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for Individuals and Families

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Blue Cross
HEALTH
DENTAL
LIFE



Anthem 
Blue Cross

Affordable PPO solutions designed to meet your dental needs

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Dental Blue gives you the power to choose

Something to smile about

With four Dental Blue Individual and Family plans for you to choose from, we're confident you'll find the one that's right for you. Plan benefits, premiums and coinsurance amounts vary, however, all offer:

- Three dental networks, with more than 21,000 participating dentist locations in California to choose from
- Dental specialists within all networks
- Deductibles that are waived for covered in-network cleanings, exams and X-rays
- No copayment for covered in-network preventive and diagnostic services, including cleanings, exams, X-rays and sealants
- No claim forms or paperwork to deal with when visiting an in-network dentist
- The choice of seeing dentists outside of the Dental Blue network, however, you may save more money when you visit a dentist within the Dental Blue network
- Savings on popular non-covered services such as porcelain veneers, dental implants, TMJ and orthodontics when visiting an in-network dentist

And no referrals are needed!

The advantages don't end there – Save during waiting periods and even after you have reached your annual maximum

Even if you reach your annual maximum for the year, you'll still save because you pay our negotiated fee instead of the dentist's full price for dental services. The same applies during any waiting periods you may have under your plan or for non-covered services such as porcelain veneers, dental implants, TMJ and orthodontics. As long as you're a Dental Blue member, the dentists and specialists in the Dental Blue networks will extend the special rates we have negotiated with them to you.

The beauty of the Dental Blue three-tiered network

No matter which Dental Blue plan you choose, you can see a dentist or specialist in any of the Dental Blue networks and still be considered "in-network." You also have the freedom to visit a dentist outside of our Dental Blue network should you decide to do so. However, you may save the most money when you visit a dentist within the Dental Blue network that you selected.

You're protected from balance billing – meaning you'll never pay more than the Dental Blue negotiated rate for covered services – when you visit any dentist in the Dental Blue network.



Which plan is right for you?

Dental Blue 100 Basic highlights

- The lowest plan premiums of the four Dental Blue plans
- The lowest annual deductible of the four Dental Blue plans
- No coverage for Major Services (including oral surgery, endodontics, periodontics and prosthodontics) however as a Dental Blue member, you will still have access to our negotiated savings for non-covered services when visiting a Dental Blue dentist
- Immediate benefits – there are no waiting periods
- In-network benefits when seeing any Dental Blue 100, 200 or 300 dentist, but savings are typically greatest when seeing a dentist in the Dental Blue 100 network

Dental Blue 200 Essential highlights

- Annual deductibles apply for up to three family members maximum
- There is a higher maximum benefit per year than with the Dental Blue 100 Basic plan
- Major Services are covered and include oral surgery, endodontics (root canals, crowns), periodontics and prosthodontics
- You remain in-network when you see a Dental Blue 100, 200 or 300 dentist, but savings are typically greatest when seeing a dentist in the Dental Blue 100 or 200 network
- There are waiting periods for covered Basic and Major services

Dental Blue 100 Plus highlights

- Cost sharing is more predictable since in-network benefits are paid based on a percentage of the negotiated rates
- You are covered for Preventive, Basic and Major dental services
- You can see any Dental Blue 100, 200 or 300 dentist while remaining in-network, but savings are typically greatest when seeing a dentist in the Dental Blue 100 network
- Waiting periods apply for Major Services only

Dental Blue 200 Plus highlights

- Benefits are comparable to those in the Dental Blue 100 Plus plan while premiums are slightly higher due to your ability to access greater savings when seeing a Dental Blue 200 or 300 network dentist
- You remain in-network when you see a Dental Blue 100, 200 or 300 dentist, but savings are typically greatest when seeing a dentist in the Dental Blue 100 or 200 network
- There are waiting periods for covered Basic and covered Major Services



Dental Blue at a glance – our plans

| | Dental Blue 100 Basic | | Dental Blue 200 Essential | | Dental Blue 100 Plus | | Dental Blue 200 Plus | |
|--|---|---|---|---|---|------------------------------------|---|------------------------------------|
| In-Network/Out-of-Network | In | Out | In | Out | In | Out | In | Out |
| Annual Deductible | \$25 per member | | \$50 per member/ \$150 per family | | \$50 per member/ \$150 per family | | \$50 per member/ \$150 per family | |
| Deductible Waived for Preventive & Diagnostic Services | Yes | No | Yes | No | Yes | No | Yes | No |
| Annual Benefit Maximum | \$500 | | \$1,000 | | \$1,000 | | \$1,000 | |
| Preventive & Diagnostic Services | Cleanings, exams, X-rays, sealants, space maintainers | Cleanings, exams, X-rays, sealants, space maintainers | Cleanings, exams, X-rays, sealants, space maintainers | Cleanings, exams, X-rays, sealants, space maintainers | Cleanings, exams, X-rays, sealants | Cleanings, exams, X-rays, sealants | Cleanings, exams, X-rays, sealants | Cleanings, exams, X-rays, sealants |
| Covered at: | 100% | Fee schedule* | 100% | Fee schedule* | 100% | 80% | 100% | 80% |
| Basic Services | Fillings ¹ / stainless steel crowns for primary (baby) teeth and pulpotomies ² | Fillings, stainless steel crowns for primary (baby) teeth and pulpotomies | Fillings | | Fillings, space maintainers | Fillings, space maintainers | Fillings, space maintainers | Fillings, space maintainers |
| Covered at: | ¹ 80%/ ² 50% | Fee schedule* | Fee schedule* | | 80% | 60% | 80% | 60% |
| Major Services | Oral surgery, endodontics, crowns for secondary (adult) teeth, periodontics, prosthodontics | | Oral surgery, endodontics including root canals, crowns, periodontics, prosthodontics | | Oral surgery, endodontics including root canals, crowns, periodontics, prosthodontics | | Oral surgery, endodontics including root canals, crowns, periodontics, prosthodontics | |
| Covered at: | Not covered | | Fee schedule* | | 50% | | 50% | |
| Orthodontics Services | Not covered | | Not covered | | Not covered | | Not covered | |
| Out-of-Network Reimbursement Covered at: | Fee schedule* | | Fee schedule* | | Dental Blue 100 network level** | | Dental Blue 100 network level** | |
| Waiting Periods | No waiting periods | | Three months for Basic Services; 12 months for Major Services | | Six months for Major Services | | Three months for Basic Services; 12 months for Major Services | |

*Plan pays a predetermined amount or the actual fee charged by your dentist, whichever is lower. When you see a dentist outside the Dental Blue network, you will be responsible for any coinsurance, deductible, any amounts over the Maximum Benefit and any amount in excess of the Covered Expense for these services. This is because non-participating Dental Blue dentists have no agreements with us and therefore can charge their usual billed charges for services rendered. For Dental Blue 200 Essential Basic Services, when you see a dentist in the Dental Blue network, you will be responsible for any coinsurance, deductible, and any amounts over the Maximum Benefit for these services.

**Plan pays 80% of covered expense for diagnostic and preventive services; 60% of the covered expense for basic dental care services; and 50% of covered expense for major dental care services. When you see a dentist in the Dental Blue network, you will be responsible for any coinsurance, deductible, and any amounts over the Maximum Benefit for these services. When you see a dentist outside the Dental Blue network, you will be responsible for any coinsurance, deductible, any amounts over the Maximum Benefit and any amount in excess of the Covered Expense for these services. This is because non-participating Dental Blue dentists have no agreements with us and therefore can charge their usual billed charges for services rendered.

Coverage information

More than a great smile

The success of your overall health is partly dependent on good oral health - and there's a lot you can do to help improve your chances for good oral health. Start by keeping your teeth and gums healthy. Practice good oral hygiene at home and visit your dentist regularly. Anthem Blue Cross Life and Health Insurance Company's Dental Blue coverage is designed to help you accomplish this.

Finding a dentist is simple

Visit www.anthem.com/ca and check out our Online Provider Directory. Here you will be able to find out if your dentist is in one of our Dental Blue networks and, if you don't have a regular dentist and don't mind switching to save money, search for a Dental Blue provider in your area. Just go to the home page and click on the "Find a Doctor" link.

If you do not have access to the Internet, you may call (888) 315-2049 and a Customer Service Representative will be happy to help you.

It's all about you

At Anthem Blue Cross, our mission is to improve the lives of the people we serve and the health of our communities. That's why we encourage healthy habits and regular dental visits. With access to a network that includes many dentists in your area, you can feel confident in knowing that you have the power to choose the care that best suits your needs.

Eligibility

You and your enrolling dependents must be permanent, legal residents of California, ages 64 and 9 months or younger.

Eligible dependents include:

- The Policyholder's lawful spouse
- Any unmarried child (of the Policyholder or the enrolled spouse) under age 19
- Any unmarried child (of the Policyholder or the enrolled spouse) ages 19 to 23 who qualifies as a dependent for Federal Income Tax purposes
- Any of the Policyholder's, the Policyholder's enrolled spouse's or enrolled Domestic Partner's children who continue to be both incapable of self-sustaining employment due to a continued physically or mentally disabling injury, illness, or condition and who are dependent upon the Policyholder, enrolled spouse or enrolled Domestic Partner for support.

Date coverage begins

The effective date of your plan is assigned by Anthem Blue Cross Life and Health Insurance Company and can be any day of the month following approval.

Termination of coverage

Coverage ceases under the plan when:

- You do not pay the premium when due, subject to the grace period
- The spouse is no longer married to the principal insured
- A child fails to meet the previously listed eligibility requirements
- Any member becomes enrolled in any other Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company non-group Dental policy, in which case the policy with the lesser benefits will be cancelled and the member will be entitled only to the benefits of the Dental policy with the greater benefits
- Any covered member resides in a foreign country for more than six consecutive months or is absent from California for more than six consecutive months

You must notify Anthem Blue Cross of all changes affecting your eligibility.

Coverage information

Non-duplication of Anthem Blue Cross benefits

If, while covered under one of these policies, you are also covered by another Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company Individual Dental policy, you will be entitled only to the benefits of the Dental policy with the greater benefits, and we will cancel the other Dental policy. The Anthem Blue Cross Companies will refund any premiums received under the policy with the lesser benefits, covering the time period 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 premiums.

Binding arbitration

Any dispute or claim arising out of this Policy or breach thereof, must be resolved by arbitration if the amount sought exceeds the jurisdictional limit of the small claims court.

Any disputes regarding a claim for damages within the jurisdictional limits of the small claims court will be resolved in such court.

Pursuant to the arbitration provision in the application provided in this brochure, the Insured and Anthem Blue Cross Life and Health Insurance Company acknowledge that they are giving up their right to a trial by jury for both medical malpractice claims and any other disputes relating to the delivery of service under the plan or any other issues related to the plan.

The Federal Arbitration Act shall govern the interpretation and enforcement of all proceedings under this Binding Arbitration provision. To the extent that the Federal Arbitration Act is inapplicable, or is held not to require arbitration of a particular claim, state law governing agreements to arbitrate shall apply. With respect to an arbitration held in California, should the Federal Arbitration Act not apply, the California Arbitration Act, Code of Civil Procedure Sections 1280. et seq. shall apply.

The arbitration findings will be final and binding except to the extent that California or federal law provides for the judicial review of arbitration proceedings.



Rating areas

Dental Blue plans are available in the areas listed below. To determine your monthly plan premium, locate your rating area based on the ZIP code of your primary residence, and then refer to the rate chart on Pages 14 and 15.

Availability

Availability may be limited in some counties. If you live in any of these areas, please review the Statement of Understanding on the application before choosing this plan.

Rating areas

| | | |
|--------------|---|--------------------------------------|
| Alameda | ZIP codes starting with 945, 946 and 953, except 94505, 94514 All other Alameda ZIPs | Area 4 Area 3 |
| Alpine | | Area 3 |
| Amador | | Area 3 |
| Butte | | Area 5 |
| Calaveras | | Area 4 |
| Colusa | 95957 Except 95957 | Area 3 Area 5 |
| Contra Costa | All except 94551 94551 | Area 3 Area 4 |
| Del Norte | | Area 5 |
| El Dorado | | Area 3 |
| Fresno | 93313 All except 93313 | Area 5 Area 6 |
| Glenn | | Area 5 |
| Humboldt | | Area 5 |
| Imperial | 92225 and 92274 92004 All except 92225, 92274, 92004 | Area 4 Area 5 Area 6 |
| Inyo | All except 93527 93527 | Area 3 Area 6 |
| Kern | ZIP codes starting with 933 All other Kern ZIPs | Area 5 Area 6 |
| Kings | | Area 6 |
| Lake | | Area 5 |
| Lassen | | Area 5 |
| Los Angeles | ZIP codes starting with 901-904 and 913 ZIP codes starting with 905-908, 935, 91709 and 93243 ZIP codes starting with 900, 914 or 916 ZIP codes starting with 910-912, 915, 917 or 918, except 91709 | Area 4 Area 6 Area 2 Area 7 |
| Madera | | Area 6 |
| Marin | | Area 1 |
| Mariposa | 95329 All except 95329 | Area 4 Area 6 |
| Mendocino | | Area 5 |
| Merced | 95380 All except 95380 | Area 4 Area 6 |

| | | |
|-----------------|---|----------------------------|
| Modoc | | Area 5 |
| Mono | | Area 3 |
| Monterey | All except 95076 and 93451 95076 93451 | Area 1 Area 4 Area 6 |
| Napa | 94589, 94590 All except 94589, 94590 | Area 3 Area 5 |
| Nevada | 95602 All except 95602 | Area 3 Area 5 |
| Orange | ZIP codes starting with 926 all Orange ZIPs | Area 5 Area 6 |
| Placer | All except 95692, 96161 95692, 96161 | Area 3 Area 5 |
| Plumas | | Area 5 |
| Riverside | ZIP codes starting with 922 except 92248 92028 All other Riverside ZIPs | Area 4 Area 5 Area 6 |
| Sacramento | ZIP codes starting with 958 All other Sacramento ZIPs | Area 5 Area 3 |
| San Benito | 93930, 95004 All except 93210, 93930, 95004 93210 | Area 1 Area 4 Area 6 |
| San Bernardino | Except 91766, 91792 91766 and 91792 | Area 6 Area 7 |
| San Diego | | Area 5 |
| San Francisco | | Area 3 |
| San Joaquin | 94505, 94514, 95632, 95690 All except 94505, 94514, 95632, 95690 | Area 3 Area 4 |
| San Luis Obispo | 93426 All except 93426 | Area 1 Area 6 |
| San Mateo | Except 94303 94303 | Area 1 Area 3 |
| Santa Barbara | | Area 6 |
| Santa Clara | ZIP codes starting with 940, 943 94550, 95023, 95076 All other Santa Clara ZIPs | Area 3 Area 4 Area 5 |

Counties with limited availability

Area 3: Alpine, Amador, Colusa, El Dorado, Inyo, Mono

Area 4: Calaveras, Mariposa, Tuolumne

Area 5: Colusa, Glenn, Humboldt, Lake, Lassen, Modoc, Plumas, Sierra, Trinity, Yolo

Area 6: Mariposa, Tuolumne

| | | |
|------------|---|------------------|
| Santa Cruz | All except 95033 95033 | Area 4 Area 5 |
| Shasta | | Area 5 |
| Sierra | | Area 5 |
| Siskiyou | | Area 5 |
| Solano | All except 94503, 95616, 95618, 95694 94503, 95616, 95618, 95694 | Area 3 Area 5 |
| Sonoma | | Area 5 |
| Stanislaus | All except 95322 95322 | Area 4 Area 6 |
| Sutter | All except 95645, 95692, 95836, 95948, 95837 95645, 95692, 95836, 95837, 95948 | Area 3 Area 5 |
| Tehama | | Area 5 |
| Trinity | | Area 5 |
| Tulare | | Area 6 |
| Tuolumne | 95230, 95329 All except 95230, 95329 | Area 4 Area 6 |
| Ventura | ZIP codes starting with 930 or 932 All other Ventura ZIPs | Area 6 Area 4 |
| Yolo | | Area 5 |
| Yuba | | Area 5 |

Dental Blue monthly rates

New Rates effective as of 3/1/2009

The rates listed below are monthly premium rates. Please note that the monthly payment option is available only if you pay your premiums by automatic monthly checking account deduction. If you choose to be billed and pay by check, you must select either bimonthly or quarterly payment methods. To do this, simply multiply the rate by two (for bimonthly) or three (for quarterly).

| Dental Blue 100 Basic | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 | Area 6 | Area 7 |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|
| Subscriber | \$20 | \$20 | \$20 | \$20 | \$20 | \$20 | \$20 |
| Subscriber & Spouse | 40 | 40 | 41 | 40 | 40 | 40 | 39 |
| Subscriber & Child | 32 | 32 | 33 | 32 | 32 | 32 | 31 |
| Subscriber & Children | 47 | 47 | 48 | 48 | 48 | 47 | 46 |
| Subscriber & Family | 65 | 65 | 67 | 65 | 66 | 65 | 64 |
| 1 Child | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| 2 Children | 24 | 24 | 24 | 24 | 24 | 24 | 23 |
| 3+ Children | 36 | 36 | 37 | 36 | 36 | 35 | 35 |

| Dental Blue 100 Plus | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 | Area 6 | Area 7 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|
| Subscriber | \$49 | \$48 | \$51 | \$49 | \$50 | \$48 | \$47 |
| Subscriber & Spouse | 98 | 96 | 102 | 98 | 100 | 96 | 94 |
| Subscriber & Child | 78 | 77 | 82 | 78 | 80 | 77 | 75 |
| Subscriber & Children | 116 | 114 | 121 | 116 | 118 | 114 | 112 |
| Subscriber & Family | 159 | 157 | 166 | 160 | 162 | 157 | 154 |
| 1 Child | 29 | 29 | 31 | 29 | 30 | 29 | 28 |
| 2 Children | 58 | 58 | 61 | 59 | 59 | 57 | 56 |
| 3+ Children | 88 | 86 | 92 | 88 | 89 | 86 | 84 |

| Dental Blue 200 Plus | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 | Area 6 | Area 7 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|
| Subscriber | \$53 | \$53 | \$55 | \$53 | \$54 | \$52 | \$51 |
| Subscriber & Spouse | 106 | 105 | 109 | 106 | 107 | 104 | 103 |
| Subscriber & Child | 84 | 84 | 87 | 85 | 86 | 83 | 82 |
| Subscriber & Children | 125 | 125 | 129 | 126 | 127 | 124 | 122 |
| Subscriber & Family | 172 | 171 | 178 | 173 | 175 | 170 | 167 |
| 1 Child | 32 | 31 | 33 | 32 | 32 | 31 | 31 |
| 2 Children | 63 | 63 | 65 | 63 | 64 | 62 | 61 |
| 3+ Children | 95 | 94 | 98 | 95 | 96 | 93 | 92 |

| Dental Blue 200 Essential | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 | Area 6 | Area 7 |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|
| Subscriber | \$41 | \$41 | \$41 | \$41 | \$41 | \$41 | \$40 |
| Subscriber & Spouse | 82 | 82 | 83 | 82 | 83 | 82 | 81 |
| Subscriber & Child | 65 | 66 | 66 | 66 | 66 | 66 | 65 |
| Subscriber & Children | 97 | 97 | 98 | 98 | 98 | 97 | 96 |
| Subscriber & Family | 134 | 134 | 134 | 134 | 135 | 134 | 132 |
| 1 Child | 24 | 25 | 25 | 25 | 25 | 25 | 24 |
| 2 Children | 49 | 49 | 49 | 49 | 50 | 49 | 48 |
| 3+ Children | 73 | 74 | 74 | 74 | 74 | 74 | 72 |

Note: All figures shown in dollar amounts.

Exclusions and limitations

This is an abbreviated overview only. A comprehensive description of Exclusions and Limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

EXCLUSIONS AND LIMITATIONS FOR DENTAL BLUE 200 ESSENTIAL, DENTAL BLUE 100 PLUS AND DENTAL BLUE 200 PLUS. EXCLUSIONS AND LIMITATIONS WITH AN ASTERISK (*) ALSO APPLY TO DENTAL BLUE 100 BASIC.

No benefits are provided for or in connection with the following. They are considered to be exclusions and limitations, which include, but are not limited to the following:

*Services not specifically listed in the Covered Services section of the policy.

*Procedures not yet recognized by the American Dental Association as indicated with a specific procedure code designation, or procedures which are considered experimental or investigative in nature or which are not widely accepted as proven and effective procedures within the organized dental community.

*Services or treatments that are not medically necessary. Medically necessary services or treatments are those which are ordered by the attending dentist for the direct care and treatment of a covered condition. They must be standard dental practice where received for the condition being treated and must be legal in the United States.

If more than one treatment plan would be considered Medically Necessary for a dental condition, any amount exceeding the cost of the least expensive professionally acceptable treatment plan is not covered.

*Any condition for which benefits are recovered or can be recovered, either by any workers' compensation law or similar law even if you do not claim those benefits. If there is a dispute or substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to worker's compensation law or similar law, we will provide the benefits of this plan for such conditions, subject to the right to a lien or other recovery under section 4903 of the California Labor Code or other applicable law.

*Any services you actually received that were provided by a local, state, county or federal government agency including any foreign government, except when payment under this Policy is expressly required by federal or state law. This Policy will not cover payment for these services if you are not required to pay for them or they are given to you for free. Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.

Any services for treatment of illness or injury that occurs as a result of any act of war, declared or undeclared.

Any services for treatment of injuries sustained or illnesses resulting from participation in a riot or civil disturbance, or while committing or attempting to commit an assault or felony (unless otherwise required by law).

Services, treatments or other care required while incarcerated in a federal, state or local penal institution or required while in custody of federal, state or local law enforcement authorities, including work release programs.

*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.

*Expenses Before Coverage Begins or After Coverage Ends: Services received before your Effective Date or services received after your coverage ends.

*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 (including, but not limited to, external bleaching, bleaching of non-vital discolored teeth, composite restorations, veneers, crowns on teeth not exhibiting pathology and facings on crowns on posterior teeth).

*Excess Amounts: Any amounts in excess of the dental benefit maximums and yearly Maximum Benefit stated in this Policy. The Covered Expense for all Covered Services includes the administration of any local anesthesia and the provision of infection control procedures as required by state and federal mandates. If billed separately, such charges will be denied.

*Procedures requiring appliances and restorations (other than those for replacement of structure loss from tooth decay) that are necessary to alter, restore or maintain occlusions. These include, but are not limited to:

- Changing the vertical dimension.
- Replacing or stabilizing lost tooth structure by attrition, abrasion, abfraction, erosion or bruxism.
- Realignment of teeth.
- Gnathological recording.
- Occlusal equilibration.
- Periodontal splinting

Harmful Habit Appliances: Fixed and removable Appliances to inhibit thumb sucking.

Exclusions and limitations (cont.)

Replacement of an existing fixed or removable prosthesis for which benefits were paid if replacement occurs within seven years of the original placement, unless the prosthesis is being used during the healing period for recently extracted anterior teeth.

Replacement of crowns, inlays, onlays and laboratory-fabricated restorations if replacement occurs within seven years of the original placement. Benefits will not be provided for a pontic or an abutment if a fixed or removable partial, crown or onlay was placed on the affected tooth/teeth in the last seven years.

Lost or Stolen Dentures, or Appliances. Replacement of existing full or partial dentures, or appliances which have been lost or stolen.

Charges for any duplicate prosthetic device or appliance, or for a "spare" set of dentures or any other duplicate appliance such as, but not limited to, removable orthodontic retainers.

*Prescribed drugs, pre-medication or analgesia, including charges for nitrous oxide or any similar local anesthetic, when the charge is made separately from a covered service.

*Replacement of existing fillings for any purpose other than restoring active decay.

The extraction of immature erupting third molars and nonpathologic, asymptomatic third molars is excluded. Third molar extractions are not covered under age 16.

Histopathological exams (examination of cells by microscope) and/or the removal of tumors, cysts, and foreign bodies.

*Charges for tobacco counseling, oral hygiene instruction, dietary planning, or behavior management.

*Diagnosis or Treatment of the Joint of the Jaw and/or Occlusion: Services, supplies or Appliances provided in connection with: 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

*Treatment of congenital or developmental malformations including but not limited to cleft palate, maxillary and mandibular malformations, enamel hypoplasia, fluorosis, and anodontia.

Osseous grafts if the following procedures have been performed on the affected tooth or site on the same date of service or within the previous 12 months:

- Apicoectomy
- Retrograde filling
- Root canal therapy

Personalization or characterization of dentures or teeth. Precision attachments and the replacement of part of a precision attachment.

Overdentures and related services, including root canal therapy on teeth supporting an overdenture.

Maxillofacial prosthetics that repair or replace facial and skeletal anomalies, maxillofacial surgery, orthognathic surgery or any oral surgery requiring the setting of a fracture or dislocation.

Prosthetics for patients under 16 years of age including, but not limited to, fixed bridges, dentures, removable partials, crowns, inlays and onlays.

Denture adjustments, repairs, reline and rebase are not covered for a period of six months from initial placement if the denture(s) were paid for under this policy.

Fixed prosthodontics are not a covered service when all molars are missing on one or both sides of an arch. Benefits are provided for the replacement of an existing bridge if it is seven years old or older and cannot be made serviceable.

Fixed bridges are covered only when:

- The bridge is replacing teeth that were extracted after the insured's effective date; and
- The total units required to replace all missing teeth is six units or less in an arch (arch means maxilla or mandible); and
- The bridge or bridges consist of no more than six units total in an arch. (Each abutment is a unit and each pontic is a unit in a bridge.) Coverage for fixed bridgework that includes more than a total of six units is limited to the amount this policy would pay for a removable partial denture

Temporary and interim prosthetics (temporary crowns, bridges, partials, dentures, etc.). Temporary services are considered an integral part of the final services rather than a separate service, and are therefore not eligible for benefits.

*Implants: Materials implanted into or on bone or soft tissue and all adjunctive services (including, but not limited to, surgery, prosthetics placed on implants, cleanings, maintenance, etc.) performed in conjunction with the placement or removal of implants

Occlusal guards, occlusal adjustments (complete or limited) and occlusal analysis.

*All hospital costs and any additional fees charged by the Dentist for hospital treatment.

Professional visits for house/extended care facility, office visits after regularly scheduled hours, and case presentations.

Exclusions and limitations (cont.)

Teeth lost prior to coverage under this policy are not eligible for prosthetic replacement unless the prosthetic replacement replaces one or more eligible natural teeth lost during the term of this coverage.

Charges for missed or cancelled appointments.

*Orthodontic services, cephalometric film, braces, Appliances and all related services including surgery necessary in conjunction with orthodontic treatment.

*Transfer of care: If a Policyholder 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.

*Services for treatment of malignancies and neoplasms.

Complications of Non-Covered Services: Complications arising from non-Covered Services and supplies. Examples of non-Covered Services include but are not limited to, Cosmetic Surgery, operations and procedures which are determined to be Experimental/Investigational.

*Claims received after 12 months from the date service rendered.

Additional exclusions and limitations for Dental Blue 100 Basic

Charges for treatment by other than a licensed Dentist, except charges for dental prophylaxis performed by a licensed dental hygienist.

Oral evaluations exceeding two visits per year.

Prophylaxis (teeth cleaning) exceeding two per year.

More than one set of full-mouth X-rays or its equivalent in a five-year period.

No more than one bitewing X-ray series in one year will be covered and bitewing X-rays submitted singly will be combined and paid up to the amount of a full mouth series and are subject to the full-mouth X-ray limitation.

No more than eight films for vertical bitewings in a 60-month period will be covered.

Fluoride applications:

- If you are over 18 years of age
- Exceeding two per year Periapical

Fillings exceeding one per year per surface per tooth if you are under the age of 19 and one every three years per surface per tooth if you are age 19 and older.

If a tooth or teeth can be restored with amalgam (with the exception of composite resin on anterior teeth), any amount exceeding the cost of that material is not covered if another material is used. Anterior teeth exhibiting pathology eligible for composite restorations are central incisors, lateral incisors, cuspids and the facial surface of bicuspid.

Services for oral surgery, for example, tooth extractions.

Services for endodontics, for example, root canals. Endodontics means the branch of dentistry dealing with diseases of the tooth pulp.

Services for periodontics, for example, scaling and root planing. Periodontics is the dental specialty of treating periodontal disease.

Services for prosthodontics, for example, crowns. Prosthodontics is the branch of dentistry dealing with the construction of artificial appliances for the mouth, especially for the purpose of replacing missing teeth with bridges and dentures.



How to enroll

If you are enrolling in Dental coverage only, or if you are a new or existing Anthem Blue Cross/ Anthem Blue Cross Life and Health Insurance Company Medical member who wants to add Dental:

- Complete and sign the attached application
- Determine your premium
- Choose your payment plan
- Write a check payable to Anthem Blue Cross
- Send the application and payment to the address below or to your agent



Please note that when you enroll in both a Medical and Dental plan, the same method of payment must be selected for both. For members with a Medical plan who are adding Dental coverage, you will need to send the first month's Dental premium with the application even if you currently pay your Medical premium by credit card or via automatic monthly checking account deduction.

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 two months, write a check for two months' premium
- If you want to pay your bill every three months, write a check for three months' premium

Again, for those already enrolled in a Medical plan who are adding Dental, or those enrolling in both a Medical and Dental plan, you must select the same method of payment for both.

Send your application and payment to:
Anthem Blue Cross Life and Health Insurance Company
P.O. Box 9051
Oxnard, CA 93031-9051

Or send to your **Authorized Independent Agent**



**Anthem Blue Cross Life and Health Insurance Company
Individual Dental Blue PPO Plan Enrollment Application**

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

| | |
|-----------|-----------------|
| GROUP NO. | CERTIFICATE NO. |
| | |

Select One

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Dental Blue 100 Basic | <input type="checkbox"/> Dental Blue 200 Essential | <input type="checkbox"/> Dental Blue 100 Plus | <input type="checkbox"/> Dental Blue 200 Plus |
|--|--|---|---|

Application Information: Applicant must complete this section.

PLEASE PRINT

| | | | | | | |
|--|------------|----------|--|-------------------------|---|------------------------|
| LAST NAME | FIRST NAME | MI | SEX <input type="checkbox"/> M <input type="checkbox"/> F | BIRTHDATE (Mo/Day/Year) | MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M | SOCIAL SECURITY NUMBER |
| 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 | |
| HOME PHONE NO. () | | | BUSINESS PHONE NO. () | | | |

Spouse To Be Insured (Sign Below)

| | | | |
|----------------|--|-------------------------|------------------------|
| NAME OF SPOUSE | SEX <input type="checkbox"/> M <input type="checkbox"/> F | BIRTHDATE (Mo/Day/Year) | SOCIAL SECURITY NUMBER |
| | | | |

Children To Be Insured

| | | | | | |
|-----------------------|-----|-------------------------|-----------------------|---|-------------------------|
| NAME (First and Last) | SEX | BIRTHDATE (Mo/Day/Year) | NAME (First and Last) | SEX | BIRTHDATE (Mo/Day/Year) |
| 1. | | | 3. | <input type="checkbox"/> M <input type="checkbox"/> F | |
| NAME (First and Last) | SEX | BIRTHDATE (Mo/Day/Year) | NAME (First and Last) | SEX | BIRTHDATE (Mo/Day/Year) |
| 2. | | | 4. | <input type="checkbox"/> M <input type="checkbox"/> F | |

Signatures (Required)

Statement of Understanding for areas with limited availability. I understand the difference between a Participating Dentist and a Non-Participating Dentist, and would like to apply. I know that I 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.

REQUIREMENT FOR 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.

| | | | |
|---|--------------|---|--------------|
| SIGNATURE OF APPLICANT/PARENT OR LEGAL GUARDIAN X | TODAY'S DATE | SIGNATURE OF APPLICANT'S SPOUSE X | TODAY'S DATE |
| SIGNATURE OF APPLICANT'S DEPENDENT AGE 18 OR OVER X | TODAY'S DATE | SIGNATURE OF APPLICANT'S DEPENDENT AGE 18 OR OVER X | TODAY'S DATE |

Agent Information

| | | |
|--------------------------------|--|-----------------------------------|
| SIGNATURE OF AGENT X | AGENT NAME (PRINT) First Eagle Insurance | AGENT NUMBER 95-4239571 |
|--------------------------------|--|-----------------------------------|

FOR ANTHEM BLUE CROSS ONLY

| | | | | | | | |
|-----------|--------------------|-----------|----------------|-----------|------|----|------|
| GROUP NO. | CERTIFICATE NUMBER | AGENT NO. | EFFECTIVE DATE | PRE-EXIST | AREA | BY | DATE |
| | | | | | | | |

I. Payment Method (Premium payment required. Please choose from A or B below.)

A. Please choose from the following options for initial payment and future payments. If you choose one of these options, you are not required to send in a paper check for initial payment:

Monthly Checking Account Automatic Premium Payment (complete Section II) Monthly Credit/Debit Card (complete Section III)

B. Please choose from the options below for your initial premium payment:

Paper Check* Electronic Check (complete Section IV)

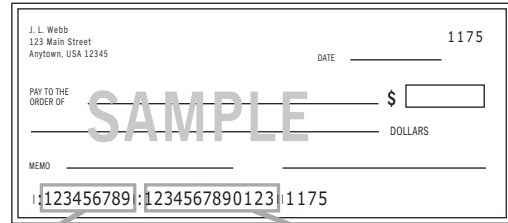
If you chose one of these two options, you will receive a bill every two or three months thereafter, depending on the billing frequency you have selected.

Select Frequency: Bimonthly Quarterly

II. Monthly Checking Account Automatic Premium Payment

By providing your check information to the right, you authorize us to electronically debit your bank account. If you have not sent in an initial premium payment from choice above, your bank account will be debited one month's premium the day after approval. Subsequent premium amounts will be debited on the day you request below.

Requested Debit Day: (1st to 28th of each month)
 If no date is requested, your premiums will be debited on the first of each month.



Provide your Routing and Account numbers here.

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 provided there are sufficient collected funds in said account to pay the same upon presentation. I understand that the initial payment amount may vary as a result of change(s) during underwriting and/or subsequent payment amounts may vary as a result of change(s) I make once enrolled, such as, but not limited to, adding and deleting dependents, or moving my residence. I agree that your rights in respect to each such debit shall be the same as if it were a check signed personally by me. I authorize Anthem Blue Cross to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Anthem Blue Cross premiums. This authority is to remain in effect until revoked by me by providing you a 30-day written 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:** Should your withdrawal not be honored by your bank, you will automatically be removed from Monthly Checking Account Automatic Premium Payment and be billed bi-monthly. **You will incur a \$25 service charge for any withdrawal not honored.**

| Authorized Signature (As it appears in the financial institution's records) | Account Holder Name PRINT | Date |
|---|---------------------------|------|
| X | | |

III. Monthly Credit/Debit Card

As a convenience to me, I request and authorize you to charge my card for monthly recurring premiums on each due date. I understand that the initial payment amount may vary as a result of change(s) during underwriting and/or subsequent payment amounts may vary as a result of change(s) I make once enrolled, such as, but not limited to, adding and deleting dependents, or moving my residence. The amount may also change as outlined in my policy. This authority is to remain in effect until revoked by me by providing you a 30-day written notice. I agree that you shall be fully protected in honoring any such card payments. I further agree that if any such card payment be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever, including any fees imposed by my bank, should my card be rejected even though such dishonor results in forfeiture of coverage.

We accept Visa, MasterCard, Discover and Star*.
 *For Star, we accept 16 digit card numbers only.

Card No.: (16 digits only) Exp. : / Cardholder ZIP Code:

| Authorized Signature (As it appears on the credit card) | Cardholder Name (As it appears on the credit card) PRINT | Date |
|---|--|------|
| X | | |

IV. Electronic Check

In lieu of sending a Paper Check, we can submit this same information electronically. You will need to complete the information below. We require an exact amount and check number of the check you are using. Please void this check to prevent future use.

| Account Holder Name PRINT | Bank Routing No. | Account No. | Amount | Check No. |
|---------------------------|------------------|-------------|--------|-----------|
| | | | \$ | |

* Enclose check for first month's payment. By sending your paper check, you authorize us to convert your check to an electronic fund transfer. If you are approved for coverage, your bank account will be debited for the amount indicated on the check. If you do not qualify for coverage, your check will not be submitted for a funds transfer. Please be aware that your check will not be returned to you.

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