



Anthem Blue Cross and Blue Shield
700 Broadway
Denver, Colorado 80273
anthem.com

Applicants who are approved for enrollment will receive Anthem Blue Cross and Blue Shield's policy for the Nevada PPO Dental Plan for individuals and families. Please review it carefully, as it contains details about your benefits, coverage, exclusions and limitations. This brochure only provides highlights of Anthem Blue Cross and Blue Shield's Nevada PPO Dental Plan for individuals and families. In the event of a conflict between the information in this brochure and the terms of the plan's policy, the terms and conditions of the policy will prevail.

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Anthem Blue PPO Dental Plan

For Individuals and Families



Freedom to choose any dentist

*Access to quality care
at discounted fees*

Wide range of dental services

*Preventive and diagnostic
coverage begins on your
policy effective date*

PPO Dental Plan Coverage for Individuals and Families

Oral health affects both physical and mental wellness—and therefore quality of life. That's why Anthem Blue Cross and Blue Shield offers the Anthem Blue PPO Dental Plan for individuals and families.

We designed our PPO dental plan with two goals in mind: to promote good dental hygiene and preventive care, important elements in a total health care package, and to provide you with the dental benefits you need in a convenient, cost-conscious manner.

The plan features preventive and diagnostic care, basic dental care, and major dental care. Coverage includes a wide range of dental services, such as routine check-ups, cleanings, fillings, crowns and dental surgery, and features a benefit schedule that can help you offset the high cost of major dental care. And, you may see any dentist you choose, although your out-of-pocket costs will be lower if you select dental providers in our network.

Please read this brochure for information about how our Anthem Blue PPO Dental Plan works, including the plan's benefits, exclusions and limitations.



How the Plan Works

When you choose an in-network dental provider, you'll receive care at Anthem Blue Cross and Blue Shield's negotiated discounted rates. If you choose an out-of-network provider, we still provide benefits, but your out-of-pocket expenses may be higher, because our negotiated fees don't apply to out-of-network providers. You're responsible for any charges exceeding the stated benefit amount for both in-network and out-of-network dentists.

Your current dentist may already be an in-network provider. For an up-to-date listing of dental providers in our network, go to anthem.com and click the **Find a Doctor** link. It could save you money.

We let you know up front in flat dollar amounts how much the plan pays for covered services. This means you may calculate how much you'll have to pay once you've determined your dentist's fee for the specific procedure(s) listed.

If your current dentist isn't in our network and you want him/her to join our network, please contact us at the address or phone number below:

Anthem Network Services
P.O. Box 9069
Oxnard, CA 93031-9069
888-209-7852



The following is an example of how Anthem Blue Cross and Blue Shield's negotiated rates may save you money. Negotiated rates may vary among in-network dental providers.

| In-network Dentist | |
|--|--------------|
| If the billed amount is: | \$850 |
| And Anthem's negotiated rate is: | \$430 |
| Anthem will pay the amount specified in the benefit schedule: | \$225* |
| <i>Therefore, you pay the difference between the negotiated amount and the scheduled benefit:</i> | \$205 |

| Out-of-network Dentist | |
|--|--------------|
| If the billed amount is: | \$850 |
| Anthem will pay the amount specified in the benefit schedule: | \$225* |
| <i>Therefore, you pay the difference between the billed amount and the scheduled benefit:</i> | \$625 |

*This assumes any deductible has been met and you haven't reached your annual maximum. Billed amounts and negotiated rates in the above table were determined by using an example of in-network and out-of-network rates for dentists in the Las Vegas, Nevada, area (ZIP code 89101) for American Dental Association procedure code D2750. The information in this example is from Anthem Blue Cross and Blue Shield's 2003 claims data. Negotiated rates may vary by in-network dentists, based on their contractual relationship with Anthem.

Calendar Year Deductible

You're responsible for a \$50 per person deductible per calendar year, with a maximum of three deductibles per family (\$150), before you receive benefits for covered services. The calendar year deductible is waived for preventive and diagnostic services when provided by an in-network dentist.

Calendar Year Maximum Benefit

Your Anthem Blue Cross and Blue Shield dental benefits are limited to \$1,000 for each enrolled member during a calendar year.

Waiting Periods

Coverage for preventive and diagnostic care begins on your plan effective date. Coverage for basic care begins after six continuous months of coverage, and coverage for major care begins after 12 continuous months of coverage.

Customer Service

Our professional customer service representatives are available to help you and answer questions you have about your plan. The toll-free number is listed on the dental plan ID card you'll receive once you're enrolled.

Benefit Schedules

To use our schedules, check your dentist's fee and then determine how much the plan pays. You can then easily calculate what you'll pay for a specific service after you meet your deductible. The plan pays either the specified amount or the actual amount charged by your dentist, whichever is lower.



Preventive and Diagnostic Care

- Coverage begins on your plan effective date.
- The calendar year deductible of \$50 per person, with a maximum of three deductibles per family (\$150), is waived ONLY when the member receives preventive and diagnostic care services from an in-network dentist.
- Coverage includes two oral examinations and two dental cleanings per member per year.
- The total benefit for single and bitewing X-rays may not exceed the benefit for full-mouth X-rays (\$38).

| Procedure | Plan Pays | |
|---|------------|----------------|
| | In-network | Out-of-network |
| Periodic oral exam (limited to 2 per member per year) | 100% | \$15.00 |
| Bitewing X-rays (single film) | 100% | \$9.00 |
| Bitewing X-rays (2 films) | 100% | \$14.00 |
| Single (periapical) X-rays (first film) | 100% | \$9.00 |
| Single X-rays (each additional film) | 100% | \$9.00 |
| Bitewing X-rays (4 films) | 100% | \$21.00 |
| Full-mouth X-rays (limited to 1 set every 3 years) | 100% | \$38.00 |
| Routine cleaning (limited to 2 per adult ¹ per year) | 100% | \$40.00 |
| Routine cleaning (limited to 2 per child ² per year) | 100% | \$26.00 |
| Cleaning with fluoride (limited to 2 per child per year) | 100% | \$36.00 |
| Topical fluoride only (limited to 2 per child per year) | 100% | \$12.00 |

¹Adult: Any person or dependent 19 years of age or older covered by the Anthem Blue PPO Dental Plan.

²Child: Any person or dependent 18 years of age or younger covered by the Anthem Blue PPO Dental Plan.

Rates are effective as of November 1, 2005, and are subject to change without notice.

Basic Dental Care

- Coverage begins after the plan has been in effect for six continuous months.
- The calendar year deductible of \$50 per person, with a maximum of three deductibles per family (\$150), must be satisfied before we will pay any benefits.
- The benefit schedule is the same for in-network and out-of-network dentists, but your out-of-pocket costs may be higher if you choose an out-of-network dentist.

| Procedure | Plan Pays |
|--|-----------|
| Filling (1 surface) | \$42.00 |
| Filling (2 surfaces) | \$54.00 |
| Filling (3 surfaces) | \$65.00 |
| Filling (4 or more surfaces) | \$78.00 |
| Extraction (erupted tooth or exposed root) | \$39.00 |
| Surgical removal of erupted tooth | \$72.00 |
| Removal of impacted tooth (soft tissue) | \$100.00 |
| Removal of impacted tooth (partial bony) | \$120.00 |
| Removal of impacted tooth (complete bony) | \$150.00 |

Rates are effective as of November 1, 2005, and are subject to change without notice.

Major Dental Care

- Coverage begins after the plan has been in effect for 12 continuous months.
- The calendar year deductible of \$50 per person, with a maximum of three deductibles per family (\$150), must be satisfied before we will pay any benefits.
- The benefit schedule is the same for in-network and out-of-network dentists, but your out-of-pocket costs may be higher if you choose an out-of-network dentist.

| Procedure | Plan Pays |
|--|-----------|
| Scaling/root planing per quadrant | \$43.00 |
| Gingivectomy (1 to 3 teeth per quadrant) | \$30.00 |
| Gingivectomy (4 or more contiguous teeth per quadrant) | \$97.00 |
| Root canal (1 canal) | \$127.00 |
| Root canal (2 canals) | \$155.00 |
| Root canal (3 canals) | \$205.00 |
| Crown (porcelain fused to high noble metal) | \$225.00 |
| Stainless steel crown | \$55.00 |
| Pontic (porcelain fused to high noble metal) | \$225.00 |
| Complete denture (upper or lower) | \$300.00 |
| Partial denture (upper or lower) | \$275.00 |
| Denture reline (chairside) | \$55.00 |
| Denture reline (lab) | \$80.00 |

Rates are effective as of November 1, 2005, and are subject to change without notice.

Eligibility and Enrollment

To be eligible for enrollment, you must be:

- A resident of the state of Nevada who properly applies for coverage and is accepted by Anthem Blue Cross and Blue Shield.
- A resident of the United States for at least six months.
- Age 64 1/2 or younger.
- The applicant's lawful spouse, age 64 1/2 or younger.
- The applicant's unmarried child up to age 19.
- The applicant's unmarried child and a full-time student (at least 12 units per semester), under age 24.
- The applicant's unmarried stepchild and reside with the applicant up to age 19 or, if a full-time student (at least 12 units per semester), under age 24.
- Not enrolled under any other Anthem Blue Cross and Blue Shield individual or group dental plan.

Plan Effective Date

Your plan effective date will be printed on the dental plan card you'll receive once your enrollment is approved. Your coverage will stay in effect on a three-month basis if you choose quarterly coverage or on a monthly basis if you choose automatic deduction from your checking account for your premium payment.

| Anthem Blue PPO Dental Plan Rates Effective November 1, 2005 | |
|--|----------|
| One adult | \$27.00 |
| Two adults | \$54.50 |
| Adult with one child | \$42.00 |
| Adult with two children | \$56.50 |
| Adult with three or more children | \$79.00 |
| Family (one child) | \$69.00 |
| Family (two children) | \$84.00 |
| Family (three or more children) | \$106.00 |
| One child | \$15.00 |
| Two children | \$29.50 |
| Three or more children | \$51.50 |

These are monthly premium rates. For quarterly rates, multiply the monthly rate by three.

Terms of Coverage

Coverage under the Anthem Blue PPO Dental Plan remains in force as long as the required premiums are paid on time and as long as you remain eligible for coverage. Coverage ceases when a member becomes ineligible due to divorce or a change in dependent status. (In the case of divorce and coverage dependents, Anthem Blue Cross and Blue Shield will offer you a similar plan.) Anthem may change the premiums of this plan after providing you with 60 days' advance written notice. Anthem will not change the premium schedule for this plan on an individual basis but only for all members in your class and plan.

Exclusions and Limitations

Anthem Blue Cross and Blue Shield's PPO Dental Plan for individuals and families does not provide benefits for:

- Unlisted services: services not listed in the plan's benefit schedule.
- Excess amounts: any amounts exceeding the maximum amount stated in the yearly maximum benefit section of the policy or listed in the benefit schedule.
- Experimental or investigational procedures: services or supplies that Anthem considers experimental or investigational.
- Expenses before coverage begins: services received before the coverage effective date.
- Expenses after the end of coverage: services received after coverage ends.
- Services the member isn't legally obligated to pay for: services for which the member wouldn't be charged if the member didn't have insurance coverage.
- Conditions related to workers' compensation: any condition for which benefits could be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability or occupational disease law, even if the member doesn't claim those benefits.
- Conditions related to war: disease contracted, or injuries sustained, as a result of war, declared or undeclared, and 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 member's home or who is related to the member by blood, marriage or adoption.
- Cosmetic dentistry: any services performed for cosmetic purposes, unless they are performed to correct functional disorders or as a result of an accidental injury that occurred while the member was covered under the plan.
- Charges for treatment provided by a person 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.