



INDIVIDUAL DENTAL BLUE

**From now on, you'll have
a lot to smile about.**




PIN-159 (03/07)



Comprehensive dental care for you and your family

Regular dental checkups and cleanings are important to your overall health. They also help you feel better about yourself. That's why Dental Blue makes it easy for you and your family to get the dental care and treatment you need when you need it.

To help keep your teeth healthy, Dental Blue covers preventive and diagnostic care at 100% when you see a network dentist. And once you meet a \$50 annual deductible, it pays a set amount for basic and major dental services. To get an idea of how much, take a look at the sample benefit schedules.

A higher level of benefits from network dentists.

With Dental Blue, you have access to thousands of dentists who've contracted with Anthem Blue Cross and Blue Shield. They're ready to provide a wide range of dental services—routine to major.

And, since they're part of a nationwide network of over 70,000 dentists, you get a higher network level of benefits if you need dental care outside our service area. As an added bonus, you won't have to file claims when you go to a network dentist.

Non-network dentists are available too.

If you want, you can go to dentists who aren't in our network. When you do, your out-of-pocket costs may be higher. And you'll have to file a claim for services.

For a complete list of network dentists, call the number on your ID card or visit our website at www.anthem.com.

Dental Blue. Healthy teeth are just a click away.



Here's how Dental Blue works.

Diagnostic and preventive care.

Routine checkups, cleanings and X-rays—the services that help the dentist make sure your teeth and gums are healthy:

- You won't have to wait to take advantage of these services. As soon as you become a member, your benefits go into effect.
- When a network dentist provides these services, there's no deductible.
- Oral evaluations, cleanings, fluoride applications and X-rays are all covered.
- Two 100%-paid routine cleanings and oral exams a year are covered. If provided by a network dentist, they're not subject to the deductible before the benefit is paid.
- Molar/bicuspid X-rays (bitewings).
- Full mouth X-rays are covered once every three years.

Basic dental care.

Fillings and extractions:

- Dental Blue pays network and non-network dentists the stated amount after you reach the \$50 deductible.
- There's a 6-month waiting period for these services.

Major dental care.

Crowns, bridges, root canals and dentures:

- Dental Blue pays network and non-network dentists the stated amount in your certificate of coverage after you reach the \$50 deductible.
- There's a 12-month waiting period for these services.

Adult 19 to 64 -

\$26 per month,

Children 18

and younger -

\$18 per month

National Average Prices for Dental Services

	MOST COMMON DENTAL SERVICES	NATIONAL RETAIL AVERAGE	NETWORK DISCOUNT AVERAGE	NATIONAL AVERAGE ANTHEM PAYS	NATIONAL AVERAGE MEMBER PAYS
DIAGNOSTIC AND PREVENTIVE CARE	Periodic Oral Exam	\$37.80	\$6.80	100%	\$0.00
	X-Rays – (Bitewings - two films)	\$33.40	\$5.40	100%	\$0.00
	Adult Teeth Cleaning	\$70.82	\$14.82	100%	\$0.00
	Child Teeth Cleaning	\$52.04	\$12.04	100%	\$0.00
BASIC DENTAL CARE**	Filling (Resin-based, one surface, posterior)	\$133.98	\$27.98	\$38.00	\$68.00
	Extraction (Erupted tooth or exposed root)	\$116.44	\$24.44	\$35.00	\$57.00
MAJOR DENTAL CARE**	Root Canal (Molar)	\$775.00	\$110.00	\$330.00	\$335.00
	Crown (Porcelain fused to high noble metal)	\$888.25	\$143.25	\$206.00	\$539.00
	Complete Denture – Top (Maxillary)	\$1131.74	\$231.74	\$225.00	\$675.00
	Complete Denture – Bottom (Mandibular)	\$1103.30	\$203.30	\$225.00	\$675.00

*Prevailing Health Care Charges System®
 **Assumes \$50 deductible has been met

- The “National Average Retail Price” shows what you may pay on average for a service without Dental Blue coverage.
- Dental Blue members are entitled to Anthem discounts when they stay in-network.
- The fourth column shows the amount Anthem will pay the dentist on your behalf.
- The last column shows the remaining amount, if any, that you will be responsible for paying after Anthem pays your benefit in-network.
- Individual situations may vary.

This Individual Dental Blue Brochure is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the contract or certificate of coverage. In the event of a conflict between the contract or certificate of coverage and this Individual Dental Blue Brochure, the terms of the contract or certificate of coverage will prevail.



The facts about Dental Blue.

Annual deductible for an individual: \$50.

Annual deductible for a family: Three family members have to each satisfy their \$50 deductible for a maximum deductible of up to \$150 per family.

Annual benefit maximum: \$1,000 per individual.

Waiting period before you can receive preventive and diagnostic services: None.

Waiting period before you can receive basic dental services: 6 months.

Waiting period before you can receive major dental services: 12 months.

Visit www.anthem.com to find a provider in your area.

Information about our Network Providers.

Using our network.

To be eligible to receive the maximum benefits available, you must use network providers. (Please refer to your provider directory, located on www.anthem.com, for a list of network providers.)

Non-network provider.

If you receive covered services from a non-network provider, you are responsible for the difference between the actual charge billed and the maximum allowable amount plus any deductible and non-covered charges.

And now-some really important legal information you should take the time to read.

Who can use Dental Blue?

In order for family members, including spouse, to be eligible for Dental Blue coverage, the subscriber must sign up for the benefit. In addition, either all or none of the eligible dependent children must enroll in this plan. You must be a resident of the state in which you are applying, and a legal resident of the U.S.

Calendar Year Deductible

You are responsible for paying a yearly \$50 deductible, per person, limited to \$150 per family, before your benefits for covered services are available. The calendar year deductible is waived for preventive and diagnostic services when performed by a network dentist.

What's your yearly maximum benefit?

Anthem will pay up to \$1,000 in Dental Blue benefits for expenses incurred by each enrolled member of your family during the calendar year. Coverage for preventive and diagnostic care starts as soon as your application is approved. Coverage for basic care starts after six (6) continuous months. For major care, coverage starts after twelve (12) continuous months.

What we do not cover.

Dental Blue doesn't provide benefits to replace any teeth that were missing before becoming a DentalBlue member. Check your certificate of coverage for a complete listing of benefits, exclusions and maximum payment levels.

Our appeal rights and confidentiality policy.

If we deny a claim or request for benefits completely or partially, we will notify you in writing. The notice will explain why we denied the claim/request and describe the appeals process. You can appeal decisions that deny or reduce benefits. We encourage you to file appeals

right away when you first get an initial decision from us, but we require that you file within six months of getting one. You should send additional information that supports your appeal and state all the reasons why you feel the appeal request should be granted. We will review your appeal and let you know our decision in writing within 30 days of receiving your first appeal. When you are denied coverage based on medical necessity or experimental/investigative exclusions, you can request that a board-eligible or board-certified specialist review your appeal. If we deny coverage for reasons other than medical necessity or experimental/ investigative reasons, you can also appeal.

Please call customer service or check your certificate of coverage for more information on our internal appeal and external review processes. Unless our notice of decision includes a different address, send requests for a review of appeal to:

Anthem Blue Cross and Blue Shield
Appeals Department
P.O. Box 9277
Oxnard, CA 93031-9277

If we uphold our decision throughout the appeals process, you can request a review by the Ohio Department of Insurance. In addition to the appeals processes we just described, Anthem has adopted a Confidentiality Policy in Ohio. This policy includes guidelines regarding the protection of confidential member information and a member's right to access and change information in Anthem's possession. The policy clearly points out when a member needs to sign a release before Anthem can disclose information to a member's provider, spouse or other family members.

We want you to be satisfied.

If you aren't satisfied with your Individual Dental Blue coverage, you can cancel within 30 days after you receive your contract or certificate of coverage or have access to it online, whichever is earlier. If you haven't submitted any claims, you'll get a full refund of the premium you paid when coverage is cancelled. You can view your contract or certificate of coverage online or receive a paper copy of it upon request as outlined in your initial membership letter.

Some definitions-so we're all on the same page.


A **premium** is the amount of money you pay on a regular basis-once a month, four times a year, twice a year or once a year-to your dental coverage carrier to keep your dental plan active. You can't apply what you pay for your premium toward your deductible.

A **copayment** is a specified dollar amount or percentage of money you have to pay out of your own pocket for covered services.

A **calendar year deductible** is the yearly \$50 you are responsible for paying, per person, limited to \$150 per family, before your benefits for covered services are available. The calendar year deductible is waived for preventive and diagnostic services when performed by a network dentist.

A **calendar year maximum benefit** means all dental coverage benefits are subject to a \$1,000 maximum payment by your dental carrier for expenses incurred by each member during the calendar year. Coverage for preventive and diagnostic services begins upon your plan's effective date. Coverage for basic care begins after six (6) continuous months and for major care after twelve (12) continuous months of coverage.

A **discount** is the reduced out-of-pocket cost you enjoy when you obtain dental care services from a network provider.



This brochure is only a summary of Individual Dental Blue's benefits. It isn't part of the contract or certificate of coverage. The contract or certificate of coverage you will receive if you're approved for coverage includes all the details of the plan. In the event of a conflict between the information in this brochure and your contract or certificate of coverage, the terms of your contract or certificate of coverage will prevail. Read your contract or certificate of coverage carefully. Anthem has the right to rescind, cancel, terminate or reform your coverage based on provisions described in the contract or certificate of coverage.

If you aren't satisfied with your Dental Blue coverage, you can cancel within 30 days after you receive your contract or certificate of coverage or have access to it online, whichever is earlier. If you haven't submitted any claims, you'll get a full refund of the premium you paid when coverage is cancelled within the first 30 days. You can view your contract or certificate of coverage online or receive a paper copy of it upon request as outlined in your initial membership letter.



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