)
	Network / Non-network	Network / Non-network	Network / Non-network	Network / Non-network
Dental network	Dental Complete	Dental Complete	Dental Complete	Dental Complete
Deductible (per person, all services)	\$50	\$50	\$50	\$50
Annual maximum (per person)	None	\$750	None	\$750
Annual out-of-pocket limit	\$350¹ / None	None	\$350¹ / 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	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 orthondontia	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.

Note: This is only a brief description of some plan benefits. Please refer to the Certificate of Coverage 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					
(Dependents age 18 and younger)	(Adults age 19+)	Dental Prime Plan A	Dental Prime Plan B	Dental Prime Plan C	
Network / Non-network	Network / Non-network	Network / Non-network	Network / Non-network	Network / Non-network	
Dental Complete	Dental Complete	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	50% / 75% coinsurance	Not covered	Not covered	50% / 50% coinsurance	
50% / 50% coinsurance	Not covered	Not covered	Not covered	Not covered	
50% / 50% coinsurance ³	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.

² Except 12-month waiting period for cosmetic orthodontia.

^{3 \$1,000} lifetime maximum for cosmetic orthodontia.

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 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 savings⁸ 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.

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	
Scratch coating	\$22	Included	N/A	\$0	
Progressive premium tier 1	\$140	Upgrade	N/A	\$86	
Polycarbonate lenses	\$55	Upgrade	N/A	\$40	
Anti-reflective premium tier 2	\$100	Upgrade	N/A	\$88	Member
Transitions lenses	\$110	Upgrade	N/A	\$75	saves
Total purchase	\$717			\$308	\$409

Blue View Vision plans

Blue View Vision Bundled*			
Vision care services	Benefit frequency	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	

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

Blue View Vision Enhanced**			
Vision care services	Benefit frequency	Network benefit	
Eye exam (with dilation as needed)	Once per calendar year	\$10 copay	
Standard plastic (CR39) lenses ¹	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	

 $^{^{\}star\star}$ 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	Network benefit	
Eye exam (with dilation as needed)	Once per calendar year	\$10 copay	
Standard plastic (CR39) lenses ¹	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	Network benefit		
Eye exam (with dilation as needed)	Once per calendar year	\$20 copay		
Standard plastic (CR39) lenses ¹	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		

 $^{^{\}star\star}$ 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 a network doctor.

	Network dentist	Non-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 usWe 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 a non-network doctor. Here's why:

- 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.
- Non-network doctors don't have a contract with us. They can charge you the difference between the total amount we allow
 to be paid for a service and the amount they normally charge for a service (plus your coinsurance or deductible). That means
 higher costs for you.

How to enroll

Sign up today for our dental and vision plans!

Online: Go to **anthem.com** 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 (1-855-738-6674 / 1-855-330-1097). (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 (1-855-738-6674 / 1-855-330-1097). (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. (TTY/TDD: 711) (TTY/TDD: 330-1097) (TTY/TDD: 738-6674 / 8-738-1)

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(1-855-738-6674 / 1-855-330-1097)請求免費協助。(TTY/TDD: 711)

Dinka

Naa koor kony ba ye kë cë görë nyic ne thön dët, kë ka lëu ba thiëc ke cin wëu tääuë kë piny të col yïn rän tön de koc yë luoi nämba de (1-855-738-6674 / 1-855-330-1097). (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 : 1-855-738-6674 / 1-855-330-1097. (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 (1-855-738-6674 / 1-855-330-1097). (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 (1-855-738-6674 / 1-855-330-1097) に電話して支援を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

Khmer

បីអ្**នកត្**រូវការជំនួយក្**នុងការយល់ពីឯកសារន**េះជាភាសាផុសងេ អ្**នកអាចសុនីវាដាយឥតគិតថ្**លបៃន្**ថមែដាយហៅទូរស័ព្**ទទាលខេសវោសមាជិក (1-855-738-6674 / 1-855-330-1097)។(TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-738-6674 / 1-855-330-1097)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Oromo

Sanada kana afaan kan biroodhaan hubachuuf yoo gargaarsa barbaadde lakkoofsa bilbilaa tajaajila miseensaa (Member Services) (1-855-738-6674 / 1-855-330-1097) waraqaa eenyummaa kee irra jiru irratti bilbiluudhaan kaffaltii dabalataa malee gaafachuu dandeessa. (TTY/TDD: 711)

Polish

Jeśli potrzebujesz pomocy w zrozumieniu niniejszego dokumentu w innym języku, możesz ją uzyskać bez ponoszenia dodatkowych kosztów, dzwoniąc do Działu Obsługi Klienta pod numer (1-855-738-6674 / 1-855-330-1097). (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 (1-855-738-6674 / 1-855-330-1097). (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 (1-855-738-6674 / 1-855-330-1097). (TTY/TDD: 711)

Thai

หากท่านต้องการความช่วยเหลือเพื่อทำความเข้าใจเกี่ยวกับเอกสารนี้ในภาษาอื่น ท่านอาจขอรับบริการได้โดยไม่เสียค่าใช้จ่าย เพิ่มเติมใดๆ โดยโทรไปที่หมายเลขฝ่ายบริการสมาชิก (1-855-738-6674 / 1-855-330-1097) (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 (1-855-738-6674 / 1-855-330-1097). (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 Certificate 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.

- \dagger 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 network providers from discounting products and services that are not covered benefits.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.