

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/ca.
- 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 Children's Dental PPO and Anthem Family Dental PPO:

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

For Anthem Dental Blue PPO plans and Dental SelectHMO 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 9051
Oxnard, CA 93031-9051



Dental and vision coverage for your total health



Anthem dental plans

We offer a variety of individual and family dental plan options to fit your needs and budget. These plans include:

- Anthem Children's Dental PPO and Anthem Family Dental PPO
- Dental Prime for Individuals and Families with optional Vision benefits.
- Dental Blue PPO plans
- Anthem Dental SelectHMO plan

Health care reform

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.

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 — an online marketplace to purchase health coverage.

To learn more, visit your state's exchange website at coveredca.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 before, through a broker or agent, or directly from an insurance company.**

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

Our off-exchange products

Anthem Blue Cross (Anthem) can help you get the dental and vision care you need — which can help you get a better handle on your total health. That's why many of our dental plans include exams, cleanings and X-rays covered 100%, and all of our vision plans include coverage for yearly vision exams.

The table helps you compare your plan choices. So you have many ways to get the smile you want, and keep a healthy mouth.

	Anthem Children's Dental PPO	Anthem Family Dental PPO		Dental Prime			Dental Blue PPO				Dental Select
	<i>Dependents age 18 and younger</i>	<i>Dependents age 18 and younger</i>	<i>Adults age 19+</i>	<i>Plan A</i>	<i>Plan B</i>	<i>Plan C</i>	<i>Basic</i>		<i>Enhanced</i>		<i>HMO</i>
	<i>In/Out of network</i>						<i>In network</i>	<i>Out of network</i>	<i>In network</i>	<i>Out of network</i>	<i>In network</i>
Diagnostic & preventive services	No waiting period	No waiting period		No waiting period			No waiting period				No waiting period
Cleaning, exams, x-rays	100%	100%	100%/ 50%	100%	100%	100%	100%	80%	100%	80%	Copayment
Extra cleaning	Not covered	Not covered	Not covered	Not covered	Covered	Covered	Not covered	Not covered	Not covered	Not covered	Not covered
				For those who are pregnant or diabetic							
Basic services	No waiting period	No waiting period		6 month waiting period			6 month waiting period				6 month waiting period (only on fillings where there is no member copay)
Fillings	80%	80%	80% /50%	Not covered	80%	80%	80%	60%	80%	60%	Copayment
Brush biopsy	Not covered	Not covered	Not covered	Not covered	80%	80%	Not covered	Not covered	Not covered	Not covered	Not covered
Complex & major services	No waiting period	No waiting period	6 months waiting period	12 month waiting period			6 month waiting period		12 month waiting period		No waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	50%	50%/ 50%	50%/ 50%	Not covered	50%	50%	Not covered		50%	50%	Copayment
Prosthetics (crowns, dentures, bridges)	50%	50%	50%	Not covered	Not covered	50%	Not covered	Not covered	50%	50%	Copayment
Medically necessary orthodontia	50%	50%	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	See Cosmetic orthodontia		See Cosmetic orthodontia
Cosmetic orthodontia	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	50% /\$100 deductible/\$1,000 lifetime max (\$500 per year)		Copayment
Dental network	Dental Prime			Dental Prime			Dental Blue 100				Dental SelectHMO
Deductible (per person)	\$65 (waived for D&P services)*	\$65 (waived for D&P services)*	\$50 (waived for D&P services)	None	\$50	\$50	\$25 (waived for D&P in network only)		\$50 per person/\$150 per family (waived for D&P in network only)		None
Yearly limit (per person)	None	None	\$1,500	\$500	\$1,000	\$1,250	\$500		\$1,250		None
Yearly out-of-pocket limit	\$350**	\$350**	None	None	None	None	None	None	None	None	None
International emergency dental program	Included	Included		Included			Included				Included

*Family deductible of \$130 for 2 or more children

**\$700 for 2 or more 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.