

# Take control of your total health with the right vision and dental coverage

The mouth and eyes are important parts of your body and your health. Regular dental and vision checkups can help find early warning signs of disease. So complete health coverage is more than just medical coverage, it also includes dental and vision coverage.

Good dental health can give you more than just a healthy smile. It can actually affect your entire body. Dental exams can help find up to 120 different medical conditions.<sup>1</sup>

Routine eye checkups are about more than making sure you can see clearly. They're important to health, safety and learning. Even if you think you have 20/20 vision, it's key that you're checked regularly — at every age.

Eye exams can give you a glimpse into major health problems like diabetes, high blood pressure and heart disease.<sup>2</sup> Eye diseases often have no warning signs. So many people don't realize that they might have a chance of their vision getting worse or losing their sight all together.<sup>3</sup>



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# How does health care reform affect dental and vision coverage?

Health care reform, also known as the Affordable Care Act (ACA), requires that all Americans have a minimum amount of health insurance, which includes essential health benefits (EHBs). This is a set of 10 health care service categories that must be covered by health insurance carriers. One of those services is pediatric dental and vision coverage.

Here's how it relates to dental and vision coverage for kids:

### Dental

In some states, pediatric dental benefits are required to be included in ACA-compliant health plans sold off exchange.

In other states, these benefits can be offered in off-exchange health plans or be provided through a separate stand-alone policy that is sold with the health plan.

### Vision

Pediatric vision coverage will be included with all ACA-compliant health plans offered on and off exchange.

### Essential health benefits include dental and vision

Pediatric dental is one of the 10 essential health benefits that are included in nearly all individual medical plans as of January, 2014.

Consumers have the following purchase options if they need or want pediatric dental essential health benefits:

- A medical plan that has pediatric dental essential health benefits coverage, **or**
- A standalone pediatric dental essential health benefits policy (Dental Pediatric plan), or
- A standalone adult or family dental plan that includes pediatric dental essential health benefits coverage.

Pediatric dental coverage **may** be included with medical plans that comply with the ACA, but they are not required to be combined.

### Pediatric vision essential health benefits

Health insurers must include pediatric vision coverage with all medical plans that follow the ACA. This benefit provides exams and vision materials (lenses and frames) for children. Our plans use Blue View Vision<sup>SM</sup> providers, which include retailers such as LensCrafters® and Target Optical®, as well as 1-800 CONTACTS®.

### 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.

### Buying on exchange versus off exchange

In this brochure, we may use some words that aren't familiar to you. Some of them are related to health care reform. You can get coverage either on exchange or off exchange. Let's explain the difference between them.

### On exchange

If you're eligible for a subsidy to help pay for your health coverage and want to use it, you must get your medical plan through the state's health coverage exchange, which is an online marketplace to buy health coverage.

To learn more, visit your state's exchange website at www.accesshealthct.com.

### Off exchange

If you aren't eligible for a subsidy, or if you're shopping for a dental or vision plan, you don't have to buy through the exchange. You can still get coverage as you have in the past, through a broker or agent, or directly from an insurance company.

Because there are rules for on-exchange plans, you might find that off-exchange plans offer more choices.

### This table will help you compare our dental plan options:

	Anthem Dental Pediatric	Anthem Dental Family	
	Dependents age 18 and younger	Dependents age 18 and younger	Adults age 19+
Diagnostic & preventive services	No waiting period	No waiting period	No waiting period
Cleaning, exams, X-rays	100%/100%	100%/100%	100%/70%
Basic services	No waiting period	No waiting period	6-month waiting period
Fillings	60%/60%	60%/60%	60%/50%
Brush biopsy	Not covered	Not covered	Not covered
Complex & major services	No waiting period	No waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	50%/50%	50%/50%	50%/50%
Prosthetics (crowns, dentures, bridges)	50%/50%	50%/50%	50%/50%
Medically necessary orthodontia	50%/50%	50%/50%	Not covered
Cosmetic orthodontia	Not covered	Not covered Not covered	
Dental network	Dental Prime	Dental Prime	Dental Prime
Deductible (per person)	\$50 (all services)	\$50 (all services)	\$50 (all services)
Yearly limit (per person)	None	None	\$1,000
Yearly out-of-pocket limit	\$350*/None	\$350*/None	None
International emergency dental program	Included	Included	
Optional Blue View Vision coverage	Not available	Not available	

<sup>\*</sup>Per child, up to 2 children

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<sup>4</sup>

Members who travel outside of the U.S. 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.

Anthem Dental Family Enhanced		Dental Prime		
Dependents age 18 and younger	Adults age 19+	Plan A	Plan B	Plan C
In & out of network				
No waiting period		No waiting period		
100%/80%	100%/80%	100%	100%	100%
6-month waiting period		6-month waiting period		
80%/60%	80%/60%	Not covered	80%	80%
Not covered	Not covered	No covered	80%	80%
No waiting period	12-month waiting period	12-month waiting period		
60%/50%	60%/50%	Not covered	50%	50%
60%/50%	60%/50%	Not covered	Not covered	50%
50%/50%	Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered	Not covered
Dental Prime	Dental Prime	Dental Prime	Dental Prime	Dental Prime
\$60 (waived for in-network D&P)		None	\$50 (all services)	\$50 (all services)
None	\$2,000	\$500	\$1,000	\$1,250
\$350*/None	None	None	None	None
Included		Included		
Not available		Available		

To find a Dental provider near you, go to Anthem.com/mydentalvision. Choose the Find Dental Providers link and then select your dental plan to find a provider.



### **Anthem Dental Pediatric, 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 two times the out-of-pocket limit, regardless of how many children are in the family.
- The Anthem Dental Pediatric, Anthem Dental Family and Anthem Dental Family Enhanced Plans cover everyone.

	Anthem Dental Pediatric	Anthem Dental Family		Anthem Dental Family Enhanced	
	Dependents age 18 and younger	Dependents age 18 and younger	Adults age 19+	Dependents age 18 and younger	Adults age 19+
			In & out of network		
Diagnostic & preventive services	No waiting period	No waiting period	No waiting period	No waitin	g period
Cleaning, exams, X-rays	100%/100%	100%/100%	100%/70%	100%/80%	100%/80%
Basic services	No waiting period	No waiting period	6-month waiting period	6-month wa	iting period
Fillings	60%/60%	60%/60%	60%/50%	80%/60%	80%/60%
Brush biopsy	Not covered	Not covered	Not covered	Not covered	Not covered
Complex & major services	No waiting period	No waiting period	12-month waiting period	No waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	50%/50%	50%/50%	50%/50%	60%/50%	60%/50%
Prosthetics (crowns, dentures, bridges)	50%/50%	50%/50%	50%/50%	60%/50%	60%/50%
Medically necessary orthodontia	50%/50%	50%/50%	Not covered	50%/50%	Not covered
Cosmetic orthodontia	Not covered	Not covered	Not covered	Not covered	Not covered
Dental network	Dental Prime	Dental Prime	Dental Prime	Dental Prime	Dental Prime
Deductible (per person)	\$50 (all services)	\$50 (all services)	\$50 (all services)	\$60 (waived for	in-network D&P)
Yearly limit (per person)	None	None	\$1,000	None	\$2,000
Yearly out-of-pocket limit	\$350*/None	\$350*/None	None	\$350*/None	None
International emergency dental program	Included	Included		Included	
Optional Blue View Vision coverage	Not available	Not av	ailable	Not ava	ailable

<sup>\*</sup>Per child, up to 2 children

### **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.

	Dental Prime		
	Plan A	Plan B	Plan C
	In & out of network		
Diagnostic & preventive services	No waiting period		
Cleaning, exams, X-rays	100% 100% 100%		100%
Basic services	6-month waiting period		
Fillings	Not covered	Not covered 80% 80%	
Brush biopsy	No covered	80%	80%
Complex & major services	12-month waiting period		
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50%	50%
Prosthetics (crowns, dentures, bridges)	Not covered	Not covered	50%
Medically necessary orthodontia	Not covered	Not covered	Not covered
Cosmetic orthodontia	Not covered	Not covered	Not covered
Dental network	Dental Prime	Dental Prime	Dental Prime
Deductible (per person)	None	\$50 (all services)	\$50 (all services)
Yearly limit (per person)	\$500	\$1,000	\$1,250
Yearly out-of-pocket limit	None	None	None
International emergency dental program	Included		
Optional Blue View Vision coverage	Available		

### Optional Blue View Vision<sup>SM</sup> coverage available

You can add optional Blue View Vision benefits to your Dental Prime plan. These plans feature:

- A broad, convenient group of national providers Blue View Vision providers include more than 30,000 private practice doctors and more than 25,000 locations. This includes the nation's leading retail stores like LensCrafters®, Sears OpticalSM, Target Optical® and JCPenney® Optical locations. These stores offer evening and weekend hours. You can also use your benefits at 1-800 CONTACTS®.
- A complete picture of your health between your eye care and health care providers Only from Anthem Blue Cross. With Blue View Vision, network eye care providers can now see data about a patient's eye health including patient summaries, diagnoses, lab results and prescriptions. And they can share your eye health information with other network providers. So all network providers can better understand your whole health. This means they can give 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 kids younger than 19 can be added at no extra cost.
- Negotiated rates 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 helps to reduce your out-of-pocket costs.
- Value-added savings You can enjoy more savings of 15% to 40% on unlimited purchases of most extra pairs of eyewear, conventional contact lenses, lens treatments, specialized lenses and various accessories even after you've used all of your covered benefits.

Vision care services	Benefit frequency	Participating services
Eye exam (with dialation as needed)	Once every 12-months	\$20 copay
Standard plastic (CR39) lenses*	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

<sup>\*</sup> Factory scratch coating is covered at no extra cost. Polycarbonate and Transition lenses are covered for dependents.

### Save time and money with smart provider choices

While all PPO plans allow you to go to any provider, you can save money by choosing a network provider.

	Network dentist	Non-network dentist
What you pay the provider	Your deductible	Your deductible
	• The percentage that's not covered by your insurance	• The percentage that's not covered by your insurance
		<ul> <li>The difference between what the provider charges and the total amount we allow to be paid for a service</li> </ul>
Claims paperwork	Your provider sends claims to us	You or your provider may submit your claims to us
	We pay the provider directly	We pay you or your provider for covered expenses

## You may pay more for care if you choose a non-network provider. Here's why:

- Network providers have agreed, by contract, to 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 providers 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).

# How to enroll

Sign up today for our dental and vision plans!

### For Dental Prime plans:

Fill out a form online or by hand.

• Go to AnthemDentalAdmin.com.

• Or fill out and sign the appropriate form. Then give the form to your agent or mail it to us at:

Dental Enrollment Department P.O. Box 1193 Minneapolis, MN 55440-1193

For Anthem Dental Pediatric, Anthem Dental Family and Anthem Dental Family Enhanced plans:

Fill out and sign the form. Give your completed form to your agent or mail it to us at:

Dental Enrollment Department P.O. Box 9041 Oxnard, CA 93031-9041





This is only a brief description of some plan terms and benefits. Please refer to your Dental Benefit Policy for more complete details, including benefits, limitations and exclusions.

- 1 Oral Diagnosis, Oral Medicine and Treatment Planning, 1994, S. Bricker, R. Langlais and C. Miller.
  2 All About Vision website: With Are Eye Exams Important? (May 2011): allaboutvision.com/eye-exam/importance.htm.
  3 American Academy of Ophthalmology website: Eye Diseases (March 13, 2008) getyesmart-org.
  4 The International Emergency Dental Program is managed by DeCare Dental. DeCare Dental is an independent company offering dental management services to Anthem Blue Cross.