

A complete benefits package for your employees
For groups with 2-50 employees

DENTAL

VISION

LIFE

Anthem 
Blue Cross



Specialty Products For California

Anthem Blue Cross offers access to Specialty Products that are the perfect complement to our health coverage, bringing strength and stability of an industry leader.

Did You Know...

Dental

Research consistently shows links between periodontal disease and several serious health conditions.

For Dental selections, see Page 5.

Vision

Regular eye exams can provide the early detection of more serious eye diseases and other health conditions.

For a closer look at Vision, see Page 14.

Life

Life insurance is one of the easiest, most inexpensive ways to help your employees improve their families' financial security.

To add some Life to your benefits package, see Page 17.

If you're only offering Medical coverage to your employees, you're only getting part of the rewards, savings and benefits easily available to you. Let us show you how our Dental, Vision and Life plans complete the package.



Anthem Blue Cross offers a complete benefits package for your employees...

And some of the best savings opportunities around for you.

- **1% Medical Savings*** – when you purchase \$25,000 or more of life along with medical, you may qualify for 1% savings on your medical premium*...Making life insurance more affordable than ever.
- **6% Life Savings and 6% Dental Savings** – when you purchase both \$25,000 or more of life and any of our insured dental plans at the same time, receive 6% savings on your life premium and 6% savings on your dental premium. That's in addition to the 1% savings on your medical premium*!

* Lowest RAF possible is .90.



Dental Coverage

From Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company

Research continues to establish links between periodontal disease and several serious health conditions such as heart disease and stroke, osteoporosis, low birth-weight pregnancy, diabetes, and respiratory infection.* Good oral health and early disease detection, then, can play an important role in helping your employees maintain their overall health.

Preventive care benefits, including regular dental check-ups, can make a difference in your employees' productivity and help reduce the number of work days lost due to dental and health problems - potentially saving your company time and money.

*Surgeon General's Report on Oral Health

Get Dental ... and reap the rewards of a healthy workforce.

Spending just a little on a complete health care package may save you a lot, especially when Dental coverage is part of the picture. Anthem Blue Cross offers a variety of PPO, HMO and Voluntary Dental plans – all designed to allow small businesses like yours the opportunity to provide a complete benefits package. You can pick what works best for you and your employees, and be confident you made the right choice, as all of our plans offer:

- **Selection:** You get to decide how much you want to contribute and which of our many affordable plans you want to offer.
- **Ease:** You'll enjoy simple administration, with one bill and one premium check.
- **Access:** Your employees will have access to a network of more than 5,000 HMO dentist locations and more than 20,000 PPO dentist locations in California alone.
- **Experience:** We are the 7th largest Dental company in the nation, serving more than 5.2 million customers.
- **Service:** With more than 500 associates dedicated to serving our Dental customers, your employees can be assured of outstanding customer service.

*Contributory and Voluntary Dental plans cannot be combined. SmileNetSM Dental Discount Program does not qualify.

When you purchase any of our insured Dental plans* with \$25,000 or more of Term Life coverage, you'll **save 6%** on your Dental premium and **6%** on your Life premium.

We have affordable Dental options that work for you.

PPO Plans

Want to give your employees lots of choices?

Our PPO Dental plans give your employees the freedom to choose any dentist or specialist.

Anthem Blue Cross Life and Health Insurance Company offers several PPO Dental plan products:

- **Dental Blue Metallic plans** offer the ultimate in flexibility, giving your employees the power to choose the comprehensive plan and network that work best for their needs and budget. With Dental Blue, your employees have access to one of the largest dental PPO networks in California. (See Pages 8 and 9 for details.)

Anthem Blue Cross has added an 80th percentile out-of-network reimbursement option* to the Dental Blue 100 Metallic plans. The new plans have the same benefits as the Traditional Metallic plans, but also provide these additional features when visiting a Dental Blue dentist:
 - Larger network with up to approximately 50% more dentist locations than the Traditional Metallic plans;
 - Negotiated provider discounts for non-covered services such as teeth whitening, dental implants, ortho and TMJ; and
 - Negotiated provider discounts on services after reaching your annual maximum (See Metallic Comparison Grid)
- **Basic, Standard and High Option plans** are Traditional plan designs and utilize our PPO Dental network. These plans pay 100% in-network for preventive and diagnostic screenings, and cover both minor and major restorative services. (See Page 10 for details.) Out-of-network benefits are reimbursed based on a pre-negotiated, limited fee schedule.

HMO Plans

Want to give your employees simple plans with predictable costs?

With our Anthem Blue Cross HMO Dental plans, your employees choose a participating dentist from our HMO Dental Network. This dentist will coordinate all of the employee's care, including referrals to specialists. If your employees want simple coverage with lower out-of-pocket costs and no annual deductibles or maximums, consider one of our HMO Dental plans. (See Page 11 to learn more.)

Voluntary Plans

Want to offer dental coverage at even less cost to you?

With our Voluntary plans, your employees can pay up to 100% of the cost – and you can pay nothing at all! (See Page 12 to see how our Voluntary plans can work for you.)

All Dental Blue specialists participate in all three networks. No referrals needed!

* Out-of-network claims payment is based upon the 80th percentile of our data. Members using an out-of-network dentist are responsible for costs in excess of covered expenses, in addition to their copayments and deductibles. Out-of-network members are responsible for costs in excess of covered expenses, in addition to their copays and deductibles.

Dental Blue® PPO Plans

Dental Blue® Employees can go to any dentist - in any network - and be covered.

With Dental Blue, it's all about the network

With three affordable PPO dental network options, multiple price points and our flexible plan designs, Dental Blue can be tailored to fit any company's dental insurance needs and budget! No matter which network is selected, employees have access to the largest PPO network in California, with more than 20,000 quality dental and specialist locations.

Dental Blue 100

- Our value network
- Maximum cost savings
- Includes more than 15,000 dentists and specialists in California (which is 19% larger than our Prudent Buyer PPO network)
- Out-of-network options at the 80th percentile* or at a lower reimbursement level (Dental Blue 100)**
- Access to Dental Blue 200 and Dental Blue 300 dentists at protected out-of-pocket costs
- All Dental Blue specialists are in all three networks

Dental Blue 200

- Our enhanced network
- Excellent balance of cost control with network size (includes Dental Blue 100, as well as 200 dentists)
- Includes more than 19,000 dentist and specialist locations in California (which is 55% larger than our current Prudent Buyer PPO network)
- Access to Dental Blue 300 dentists at protected out-of-pocket costs
- All Dental Blue specialists are in all three networks

Dental Blue 300

- Convenient access to our largest PPO network (includes Dental Blue 100, 200 and 300 dentists)
- Includes more than 20,000 dentist and specialist locations in California (which is 61% larger than our current Prudent Buyer PPO network) and growing

Example of how Dental Blue works:

Joann buys a **Dental Blue 100 plan** that covers her panoramic x-rays at 100% and a filling at 80%. The plan has a \$50 deductible.

If Joann sees a dentist in this network:	Dentist's Fee	Dental Blue Negotiated Fee	Dental Blue Pays	Joann Pays
Dental Blue 100	\$395	\$253	\$179	\$74
Dental Blue 200	\$395	\$315	\$179	\$136
Dental Blue 300	\$395	\$357	\$179	\$178

Jeff buys a **Dental Blue 200 plan** that covers his panoramic x-rays at 100% and a filling at 80%. The plan also has a \$50 deductible.

If Jeff sees a dentist in this network:	Dentist's Fee	Dental Blue Negotiated Fee	Dental Blue Pays	Jeff Pays
Dental Blue 100	\$395	\$315	\$230	\$85
Dental Blue 200	\$395	\$315	\$230	\$85
Dental Blue 300	\$395	\$357	\$230	\$127

Joann's monthly premiums will be lower than Jeff's, but Jeff will save more money on basic and major services if he chooses dentists in the Dental Blue 200 or 300 networks. If they wish, Joann and Jeff can visit non-Dental Blue dentists, but their out-of-pocket costs will likely be higher.

California Locations

Dental Blue 100: 15,000+

Dental Blue 200: 19,000+

Dental Blue 300: 20,000+

Increase your access.

No matter which network you select, California members have access to more than 20,000 dentist and specialist locations. Employees can go to any of our credentialed providers - in any Dental Blue network - and be covered. The out-of-pocket expense varies by which network is selected, giving both you and your employees the power to choose. You also have the option to visit a non-Dental Blue dentist, but your out-of-pocket costs will likely be higher.

*Out-of-network claims payment is based upon the 80th percentile of our data. **Out-of-network claims payment is based upon the 35th percentile of our data. Members using an out-of-network dentist are responsible for costs in excess of covered expenses, in addition to their copayments and deductibles.

Dental Blue PPO Plans

Dental Blue Metallic Plan Designs

Dental Blue Metallic plans have the same great plan designs as the Traditional Metallic plans, but offer a much larger network, and discounts for non-covered services and for services after reaching your annual maximum.

Dental Blue 100 Metallic plans also available with 80th percentile out-of-network reimbursement.* The name of these plans are called 100-80 plans (e.g. Dental Blue Silver 100-80).

What the plan pays:	Dental Blue Silver		Dental Blue Silver Plus		Dental Blue Gold		Dental Blue Gold Plus		Dental Blue Platinum		Dental Blue Platinum Plus	
	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²
Network Options	All plans are available with the 100, 200 or 300 network.											
Out-of-Network Reimbursement	Dental Blue 100 plans are available with either: 1) 80th percentile out-of-network reimbursement* (Dental Blue 100-80), or 2) out-of-network reimbursement at the Dental Blue 100 network fee level.** Dental Blue 200 and 300 plans are available with the out-of-network reimbursement at the Dental Blue 100 network fee level.											
Annual Deductible – per member/ 3-member family maximum Waived in-network for Preventive & Diagnostic Services	\$50 per member/\$150 per family											
Annual Maximum – per member	\$1,000		\$1,500		\$1,500		\$1,500		\$2,000		\$2,000	
Preventive & Diagnostic Services Cleanings, fluoride application, oral exams, X-rays	100%	80%	100%	80%	100%	80%	100%	80%	100%	100%	100%	100%
Minor Restorative Services Filling of cavities (amalgam and resin)	80%	60%	80%	60%	80%	60%	80%	60%	90%	80%	90%	80%
Major Restorative Services												
Oral surgery: Tooth extraction	50%	50%	80%	60%	50%	50%	80%	60%	60%	50%	90%	80%
Endodontics: Root canal therapy	50%	50%	80%	60%	50%	50%	80%	60%	60%	50%	90%	80%
Periodontics: Scaling (root planing)	50%	50%	80%	60%	50%	50%	80%	60%	60%	50%	90%	80%
Prosthodontics: Crowns, bridges and dentures	50%	50%	50	50%	50%	50%	50%	50%	60%	50%	60%	50%
Orthodontic Services Adult and child	50% up to \$1,000		Not covered		50% up to \$1,000		50% up to \$1,000		50% up to \$1,500		50% up to \$1,500	
Waiting Period	No waiting periods with Dental Blue											

This is an overview only. A comprehensive description of Exclusions and Limitations is contained in the member certificate.

Note: Shading is used to indicate change, if applicable, from plan to plan.

¹ Percentage applies to covered expenses after the deductible is met.

² Percentage applies to covered expenses after the deductible is met. Members are responsible for costs in excess of covered expenses, in addition to their copays and deductibles.

* Out-of-network claims payment is based upon the 80th percentile of our data.

** Out-of-network claims payment is based upon the 35th percentile of our data.

Members using an out-of-network dentist are responsible for costs in excess of covered expenses, in addition to their copayments and deductibles.

Traditional PPO Plans

Basic, Standard and High Option

These PPO plans feature:

- The freedom to choose any dentist or specialist participating in a Prudent Buyer network (no referrals needed)
- Access to quality care at negotiated fees
- Coverage for both routine visits and more extensive procedures



What the plan pays:	Basic Option PPO		Standard Option PPO		High Option PPO	
	In-Network ²	Out-of-Network ³	In-Network ²	Out-of-Network ³	In-Network ²	Out-of-Network ³
Annual Deductible – per member/ 3-member family maximum Waived in-network for Preventive & Diagnostic Services ¹	\$75/\$225		\$50/\$150		\$50/\$150	
Annual Maximum – per member	\$1,000		\$1,000		\$2,000	
Preventive & Diagnostic Services Cleanings, fluoride application, oral exams, X-rays	100%	50% of fee schedule	100%	80%	100%	80%
Minor Restorative Services Filling of cavities (amalgam and resin)	50%	50% of fee schedule	80%	80%	80%	80%
Major Restorative Services						
Oral surgery: Tooth extraction	50%	50% of fee schedule	50%	50%	80%	80%
Endodontics: Root canal therapy	50%	50% of fee schedule	50%	50%	80%	80%
Periodontics⁴: Scaling (root planing)	50%	50% of fee schedule	50%	50%	50%	50%
Prosthodontics⁴: Crowns, bridges and dentures	50%	50% of fee schedule	50%	50%	50%	50%
Orthodontic Services	Not covered		Not covered		50%	
Lifetime maximum per member	Not covered		Not covered		\$1,500	
Waiting Period	12-month waiting period for periodontics and prosthodontics					

Applicants are advised to review the Exclusions and Limitations prior to applying for coverage, and to refer to the comprehensive description of coverage, benefits and limitations contained in their Certificates for full plan provisions.

¹ Not applicable to Basic Option PPO.

² Percentage applies to negotiated provider fee after the deductible is met.

³ Percentage applies to covered expenses after the deductible is met. Covered expenses on the Basic, Standard and High Option PPO plans are based on a Dental limited fee schedule. Members are responsible for costs in excess of covered expenses, in addition to their copays and deductibles.

⁴ There is a 12-month waiting period for these services under the Basic, Standard and High Option PPO Plans.

HMO Plans

Dental SelectHMO and Dental Net

These Dental HMO Plans Offer:

- Easy-to-use coverage
- No annual deductibles or maximums
- No waiting periods
- Orthodontic services for children and adults

Note: Only services received from a participating Dental office are covered by our HMO Dental plans.

Benefits	Member's Copay	Member's Copay
	Dental SelectHMO	Dental Net
	Participating Dental Office Only*	Participating Dental Office*
Diagnostic Care		
Periodic oral examinations	No charge	No charge
X-rays	No charge	No charge
Preventive Care		
Prophylaxis: adult	No charge**	No charge
Prophylaxis: child	No charge**	No charge
Topical fluoride: child	No charge	No charge
Restorative: Filling - Permanent		
Fillings: amalgams and 1-3 surface anterior composites	No charge	No charge
Stainless steel crowns: primary teet h	\$106	\$30
Oral Surgery		
Extraction of erupted tooth or exposed root	\$60	No charge
Impaction: soft tissue	\$136	\$50
Impaction: partial bony	\$176	\$80
Impaction: full bony	\$200	\$95
Endodontic Care		
Pulp cap: direct	\$32	No charge
Root canal: anterior	\$289	\$110
Root canal: bicuspid	\$341	\$145
Root canal: molar	\$459	\$240
Therapeutic Pulpotomy	\$62	\$10
Periodontic Care		
Gingivectomy: one to three teeth per tooth	\$72	\$22
Gingivectomy: four or more contiguous teeth per quadrant	\$194	\$85
Scaling/root planing: per quadrant	\$101	\$50
Osseous surgery: per quadrant	\$520	\$225
Prosthodontic Care		
Crown: porcelain fused to high noble metal	\$432	\$230
Post/core prefabrication	\$121	\$50
Complete denture	\$577	\$250
Partial denture	\$430	\$300
Denture reline: chairside	\$103	\$35
Denture: broken tooth repair	\$57	\$25
Orthodontic Care		
24 months of standard orthodontic care, exclusive of records fees	Services Rendered at Participating Orthodontists	Services Rendered at Participating Orthodontists
Adult (age 18 and over)	\$3,045	\$1,850
Child (through age 17)	\$2,870	\$1,850
Other Services		
Out-of-area emergency care maximum payment: \$50	All charges over \$50 including applicable copay(s)	All charges over \$50 including applicable copay(s)
Office visit: after hours	\$56	\$45
Local anesthesia	\$14	No charge

* These copays apply only when services are rendered by a participating dentist. Specialty services provided by a Specialty dentist are included on a separate schedule in your contract or Evidence of Coverage.
** First two cleanings in 12 consecutive months. All additional cleanings in 12 consecutive months require a copay.

All listed amounts are the member's responsibility to pay. See contract or refer to Pages 22-24 in this brochure for benefits, exclusions and limitations.

Dental Net and Dental SelectHMO Plans are offered by Anthem Blue Cross, a health care service plan regulated by the Department of Managed Health Care (DMHC).

Voluntary Dental Plans

You and your employees have choices.

The Voluntary PPO and HMO Dental Plans allow you to offer quality, comprehensive Dental coverage at little or no cost to your company. You choose to pay nothing or up to 49% of the premiums; your employees pay up to 100% through payroll deductions.

The Voluntary PPO Dental Plan gives employees a choice of any dentist and many services offered at a very low cost or even no cost. Preventive and diagnostic care are covered immediately after approval.

The Voluntary Dental Saver SelectHMO Plan gives employees a chance to enjoy unlimited benefits with participating dentists, low office copays, and no annual maximums or deductibles. And, just like with our Voluntary PPO Plan, preventive and diagnostic care coverage begins immediately after approval.

To enroll in our Voluntary Dental PPO or Voluntary Dental HMO plan:

- Two or more eligible employees must be enrolled in Anthem Blue Cross Medical coverage
- A minimum of three participating employees or 25% of eligible employees (whichever is greater) must enroll in the Voluntary PPO Dental Plan and/or Voluntary Dental Saver SelectHMO Plan
- Premiums must be paid through payroll deductions

Want to offer Dental coverage at even less cost to you? With our Voluntary Plans, your employees pay up to 100% of the cost.

Benefits	Member's Copay	Plan Pays	
	Dental Saver SelectHMO	PPO Dental Plan	
	Participating Dental Office Only*	Participating Dental Office	Non-Participating Dental Office†
Diagnostic Care			
Periodic oral examinations	No charge	100%	\$16
Full mouth X-rays	No charge	100%	\$45
Preventive Care			
Prophylaxis: adult/child	No charge**	100%	\$35/\$22
Topical fluoride: child	No charge	100%	\$15
Restorative: Filling - Permanent			
6-month waiting period			
1 surface	\$54	\$28	\$28
2 surface	\$64	\$37	\$37
3 surface	\$75	\$42	\$42
4 surface	\$89	\$50	\$50
Oral Surgery			
6-month waiting period			
Single extraction	\$60	\$60	\$60
Impaction: soft tissue	\$136	\$80	\$80
Impaction: partial bony	\$176	\$95	\$95
Impaction: complete bony	\$200	\$120	\$120
Endodontic Care			
12-month waiting period			
Root canal: anterior	\$289	\$120	\$120
Root canal: bicuspid	\$341	\$145	\$145
Root canal: molar	\$459	\$185	\$185
Periodontic Care			
12-month waiting period			
Scaling/root planing: per quadrant	\$101	\$36	\$36
Gingivectomy: Per tooth	\$72	\$32	\$32
Prosthetic Care			
12-month waiting period			
Crown: porcelain with high noble metal	\$432	\$200	\$200
Complete upper or lower dentures	\$577	\$260	\$260
Partial denture	\$430	\$240	\$240
Orthodontic Care			
Child	\$2,870	See note***	See note***
Adult	\$3,045	Not covered	Not covered
Retention	\$300	Not covered	Not covered
Cosmetic Care - Resin Filling			
Permanent, one surface, posterior	\$75	No charge	No charge
Labial veneer (laminare) - chairside	\$187	No charge	No charge
Other Services			
Office visit	\$5	N/A	N/A
Annual deductible	None	\$50 per person 3-member maximum	\$50 per person 3-member maximum
Annual maximum benefit	Unlimited	\$1,000 per member	\$1,000 per member

*These copays apply only when services are rendered by a participating dentist. Specialty services provided by a Specialty dentist are included on a separate schedule in your contract or Evidence of Coverage.

See contract or refer to Pages 22-24 in this brochure for benefits, exclusions and limitations.

**First two cleanings in 12 consecutive months. All additional cleanings in 12 consecutive months require a copay.

***If a combined total of 10 or more employees enroll in the Small Group Voluntary PPO Dental Plan and/or the Dental Saver SelectHMO Plan, child orthodontic benefits (up to \$500 lifetime maximum per child) will be added to the Voluntary PPO Dental Plan at no additional cost. Please refer to the Certificate for more information.

† Members using a Non-Participating dentist are responsible for costs in excess of covered expenses, in addition to their copayments and deductibles.

Dental Network Availability:

The Voluntary Dental Saver SelectHMO Plan has participating dental providers in the following counties: San Diego, Orange, Los Angeles, Santa Barbara, San Luis Obispo, Solano, Sonoma, San Francisco, Marin, Contra Costa, Alameda, Santa Clara, Sacramento and San Joaquin. Counties with limited availability: Ventura, Riverside, El Dorado, San Bernardino, Kern, Fresno, Kings, Monterey, Placer, San Mateo, Santa Cruz and Tulare.



A slight miscorrection in vision can reduce productivity by 10% and work accuracy by nearly 40%. Computer eyestrain can reduce productivity between 10% and 50%.

January, 2004, issue of Optometry: Journal of the AOA

Vision Coverage

From Anthem Blue Cross Life and Health Insurance Company

Get Vision coverage - and see increased productivity

Comprehensive, inexpensive Vision plans can play a role in managing the overall health and well-being of your employees. It has been shown that regular eye exams and wearing corrective eyewear can greatly decrease the risk of more serious, long-term eye diseases and can even result in early detection of other health conditions* - increasing your employees' productivity and performance.

You get the picture, and so do we. That's why we've created Blue View Vision.SM

The advantages are clear.

When you offer your employees Blue View Vision as part of a complete benefits package, you're giving them one of the most dependable Vision programs in sight. Our cost-effective Vision plans include comprehensive eye exams, fast delivery of eyewear and an attractive retail frame allowance.

Blue View and Blue View Plus feature:

- **A broad, convenient network** - Employees have access to an extensive network of participating providers and provider locations (more than 44,000 across the U.S. and over 4,000 in California alone), including independent ophthalmologists and optometrists as well as LensCrafters,[®] Target Optical, Sears Optical, JCPenney Optical and most Pearle Vision retail locations. Many locations are conveniently open in the evenings and on weekends, allowing your employees to schedule appointments outside their normal work day.
- **Value-added savings** - Employees enjoy additional savings up to 40% on unlimited purchases of most extra pairs of eyewear, contact lenses, lens treatments, specialized lenses and various accessories - even after they've exhausted their covered benefits.
- **Easy-to-use benefits** - Employees simply choose a provider in the network, make an appointment, present their ID card, and pay any applicable copays and any balance for non-covered services and/or materials. The provider verifies eligibility and takes care of any necessary paperwork.

Take a closer look at the value of Vision coverage for your employee benefits package. It's value you can see.

*American Optometric Association, www.aoanet.org



Give your employees one of the most dependable Vision programs in sight.

Vision Plans

This chart shows you a simple summary for Blue View and Blue View Plus. Complete benefits and rate information, along with exclusions and limitations, is available in the Certificate of Coverage.

Benefits	Blue View Plus	Blue View
Eye Examination	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 24 months
Contact Lenses*	Every 12 months	Every 24 months
Frames	Every 12 months	Every 24 months
In-Network Copay		
EYE EXAMINATION COPAY	\$15	\$25
In-Network Benefits		
EYE EXAMINATION	Covered up to a comprehensive level exam with dilation as necessary after exam copay	
LENSES (Standard)	Plastic lenses in single vision, bifocal or trifocal. Additional charge for "standard" progressive lenses.	
Single vision	Covered in full	
Bifocal lenses	Covered in full	
Progressive lenses	\$65	
Trifocal lenses	Covered in full	
FRAME	Covered up to \$120 retail value. 20% off the balance over the allowance	
CONTACT LENSES	Benefit allowance applies to fit, follow-up and materials	
Elective		
Conventional	Covered up to \$115 allowance, 15% off balance over allowance	
Disposable	Covered up to \$115 allowance	
Non-elective**		
Covered in full		
ADDITIONAL DISCOUNTS	Discounts available from Participating Providers	
Out-of-Network Reimbursement		
EYE EXAMINATION	Reimbursed up to \$49	
LENSES (Standard)		
Single vision	Reimbursed up to \$35	
Bifocal lenses	Reimbursed up to \$49	
Progressive lenses	Reimbursed up to \$49	
Trifocal lenses	Reimbursed up to \$74	
FRAME	Reimbursed up to \$50	
CONTACT LENSES		
Elective		
Conventional	Reimbursed up to \$92	
Disposable	Reimbursed up to \$92	
Non-elective**		
Reimbursed up to \$250		

*Coverage for these PPO Vision plans include choice of eyeglass lenses OR contact lenses, not both.

** Non-elective contact lenses are those prescribed following cataract surgery or for extreme visual acuity or other functional problems not treatable by eyeglass lenses.

Life Coverage

From Anthem Blue Cross Life and Health Insurance Company

Get life...and share the benefits of your employees' security.

Your employees depend on you, and their families depend on them. Life insurance is an easy, inexpensive way to help your employees improve their families' financial security. Your employees will appreciate that you took the time to include their families' future in your company's benefits package.

Save with composite life rates.

Enroll 11 or more employees, and you'll automatically receive our Composite Life Rates. Composite Rates mean your group will receive a single rate per \$1,000 of Life coverage regardless of the age or gender of those enrolling. What's in it for you? Easier administration and yet another way to get potentially lower rates.

Life is easy with guaranteed issue amounts.

All of our Anthem Blue Cross Medical groups with 2+ enrolled employees can get Life coverage without going through Medical underwriting — and there are no Medical questionnaires to fill out. (See Page 20 for details.)

Improve member productivity and well-being with the LifeConnections member assistance program

Life demands a lot, and asking for help can be difficult. That is why Anthem Blue Cross offers LifeConnections, a member assistance program for employees and their families that provides easy access to confidential support and resources they need to improve their well-being and manage problems before they become an emotional or financial burden.

Enjoy the convenience of one application, one bill.

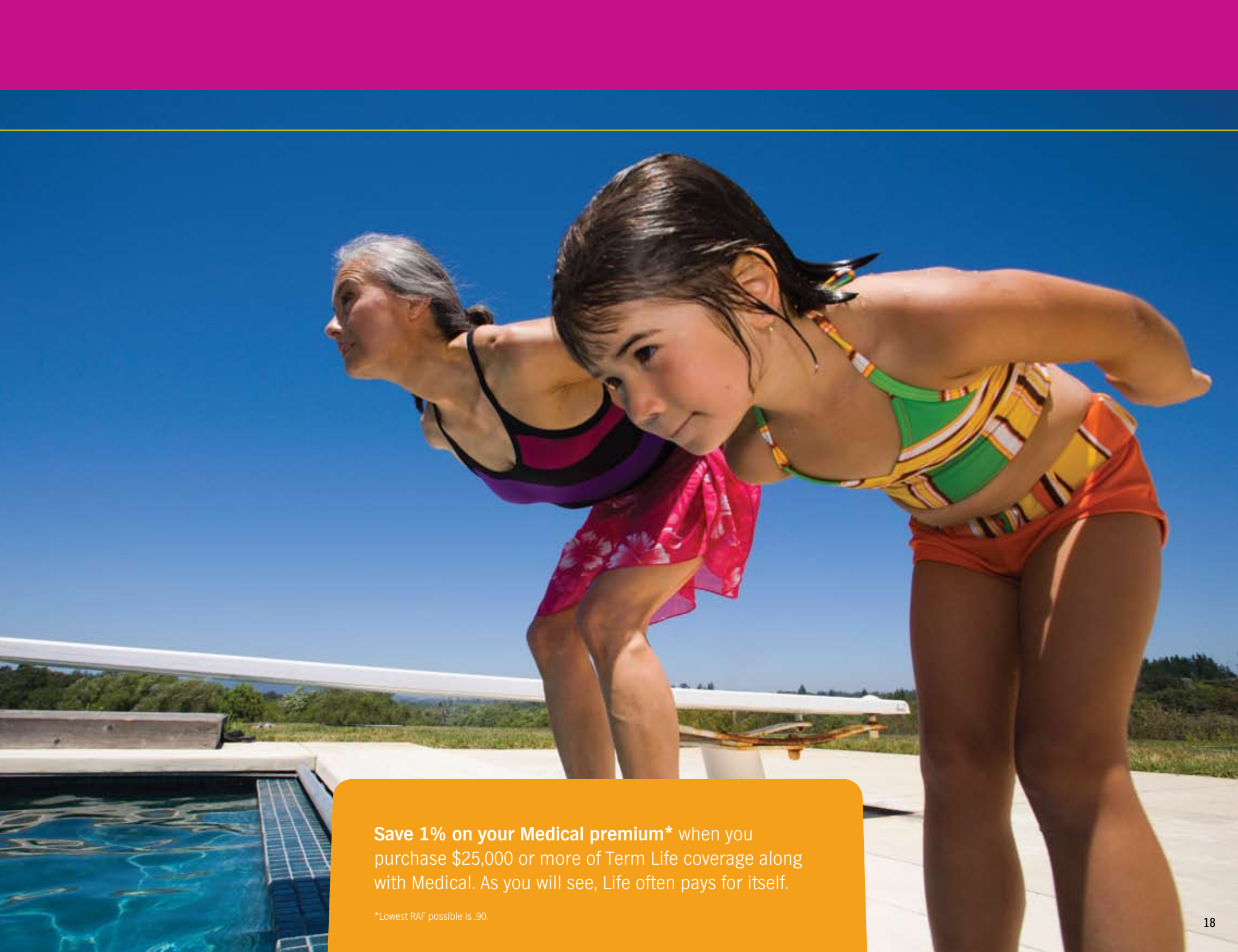
Only one application form is required for both Medical coverage and Life insurance, and you'll have the added convenience of one consolidated monthly bill.

Strength, stability and service.

We are the #1 group Life insurance carrier in the under-100 employee market.* Anthem Blue Cross Life and Health Insurance Company is rated "A (Excellent)" for financial strength by A.M. Best Company and "A+ (Superior)" for claims paying ability by Standard & Poor's. So, you can provide this valuable benefit knowing it is backed by the strength and stability of one of the most respected names in the industry.

The availability of Group Life insurance is subject to underwriting, and the rates are subject to change. See your Certificate for Exclusions and Limitations. For a copy of the Certificate, call (800) 627-8797.

*The #1 is based on the combination of Gen Re's 2004 U.S. Group Life Inforce Cases Study and internal company data. Each affiliated Life company is a separate, independent legal entity for financial purposes and is solely responsible for its own contractual obligations and liabilities.



Save 1% on your Medical premium* when you purchase \$25,000 or more of Term Life coverage along with Medical. As you will see, Life often pays for itself.

*Lowest RAF possible is .90.

Life Coverage

Basic Term Life

When you offer Basic Term Life, your employees and their families will gain extra peace of mind and financial support in the event of untimely death or great physical loss. You can select a level of Basic Term Life coverage from \$15,000 to \$250,000. With any level of coverage, Accidental Death & Dismemberment (AD&D) benefits are included automatically.

The Life benefit is payable in the event of death at any time, with the automatic AD&D feature providing employees with an additional benefit — equal to the amount of the Life benefit — in case of an accidental death or a serious qualifying accident. The Living Benefit allows enrollees diagnosed with a 12-month life expectancy due to a terminal condition to request up to 50% of their death benefit.

Extras Included with AD&D Coverage

- An annual college education benefit for eligible dependents that adds the lesser of 25% of the coverage amount or \$12,000 to the AD&D benefit
- A seat belt provision that adds the lesser of 10% of the coverage amount or \$25,000 to the AD&D benefit
- A \$5,000 maximum repatriation benefit for preparation and transportation services should death occur more than 75 miles from home



Life Coverage

Dependent and Supplemental Life

As the employer, you may choose to offer one of two Dependent Life plans, which pays a benefit to the employee if their insured dependent dies. You can also offer Supplemental Life insurance, which allows employees who are enrolled in their group's Basic Term Life coverage to purchase additional Life coverage for themselves. You can make these options available to your employees at no additional cost to the company.

Life Plan Options

This chart provides details about Basic Term Life and adding Dependent and/or Supplemental Life benefits so your employees get the whole picture.

	Benefit Amounts Available	Employer Contributions & Participation Requirements	Guaranteed Issue Guidelines
Basic Term Life – choose one of three options:			
<ul style="list-style-type: none"> Schedule A: Flat dollar amounts for all employees You select one flat dollar amount for all employees Schedule B: Life benefits graded by job title* You select one amount in \$1,000 increments for Class I employees (officers, managers, supervisors) and another amount for Class II employees (all others) Schedule C: Salary Based Life Insurance You select either 1 or 2 times the employee's annual salary. All employees must have the same salary schedule. <ul style="list-style-type: none"> – Minimum/Maximum benefit: \$15,000/\$250,000 <p><small>* Job title descriptions shown are examples. You may use them as a guideline or provide your own; there must be at least one person in each class (job description). Only one benefit schedule may be offered. The benefit amount for Class I cannot exceed \$250,000 per employee and cannot exceed 2.5 times the benefit amount for Class II.</small></p>	\$15,000 to \$250,000	<p>If employer pays between 25% and 99%, then 75% employee participation is required.</p> <p>If employer pays 100%, then 100% employee participation is required.</p>	<p>Three levels of Guaranteed Issue are available, depending on number of enrolling employees.</p> <p>2-9 employees: \$30,000</p> <p>10-24 employees: \$50,000</p> <p>25-50 employees: \$100,000</p>
Dependent Life – two levels of optional Dependent Life coverage are available:			
<ul style="list-style-type: none"> \$10,000 / \$1,000 Option: \$10,000 for spouse, \$10,000 for children 6 months to 19 years of age (age 24 if full-time student), and \$1,000 for children under 6 months of age. Available only if employee Life benefit is \$20,000 or more. Employee monthly rate is \$4 per family. \$5,000 / \$500 Option: \$5,000 for spouse, \$5,000 for children 6 months to 19 years (age 24 if full-time student), and \$500 for children under 6 months of age. Employee monthly rate is \$2 per family. <p>AD&D benefits are not available with Dependent Life coverage.</p>	\$10,000 / \$1,000 or \$5,000 / \$500	<p>Employer is not required to contribute toward the cost of Dependent Life coverage.</p> <p>If employees are paying part of the premium, at least 75% of all eligible employees with dependents must participate in Dependent Life coverage.</p>	All amounts are Guaranteed Issue.
Supplemental Life			
<ul style="list-style-type: none"> 100% employee paid Available in four benefit amounts: \$15,000, \$25,000, \$50,000 or \$100,000 (\$100,000 level only available to groups with 11 or more eligible employees) 	\$15,000 \$25,000 \$50,000 or \$100,000	<p>Premiums are 100% employee paid. Required participation depends on group size:</p> <ul style="list-style-type: none"> · 2-3 employees: 100% participation · 4-10 employees: 25% participation (min. 3) · 11-50 employees: 25% participation (min. 3) 	\$15,000 is available for groups with 11-50 eligible employees and at least 25% participation.

A complete package gives you ultimate savings

Now you know all the rewards, savings and benefits you can enjoy when offering Dental, Vision and Life with your Medical package. It's time to give your employees one completely sensational package - from one trusted source.

Here's a quick wrap-up of your discounts and savings:

- **1% Medical savings*** - When you purchase \$25,000 or more of Life along with Medical, you may qualify for 1% savings on your Medical premiums*...making Life insurance more affordable than ever.
- **6% Life savings and 6% Dental savings** - When you purchase both \$25,000 or more of Life and any of our insured Dental plans at the same time, receive 6% savings on your Life premium and 6% savings on your Dental premium.
- **Composite Life Rates** - Enroll 11 or more employees in Life coverage, and you'll automatically get the advantages of a single rate per \$1,000 of Life.

Quite simply, you can save a lot of time and a lot of money when you purchase Medical, Dental, Vision and Life together from one convenient, trusted source.

*Lowest RAF possible is .90.

With one complete package, everyone wins.

Our complete health benefits package offers you:

- One trusted and reliable source with 70 years of experience and outstanding customer service, financial stability and priceless integrity
- One consolidated bill (which means just one premium check)
- One more way to help make your business successful

...and some of the best savings opportunities you'll ever find anywhere.

Give your Anthem Blue Cross Agent a call today!

Exclusions and Limitations Common to All Dental Plans

We will not furnish benefits for:

- **Excess amounts:** Any amounts in excess of the maximum amounts stated in this Plan.
- **Experimental or investigative procedures:** Services which are experimental or investigative in nature.
- **Services provided before or after the term of this coverage:** Services received before your Effective Date or services received after your coverage ends. For individual procedures in a prescribed treatment plan, no benefits will be provided for treatment BEGUN before your Effective Date and/or COMPLETED after your coverage ends. For treatment in progress, service dates shall be determined as follows:
 - Crown: at date of preparation.
 - Denture, partial or complete: at impression date.
 - Root Canal therapy: when tooth is opened.
- **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.
- **Workers' Compensation:** Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under 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 any worker's compensation law or similar law, we will provide the benefits of this Plan for such conditions, subject to our right to a lien or other recovery under section 4903 of the California Labor Code, or other applicable law.
- **Government Services:** Any services you actually received that were provided by a local, state, county or federal government agency except when payment under this Plan is expressly required by Federal or State Law. Anthem Blue Cross 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.
- **Non-Duplication of Medicare:** Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid. Any services for which payment may be obtained from any local, state or federal government agency (except Medi-Cal). If you are eligible for Part B of Medicare and do not enroll in it, we will still reduce the benefits payable under this certificate as if you were enrolled in Part B, and Medicare Part B benefits were paid. It is therefore, important that you enroll in Part B Medicare if you are eligible. Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- **Services from relatives:** 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).
- **Charges for treatment by other than a licensed dentist or physician,** except charges for dental prophylaxis performed by a licensed dental hygienist.
- **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, TMJ) or associated musculature, nerves and other tissues for any reason or by any means; or
 - Any treatment, including crowns, and/or bridges to change the way the upper and lower teeth meet (occlusion); or
 - Treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means including the restoration of vertical dimension because teeth have worn down due to attrition, abrasion, abfraction, erosion or bruxism.
- **Procedures requiring appliances or restorations** (other than those for replacement of structure loss from caries) 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.
 - Splinting.
- **Surgery** necessary in conjunction with orthodontic treatment is not covered.
- **Prescribed drugs, pre-medication or analgesia (including nitrous oxide) are excluded.**
- **Cysts and neoplasms:** Histopathological (examination of cells by microscope) exams and/or the removal of tumors, cysts, neoplasms and foreign bodies.
- **All hospital costs and any additional fees charged by the dentist for hospital treatment.**
- **Services or supplies that are not medically necessary.**

Orthodontic Exclusions and Limitations Common to all Dental Plans That Include Orthodontic Benefits

We will not furnish benefits for:

- **Replacement of lost or stolen orthodontic appliances** or repair of orthodontic appliances broken due to negligence of the Insured.
- **Surgical procedures** incidental to orthodontic treatment, including but not limited to, extraction of teeth, solely for orthodontic reasons, exposure of impacted teeth, correction of micrognathia or macrognathia, or repair of cleft palate.
- **Changes in treatment** necessitated by an accident of any kind.
- **Myofunctional therapy** and related services. (Myofunctional therapy involves the use of muscle exercises as an adjunct to orthodontic mechanical correction or malocclusion.)
- **Treatment of orthodontic cases begun prior to the Insured's effective date of coverage or after the termination of eligibility for coverage.**
- **Treatment related to the joint of the jaw** (temporomandibular joint, TMJ) and/or hormonal imbalance.

Additional Exclusions and Limitations for Dental Blue Silver, Silver Plus, Gold, Gold Plus, Platinum and Platinum Plus plans, and High Option PPO, FFS and Dental Net Plans

We will not furnish benefits for:

- **Oral examinations exceeding two (2) per year.**
- **Prophylaxis (teeth cleaning) exceeding two (2) treatments per year.**
- **More than one (1) set of full-mouth X-rays or a panorex in a three-year period.**
- **Fluoride applications** are limited to once per calendar year up to the age of eighteen (18).
- **Correction of Congenital or Development Malformation:** Dental treatment or expenses incurred in connection with the correction of congenital or developmental malformation (including but not limited to supernumery and/or over retained deciduous teeth).
- **Space maintainers** for Insureds over sixteen (16) years of age.
- **Transfer of care:** If a member 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 shall be liable only for the amount it would have been liable for had one dentist rendered the services.
- **Oral hygiene instruction.**
- **Implants:** Materials implanted into or on bone or soft tissue and all adjunctive services (including but not limited to surgery, prostheses, cleanings, etc.) performed in conjunction with the placement or removal of implants.
- **Replacement of an existing prosthesis** which in the opinion of the dentist is or can be made satisfactory; or which has been lost or stolen.
- **Prosthetic Replacements:** Replacement of fixed or removable prosthesis, if replacement occurs within five (5) years of the original placement, unless the prosthesis is a stayplate used during the healing period for recently extracted anterior teeth. Initial placement of prosthetics if teeth being replaced were missing before the Insured was covered by this plan (teeth extracted prior to this coverage).
- **Services not included as a covered procedure,** unless they are similar in nature to an included procedure; in such event the benefit payable will be based on the most nearly comparable services included.
- **Adjustment, repairs or relines to prostheses** for a period of six (6) months from initial placement if the prostheses were paid for under this Certificate.
- **Prosthetic Services Age Limitations:** Inlays, onlays, crowns, fixed bridges or removable cast partials for patients under sixteen (16) years of age.
- **Replacement of bridges, crowns and cast restorations** including porcelain inlays and porcelain crowns for which benefits were paid by Anthem Blue Cross, if such replacement occurs within five (5) years of the original placement.
- **Replacement of teeth** missing prior to the effective date of coverage with partial dentures, complete dentures, or fixed bridges.
- **Root Canal Frequency:** If multiple endodontic treatments are necessary on the same tooth within a period of one (1) year, the allowance will be made for only one procedure.
- **Extractions:** The extraction of immature erupting third molars and nonpathologic, asymptomatic third molar extractions are excluded.
- **Temporary services** are considered an integral part of the final services rather than a separate service, and are therefore not eligible for benefits.
- **Sealants:** Sealants are limited to one treatment every 36 months per tooth for children under fifteen (15) years of age for permanent unrestored first and second molars.
- **Periodontal Scaling and Root Planing:** Periodontal scaling and root planing will be limited to once per quadrant per 24 months. Polishing of all teeth is considered part of

this treatment. (Does not apply to Dental Net; see below for Dental Net limitation.)

- **Osseous and Mucogingival Surgery:** Osseous and mucogingival surgery will be limited to once per quadrant per 36 months.
- **Gross Debridement:** Allowed one time at the beginning of a periodontal treatment plan. Subsequent requirement for debridement is considered patient neglect and would be the financial responsibility of the Insured.
- **Personalization or Characterization:** Precision attachments, characterization or personalization of dentures is excluded.
- **Crown Lengthening:** Crown lengthening is not covered.
- **Primary Restorations:** Gold, porcelain or resin fillings on primary teeth.

Additional Exclusions and Limitations for Dental Blue Silver Plus Plans

We will not furnish benefits for:

- **Orthodontic Services:** cephalometric film, braces, appliances and all related services.

Exclusions and Limitations Common to All HMO Dental Plans

- **Dental services must be received from the member's participating dental office** unless an exception is specifically authorized by the member's selected participating dental office and/or Anthem Blue Cross in writing.
- **In the event of a member's loss of coverage,** for any reason, and at the time of loss of coverage the member is still receiving orthodontic treatment during the 24-month treatment period, the member and NOT Anthem Blue Cross will be responsible for the remainder of the cost for that treatment, at the contracted fee for the months of treatment remaining.

We will not furnish benefits for:

- **Any treatment to correct a dental condition that resulted from dental services performed by a nonparticipating dentist** while this coverage is in effect, and any dental services started by a non-participating dentist will not be the responsibility of the participating dental office or Anthem Blue Cross for completion.
- **Treatment of fractures or dislocations.**
- **Histopathological exams,** and/or removal of tumors, cysts, neoplasms and foreign bodies.
- **Teeth with questionable, guarded or poor prognosis** are not covered for endodontic, periodontal surgery, or crown and bridge.

Orthodontic Exclusions and Limitations Common to All HMO Dental Plans

- **Orthodontic services must be received from a participating orthodontic office.**

Additional Exclusions and Limitations Specific to the Dental Net Plan

- **We will not furnish benefits for any procedure not specifically listed as a covered service.**
- **Periodontal scaling and root planing** and/or gingival curettage are limited to one course of therapy per quadrant in a 12-month period.
- **Partial dentures** are not eligible for replacement within five (5) years of original placement unless required as a result of additional tooth loss which cannot be restored by modification of the existing partial denture.
- **For crowns, nonremovable bridges and periodontal surgery,** the member must meet the six-month waiting period described in the Exclusions and Limitations section of the Evidence of Coverage before any of these services are covered.
- **Complete and/or partial denture relines** are limited to one per denture in a 12-month period.

- **The use of alloys with 25 percent or more noble metal** content for any restorative procedure is considered optional and, if used, the additional cost for such alloy is the member's responsibility.
- **Removal of impacted teeth** is limited to impactions which show radiographic evidence of pathologic condition or for which the member experiences symptoms of infection, swelling or chronic pain.
- **Pediatric dental specialist services** are limited to \$500 in a 12-month period. Charges exceeding \$500 in a 12-month period are the member's responsibility.
- **For active orthodontic treatment extending beyond the 24-month period**, but before the retention phase begins, the member will be required to pay the participating orthodontist up to \$55 for each additional month of active treatment.
- **Retention services** include initial fabrication, placement, observation and adjustment of passive retention appliances for a 12-month period. The retention services fee of \$250 is the member's responsibility and is payable at the beginning of the retention phase of treatment.

We will not furnish benefits for:

- Any dental treatment which, because of the member's general health, or mental, emotional, behavioral or physical limitations cannot be performed in the participating dental office.
- Tooth implantation or transplantation, orthognathic surgery, soft tissue or osseous grafts, hemisection, root amputation, apexification, alveoloplasty, vestibuloplasty or ostectomy procedures.
- Dental treatment or expenses incurred in connection with periodontal splinting.
- General anesthesia, inhalation sedation, intravenous sedation or intramuscular sedation.

Exclusions and Limitations for Vision Plans

We do not provide Vision benefits for the following services, supplies or charges:

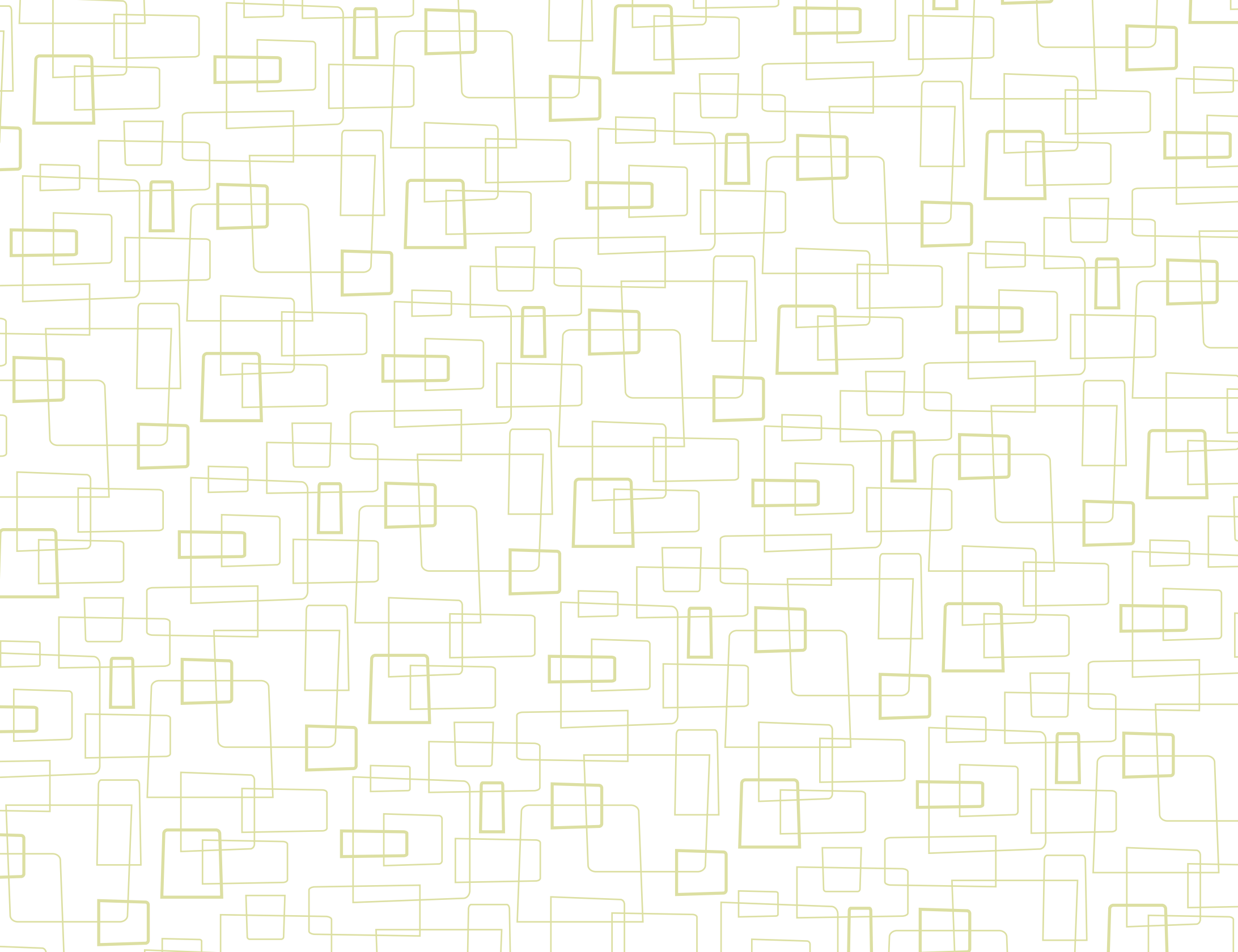
- **Excess amounts:** Any amounts in excess of the maximum amounts stated in this plan.
- **Experimental or investigative procedures:** Services which are experimental or investigative in nature.
- **Services received before your effective date or services received after your coverage ends.**
- **Services for which you are not legally obligated to pay:** Services for which no charge is made to you in the absence of insurance coverage.
- **Workers' Compensation:** Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under 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 any worker's compensation law or similar law, we will provide the benefits of this plan for such conditions, subject to our right to a lien or other recovery under Section 4903 of the California Labor Code, or other applicable law.
- **Government Services:** Any services you actually received that were provided by a local, state, county or federal government agency except when payment under this plan is expressly required by federal or state law. Anthem Blue Cross 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.
- **Non-Duplication of Medicare:** Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid. Any services for which payment may be obtained from any local, state or federal government agency (except Medi-Cal). If you are eligible for Part B of Medicare and do not enroll in it, we will still reduce the benefits payable under this Certificate as if you were enrolled in Part

B, and Medicare Part B benefits were paid. It is therefore important that you enroll in Part B Medicare if you are eligible. Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.

- **Received from an individual or entity that is not a provider**, as defined in this Certificate.
- **Received from a vision or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group.**
- **Services from relatives:** For services or supplies prescribed, ordered, referred by, or received from a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
- **Completion of claim forms** or charges for medical records or reports unless otherwise required by law.
- **Missed or canceled appointments.**
- **Services or supplies primarily for educational, vocational, or training purposes**, except as otherwise specified herein.
- **Any new FDA-approved drug product or technology** (including but not limited to medications, medical supplies, and/or devices) available in the marketplace for dispensing by the appropriate source for the product or technology, including but not limited to pharmacies, is excluded from coverage for the first six months after the date the product or technology received FDA new drug approval or other applicable FDA approval.
- **Sunglasses** and accompanying frames.
- **Safety glasses** and accompanying frames.
- **Inpatient or outpatient** hospital vision care.
- **Orthoptics**, eye exercises or vision training and any associated supplemental testing.
- **Non-prescription** lenses.
- **Two pairs of glasses** in lieu of bifocals.
- **Plano lenses** (lenses that have no refractive power).
- **Medical or surgical treatment** of the eyes.
- **Lost or broken lenses or frames**, unless the Insured has reached his or her normal interval for service when seeking replacements.
- **Services or supplies not specifically listed in the Certificate.**

Exclusions and Limitations for Life Plans

- **The Living Benefit is not payable** if the qualifying condition is due to an intentionally self-inflicted injury or suicide attempt.
- **Supplemental life** also has a two-year suicide exclusion.
- **No AD&D benefits are payable** for a loss caused by or connected with suicide or self-inflicted injury; disease, infection, physical or mental impairment, medical or surgical treatment, or diagnostic or preventive care; taking any drug or chemical unless taken as prescribed by a physician or as directed by the pharmaceutical manufacturer (as defined by state law); auto-erotic asphyxiation; taking part in an assault or felony; duty as a member of any military, naval, or air force; taking part in a riot or in any declared or undeclared war; flying in any aircraft as a pilot or crew member; experimental flying or flying for the purpose of training; riding, driving, or testing a vehicle used in a race or speed contest; taking part in the sports of parachute jumping, sky diving, or hang gliding; or operating a motor vehicle while under the influence of alcohol or drugs as defined by state law.





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