



# *Anthem Blue Cross Senior Dental PPO Plan*



Freedom to Choose Any Dentist

Access to Quality Care at Discounted Fees

Wide Range of Dental Services

Diagnostic and Preventive Care

Basic and Major Dental Care

# *Anthem Blue Cross*

## *Senior Dental PPO Plan*

The Anthem Blue Cross Senior Dental PPO plan, a Preferred Provider Organization dental plan, was created to help keep your teeth healthy and your smile bright. The thousands of dedicated professionals who comprise the Anthem Blue Cross Dental network offer a wide range of dental services including routine check-ups, cleanings, fillings, crowns and dental surgery.

The Anthem Blue Cross Senior Dental PPO plan was designed with two goals in mind. The first and foremost is to promote good dental hygiene and preventive care, important elements in a total health care package. The second goal is to provide you with the dental care you need in a convenient, cost-conscious manner, and that means providing many dental services at reduced or no out-of-pocket cost.

Our dental plan features diagnostic and preventive care at little or no-cost, low-cost basic care, and a benefit schedule that can help you offset the high cost of major dental care. Please read the following information for details on how the plan works, specific benefit information and certain exclusions and limitations that apply.

This is a scheduled policy – so only treatments and procedures listed and identified in the Benefit Schedule are covered. This brochure includes a sample of commonly utilized dental procedures and what the plan will cover. A complete listing of the Benefit Schedule will be provided to you once you're enrolled.

## How the Anthem Blue Cross Senior Dental PPO Plan Works

The plan's network of dentists is made up of one of the largest dental PPO networks in California who have agreed to provide services at negotiated rates to plan members. When you choose a participating plan dentist, you pay nothing for diagnostic and preventive care, such as regular check-ups, cleanings and X-rays. Other benefits are provided for specified basic and major dental care (see the Benefit Schedule on pages 3-4).

The plan lets you know up front in flat dollar amounts how much the plan pays for the covered services. This means that you are able to calculate easily how much you will have to pay once you have determined your dentist's fee for the specific procedures listed.

### Cost Comparison: Participating versus Non-Participating Dentist

The following is an example of how our negotiated fees with our providers may save you money on crown services. Negotiated fees may vary among participating dentists.

Participating Dentist
If the billed charges are \$773
And Anthem Blue Cross' negotiated rate is \$425
Anthem Blue Cross will pay the amount specified in the Benefit Schedule \$244*
Therefore, you pay the difference between the negotiated amount and the scheduled benefit <b>You Pay Only \$181</b> (\$425 - \$244)
You save \$592 off potential charges of \$733 (\$773 - \$181)
Non-Participating Dentist
If the billed charges are \$773
Anthem Blue Cross will pay the amount specified in the Benefit Schedule \$244*
Therefore, you pay the difference between the negotiated amount and the scheduled benefit \$529 (\$773 - \$244)
Your savings using a participating dentist, is \$348 (\$529 - \$181) over a non-participating dentist

\* This assumes any deductible has been met and you have not reached your annual maximum.

As you can see, you'll save more when you use a participating dentist because we've negotiated the amounts that plan members are charged for services. If you choose a non-participating dentist, the plan still provides benefits, but your out-of-pocket expense may be greater because the negotiated fees do not apply to non-participating providers. You are responsible for any charges in excess of the stated benefit.

The Anthem Blue Cross Dental PPO network is one of the largest in California, and your current dentist may already be part of the network. So be sure to check the plan dentist directory before you choose a dentist. It could save you money.

**Calendar Year Deductible:**

The calendar year deductible is the amount of out-of-pocket expense for which you are responsible before your benefits are available. The calendar year deductible is \$50 per person. The deductible is waived for diagnostic and preventive care only at participating plan dentists.

**The Calendar Year Maximum Benefit:**

All dental benefits are limited to a maximum payment by Anthem Blue Cross Life and Health Insurance Company of \$1,000 for expenses incurred by each enrolled member during a calendar year.

**Waiting Periods:**

There is no waiting period for diagnostic and preventive care. Coverage for basic care begins after three continuous months and for major care after 12 continuous months of coverage.

**Customer Service:**

Anthem Blue Cross Life and Health Insurance Company's professional Customer Service Units are available to answer any questions you may have about your policy, and to assist you in your customer service needs. The toll-free number is listed on your plan identification card that you will receive once your enrollment is approved.

**Eligibility and Enrollment:**

*Who is eligible for coverage?*

- You, the principal insured, over age 65
- Your spouse, if over age 65

**Enrollment:**

See the final page of the brochure for instructions. If you have any questions, please contact your Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company agent.

**Date Coverage Begins:**

The effective date of your plan is assigned by Anthem Blue Cross Life and Health Insurance Company and will be the first or the 15<sup>TH</sup> of the month after approval.

## BENEFIT SCHEDULE

To use the following schedule, first determine your dentist's fee, then check to see how much the plan pays. Then you can calculate easily how much you will have to pay for the specific services after your deductible has been met (where applicable). The plan pays either the specified amount, or the actual amount charged by your dentist, whichever is lower. If you visit a non-participating dentist, you are responsible for any charges in excess of the stated benefit.

Below is a sample of commonly utilized dental procedures and what the plan will cover. A complete listing of the Benefit Schedule will be provided to you once you're enrolled.

### Diagnostic and Preventive Care:

Coverage begins on your plan effective date. You are limited to two oral examinations and two dental cleanings per member, per year. The calendar year deductible is waived for these services only when rendered by a participating dentist.

Diagnostic and Preventive Care Procedures	Participating Dentist	Non-Participating Dentist
Periodic Oral Exam (limited to 2 per member per year)	100%	\$15.00
Emergency Oral Exam	100%	\$21.00
Bitewing X-rays - single film	100%	\$14.00
Bitewing X-rays - two films	100%	\$15.00
Single (periapical) X-rays - first film	100%	\$11.00
Single X-rays - additional films	100%	\$7.00
Bitewing X-rays - four films	100%	\$22.00
Full mouth X-rays (limited to one set every 3 years)	100%	\$51.00
Routine cleaning (limited to 2 per adult per year)	100%	\$33.00

Total benefit for single and bitewing X-rays not to exceed cost of full mouth - \$51.00 at non-participating dentists.

## BASIC AND MAJOR DENTAL CARE

After the calendar year deductible has been satisfied, benefits are paid according to the following schedule. Although the schedule is the same for both participating and non-participating dentist, you may experience greater out-of-pocket expense if you visit a non-participating dentist, as the negotiated fees do not apply to non-participating dentists. You are responsible for any charges in excess of the stated benefits.

### Basic Dental Care:

Coverage begins after the policy has been in effect for three continuous months.

Basic Dental Care Procedures	Plan Pays
Filling - one surface	\$34.00
Filling - two surfaces	\$44.00
Filling - three surfaces	\$58.00
Filling - four or more surfaces	\$67.00
Extraction - erupted tooth or exposed root	\$39.00
Surgical removal of erupted tooth	\$67.00
Removal of impacted tooth - soft tissue	\$94.00
Removal of impacted tooth - partial bony	\$127.00
Removal of impacted tooth - complete bony	\$168.00

### Major Dental Care:

Coverage begins after the policy has been in effect for 12 continuous months.

Major Dental Care Procedures	Plan Pays
Scaling/root planing per quadrant	\$38.00
Gingivectomy - one to three teeth	\$33.00
Gingivectomy - per quadrant (four or more contiguous teeth)	\$133.00
Root Canal - 1 canal	\$133.00
Root canal - 2 canals	\$167.00
Root canal - 3 canals	\$221.00
Crown (except stainless steel)	\$244.00
Pontic	\$244.00
Complete denture (upper or lower)	\$323.00
Partial denture (upper or lower)	\$279.00
Denture reline (chairside)	\$67.00
Denture reline (lab)	\$88.00

### Premium Rates:

The rates listed are monthly rates. Monthly payment is available when you choose Monthly Checking Account Deduction billing. If you wish to pay bi-monthly, multiply by two; if you prefer to pay quarterly, multiply by three.

Contract Type	Age	Rating Areas 1,2,3	Rating Areas 4, 5, 6
Subscriber Only	65+	\$30.00	\$35.00
Subscriber and Spouse	65+	\$60.00	\$70.00

### Rating Areas

**Area 1** includes Northern California (Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Mendocino, Modoc, Mono, Monterey, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter and Tehama).

**Area 2** includes Northern California (Fresno, Imperial, Kern, Madera, Mariposa, Merced, Napa, Sacramento, San Joaquin, San Luis Obispo, Santa Barbara ZIP codes beginning with 932 & 934, Santa Cruz, Solano, Sonoma and Stanislaus).

**Area 3** includes Northern California (Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Barbara - except for ZIP codes beginning with 932 & 934; see Area 2 - Santa Clara).

**Area 4** includes Southern California (Orange County).

**Area 5** includes Southern California (LA County - except those ZIP Codes included in Area 6).

**Area 6** includes the rest of Southern California.

Note: These are whole counties that are open to the Anthem Blue Cross Senior Dental PPO plan at this time. Contact your agent or Anthem Blue Cross Life and Health Insurance Company for information about availability in areas of any county not listed.

### Non-network Counties

If this policy is sold in any of the following areas, review the Statement of Understanding on the application.

Area 1\*: Alpine, Calaveras, Colusa, Glenn, Inyo, Lake, Mono, Plumas, Sierra, Trinity, Tuolumne, Yolo.

Area 2\*: Mariposa.

\* Since there are limited or no participating dentists in these counties, members pay the difference between the limited benefit that the plan pays and the actual charge by the non-participating dentist.

Some counties may have limited network access, please contact your Anthem Blue Cross Life and Health Insurance Company representative.

**Termination of Coverage:**

Coverage ceases under the plan when: You do not pay the premium when it's due, subject to the grace period (31 days from due date); the spouse is no longer married to the principal insured; any member becomes enrolled in any other Anthem Blue Cross Life and Health Insurance Company non-group coverage. You must notify Anthem Blue Cross Life and Health Insurance Company of all changes affecting any member's eligibility.

**Non-Duplication of Anthem Benefits:**

If, while covered under this policy, the member is covered by another Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company Individual policy, he or she will be entitled only to the benefits of the policy with greater benefits. The Anthem Blue Cross Companies will refund any premium received under the policy with the lesser benefits, covering the time both policies were in effect. However, any claims payments made by the Anthem Blue Cross Companies under the policy with the lesser benefits will be deducted from any such refund of premium.

**BINDING ARBITRATION**

The following provision does not apply to class actions:

IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN OR ANY OTHER ISSUES RELATED TO THE PLAN AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: "It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration." THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN OR ANY OTHER ISSUES RELATED TO THE PLAN.



## EXCLUSIONS AND LIMITATIONS\*

We will not furnish benefits for:

**Unlisted Services:** Services not specifically listed in this policy.

**Excess Amounts:** Any amounts in excess of the maximum amounts stated in the “Benefit Schedule” section.

**Expense Before Coverage Begins:** Services received before your Effective Date or during a dental admission that began before your Effective Date.

**End of Coverage:** Services received after your coverage ends.

**Services For Which You Are Not Legally Obligated To Pay:** Services for which no charge is made to you in the absence of insurance coverage.

**Workers’ Compensation:** Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers’ compensation, employer’s liability law or occupational disease law, even if you do not claim those benefits.

**War:** Disease contracted or injuries sustained as a result of war declared or undeclared, conditions caused by the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy.

**Government Services:** Any services provided by a local, state, county or federal government agency including any foreign government.

**Services from Relatives:** Professional services received from a person who lives in the Insured’s home or who is related to the Insured by blood, marriage or adoption.

**Cosmetic Dentistry:** Any services performed for cosmetic purposes are not covered under this policy, unless they are for correction of functional disorders or as a result of an accidental injury occurring while you were covered under this policy.

**Charges for Treatment by Other than a Licensed Dentist or Physician,** except charges for dental prophylaxis performed by a licensed dental hygienist, under the supervision and direction of a dentist.

**Replacement of an Existing Prosthesis** which has been lost or stolen; or which in the opinion of the dentist is or can be made satisfactory.

**Replacement of a Fixed or Removable Prosthesis** for which benefits were paid by Anthem Blue Cross Life and Health Insurance Company, if such replacement occurs within five years of the original placement, unless the denture is a stayplate used during the healing period for recently extracted anterior teeth.

**Orthodontic Services,** braces, appliances and all related services.

\* Not all plan exclusions and limitations are listed in this brochure. Please refer to the Evidence of Coverage for a complete list.

Diagnosis or Treatment of the Joint of the Jaw and/or Occlusion (the way upper and lower teeth meet) services, supplies or appliances provided in connection with:

1. Any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means; or
2. Any treatment, including crowns, caps and/or bridges to change the way the upper and lower teeth meet (occlusion); or
3. Treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means including the restoration of vertical dimension because teeth have worn down.

Correction of Congenital or Developmental Malformation for a Principal Insured or Spouse including but not limited to cleft palate, maxillary or mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).

Adjustment, Repairs or Relines to Prostheses for a period of six months from initial placement if the prostheses were paid for under this policy.

Replacement of Crowns and Cast Restorations including porcelain inlays and porcelain crowns for which benefits were paid by Anthem Blue Cross Life and Health Insurance Company, if such replacement occurs within five years of the original placement.

Transfer of Care: If a Principal Insured transfers from the care of one dentist to that of another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, Anthem Blue Cross Life and Health Insurance Company shall be liable only for the amount it would have been liable for had one dentist rendered the services.

Prescribed Drugs, Pre-medication or Analgesia, Malignancies and Neoplasms: Services for treatment of malignancies and neoplasms are not covered Dental Benefits.

All hospital costs and any additional fees charged by the dentist for hospital treatment. Services or supplies that are not medically necessary.

Replacement of Teeth missing prior to the effective date of coverage with partial dentures, complete dentures, or fixed bridges.

\* Not all plan exclusions and limitations are listed in this brochure. Please refer to the Evidence of Coverage for a complete list.

## How to enroll

1. Complete and sign the attached application.
2. Determine your premium and your payment plan.
3. Write a check payable to Anthem Blue Cross.
4. Send the application and payment to Anthem Blue Cross or your agent.

## To determine your initial premium

- If you want to pay your bill monthly, fill out the attached Checking Account Deduction Authorization and submit it along with a check for one month's premium and a blank check marked "VOID"
- If you want to pay your bill every other month (bi-monthly), write a check for two months' premium
- If you want to pay your bill every three months (quarterly), write a check for three months' premium

Send your application and payment to:  
Anthem Blue Cross  
(Administrator for  
Anthem Blue Cross Life and Health  
Insurance Company)  
P.O. Box 9063  
Oxnard, CA 93031-9063

When your enrollment is approved you will receive a Anthem Blue Cross Senior Dental PPO policy. Please review it carefully, as it contains specific details about your benefits, coverage, exclusions and limitations.

The information in this brochure only provides highlights of the Anthem Blue Cross Senior Dental PPO plan.





Health. Join In.

# Anthem Blue Cross Senior Dental PPO Plan Enrollment Application

If you are an Anthem Blue Cross Life and Health Insurance Company subscriber, please enter your current group number and certificate number.

GROUP NO.	CERTIFICATE NO.

### Check Billing Type Selected

(Attach Check Here)

Monthly (By checking account deduction only.)       Bi-monthly       Quarterly

### Applicant Information: Applicant must complete this section.

PLEASE PRINT

First Name		MI	Last Name		Social Security Number			
Home Phone (    )		Business Phone (    )		Sex	Marital Status		Age	Date of Birth**
Home Address (Must be complete - P.O. Box not acceptable)				Billing Address (if different or P.O. Box)				
City		State	Zip Code		City		State	Zip Code

### Spouse To Be Insured (Sign Below)

Name of Spouse	Sex	Date of Birth**	Social Security Number			

### Signatures (Required)

If you are applying for coverage, please note that Anthem requires binding arbitration to settle all disputes, including claims of medical malpractice. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 required specified disclosures in this regard, including the following notice: 'it is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.' Both parties also agree to give up any right to pursue on a class basis any claim or controversy against the other.

Signature of Applicant	Today's Date	Signature of Applicant's Spouse	Today's Date

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

**Statement of Understanding for Area 1 and 2 Non-Network Counties\*** only. I understand the difference between a participating dentist and a non-participating dentist and would like to apply. I know that I will probably will not be able to use a participating dentist and that I will probably pay more for dental care. When I use non-participating dentists, I will pay the difference between the limited benefit that the plan pays and the actual charge by the non-participating dentist. This means that I may be responsible for a larger portion of my dental bills.

Signature of Applicant	Today's Date	Signature of Applicant's Spouse	Today's Date

### Agent Information

Name of Agent (Print)	Signature of Agent	Agent Tax I.D. Number

### OFFICE USE ONLY

Group No.	Certificate No.	Agent Tax I.D. No.	Effective Date	Area	By	Date

\* Non-network counties include: Alpine, Mono, Sierra, Mariposa. Some counties may have limited network access, please contact your Anthem Blue Cross Life and Health Insurance Company representative.

\*\* All applicants must be age 65 or older.

# Monthly Bank Draft Authorization

## CHECKING ACCOUNT DEDUCTION AUTHORIZATION

As a convenience to me, I request and authorize YOU to pay and charge to my account checks drawn on that account by and payable to the order of Anthem Blue Cross (administrator for Anthem Blue Cross Life and Health Insurance Company) provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I authorize Anthem Blue Cross (administrator for Anthem Blue Cross Life and Health Insurance Company) to initiate debits (and/or corrections to previous debits) from my account with financial institution indicated for payment of my Senior Dental PPO Plan dues. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

**NOTE: You will incur a service charge for any withdrawal not honored.** Should your withdrawal not be honored by your bank, you automatically will be removed from Monthly Checking Account Deduction and be billed quarterly. After 12 months, you may re-apply for the monthly checking account deduction options.

### Instructions:

1. Complete this section.
2. Attach a blank check marked "VOID" to this form (deposit slips or temporary checks are not acceptable).
3. Submit a check for one (1) month's premium made out to Anthem. If the account listed below is a joint account, both account holders' signatures are required.

All funds are drawn on the first of each month. Premiums may be pro-rated in order to adjust the initial paid to date or in the event of membership changes.

Name of Bank

Bank Address

City/State/ZIP

Subscriber's Name

Subscriber's Social Security No./Certificate No.

Group No.

Name on Checking Account (If different than above)

Checking Account No.

Authorized Signature  
(As it appears in the financial institution's records)

**X**

Date

Authorized Signature (spouse)  
(As it appears in the financial institution's records)

**X**

Date

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[anthem.com/ca](http://anthem.com/ca)*

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