

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

Anthem 
Health. Join In. Blue Cross

HEALTH | DENTAL | VISION | LIFE



Specialty products for California

Now you can complement your health coverage with a complete line of specialty products.

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 health 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 for you, some of the best savings opportunities around.

- **1% health savings*** - when you purchase \$25,000 or more of life along with health, you may qualify for 1% savings on your health 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 health premium!*

* Lowest RAF possible is .90. Your savings reflect administrative savings resulting from multi-line purchases.



Dental coverage

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

Proper oral care is clearly essential to helping maintain good health. 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.¹ Good oral health and early disease detection 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.

And who better to help you provide head-to-toe benefits than Anthem Blue Cross — part of the largest health care benefits company in the country?² Just like you, we want to help achieve healthier employees.

¹ Surgeon General's Report on Oral Health.

² Each affiliated company is a separate, independent legal entity for financial purposes and is solely responsible for its own contractual obligations and liabilities.

Discover our dental choices!

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 and Anthem Blue Cross Life and Health Insurance Company offer a variety of dental PPO, dental 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, since 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 for all of your benefits.
- **Access:** Your employees will have access to a network of more than 19,000 dental PPO providers and provider locations and nearly 6,000 dental HMO providers and provider locations in California alone. Plus, as an Anthem dental member, your employees and their eligible, covered dependents automatically have access to the International Emergency Dental Program administered by DeCare Dental.* With this program, your employees may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.
- **Experience:** We are the 6th largest dental company in the nation. Anthem, and its affiliated companies, administer dental benefits to more than eight million individuals.
- **Service:** With more than 500 associates dedicated to serving our dental customers, your employees can be assured of outstanding customer service.

*DeCare Dental is a wholly-owned subsidiary of the parent company of Anthem Blue Cross.

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.

Now you can get affordable dental options that work just the way you want them to.

Dental PPO plans

Want to give your employees lots of choices?

Our dental PPO plans give your employees the freedom to choose any dentist or specialist. Anthem Blue Cross Life and Health Insurance Company offers several dental PPO plan products:

Dental Blue® PPO plans

Dental Blue offers more value, less hassle

We make it easy to sell with coverage for:

- Diagnostic and preventive services like exams, cleanings and X-rays — at no cost when using an in-network provider
- Fillings at 80% (or even 90%) when using an in-network provider
- More extensive services like oral surgery, crowns and root canals
- Orthodontic services covered on most plans

And there are no waiting periods so employees can take advantage of their dental plan right away. Plus, Dental Blue members who are pregnant or living with diabetes can receive one additional dental cleaning or periodontal maintenance procedure a year. And we'll also reach out to them with our Future Moms and ConditionCare: Diabetes programs if they are enrolled in the 360° Health® program.

Even better, Dental Blue members get extra savings where other carriers leave off. Bottom line: Members get our negotiated pricing when they visit an in-network provider for covered services after they reach their annual maximum (see Page 9 for details).

We're here to help

It comes down to serving our customers, and we set out to do it right from the beginning. Whether it is providing members with access to nearby providers or helping address a concern, we want to make it easy.

If they need help, members can call-888-209-7852, which is answered by a live, domestic customer service representative. Calling after-hours? We can still assist them with our interactive voice-response hotline.

You get access to an industry-leading network

Dental Blue offers employees access to more dentists and specialists than many carriers on the block. With Dental Blue plans, members can choose any dentist, whether or not that dentist is part of our network. However, members will usually save when they see a participating dentist because in-network dentists have agreed to payment rates for various services and cannot charge members more.

Basic, Standard and High Option Dental PPO plans

These dental PPO plans feature:

- The freedom to choose any dentist or specialist participating in our Prudent Buyer network (no referrals needed)
- Access to quality care at discounted fees
- Coverage for both routine visits and more extensive procedures (See Page 10 for details.)

Dental HMO plan

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

Voluntary Dental PPO and Voluntary Dental HMO plans

With our Voluntary Dental PPO and HMO 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 Dental PPO and Voluntary Dental HMO plans can work for you.)



Dental Blue: Silver, Gold and Platinum 100-80 PPO plans

	Dental Blue Silver 100-80		Dental Blue Silver Plus 100-80		Dental Blue Gold 100-80		Dental Blue Gold Plus 100-80		Dental Blue Platinum 100-80		Dental Blue Platinum Plus 100-80	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Out-of-network reimbursement	80th%ile											
Annual Deductible Waived in-network for diagnostic and preventive services (Single/Family)	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Annual Maximum	\$1,000		\$1,500		\$1,500		\$1,500		\$2,000		\$2,000	
Diagnostic and Preventive Cleanings, exams, X-rays	100%	80%	100%	80%	100%	80%	100%	80%	100%	100%	100%	100%
Minor Restorative Fillings	80%	60%	80%	60%	80%	60%	80%	60%	90%	80%	90%	80%
Major Restorative												
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%
Orthodontics 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 Periods	No waiting periods											

Basic, Standard and High Option Dental PPO plans

These dental PPO plans feature:

- The freedom to choose any dentist or specialist participating in our 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 Dental PPO		Standard Option Dental PPO		High Option Dental PPO	
	In-network ¹	Out-of-network ²	In-network ¹	Out-of-network ²	In-network ¹	Out-of-network ²
Annual Deductible – per member/ 3-member family maximum Waived in-network for Diagnostic & Preventive Services ³	\$75/\$225		\$50/\$150		\$50/\$150	
Annual Maximum – per member	\$1,000		\$1,000		\$2,000	
Diagnostic & Preventive 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%
Periodontics (scaling/root planing)	50%	50% of fee schedule	50%	50%	50%	50%
Prosthodontics (crowns, bridges and dentures)	50%	50% of fee schedule	50%	50%	50%	50%
Orthodontic Services	Not covered		Not covered		50% up to \$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 %age applies to negotiated provider fee after the deductible is met.

² %age applies to covered expenses after the deductible is met. Covered expenses on the Basic, Standard and High Option Dental 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.

³ Not applicable to the Basic Option Dental PPO plan.

Dental HMO plan

Dental Net HMO plan

Our Dental Net HMO plan offers:

- Nearly 6,000 dentists to choose from
- Easy-to-use coverage
- No annual deductibles
- No annual maximums
- No waiting periods
- Orthodontic services for children and adults

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

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

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 is offered by Anthem Blue Cross, a health care service plan regulated by the Department of Managed Health Care (DMHC).

Voluntary Dental PPO and Dental HMO plans

You and your employees have choices.

The Voluntary Dental PPO and Voluntary Dental HMO 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 Dental PPO plan gives employees a choice of any dentist and many services offered at a very low cost or even no cost. Diagnostic and preventive 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 Dental PPO plan, diagnostic and preventive 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 health coverage
- A minimum of three participating employees or 25% of eligible employees (whichever is greater) must enroll in the Voluntary Dental PPO 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 dental plans, your employees pay up to 100% of the cost.

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

*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.

† Members using a non-participating dentist are responsible for costs in excess of covered expenses, in addition to their copays and deductibles.

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



A slight miscorrection in vision can reduce productivity by 10% and work accuracy by nearly 40%. Computer eyestrain can reduce productivity by 10% to 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's 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 VisionSM.

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 50,000 across the U.S. and more than 5,400 in California alone), including independent ophthalmologists and optometrists as well as LensCrafters[®], Pearle Vision[®], Sears OpticalSM, Target Optical[®] and JCPenney[®] Optical. 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 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 they've exhausted their covered benefits.

They also enjoy:

- Factory scratch coating on eyeglass lenses included at no additional cost
- Transitions[®] and polycarbonate lenses for children under 19 years old at no additional cost
- Transitions lenses for adults at a fixed price of \$75
- Tiered pricing for premium progressive lenses and premium anti-reflective coatings, limiting members' out-of-pocket costs

Plus, members who have our vision coverage and our 360[°] Health[®] program included in their health plan may now be enrolled in our ConditionCare: Diabetes program if their vision claims include a diabetic-related diagnosis.

- **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.

*American Optometric Association, www.aoanet.org.

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



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

Vision plans

This chart shows you a simple summary for Blue View Plus and Blue View. Complete benefits information, along with exclusions and limitations, are 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 including factory scratch coating, polycarbonate lenses for kids under 19 and Transitions lenses for kids under 19; additional charge for progressive lenses.	
Single vision or Bifocal lenses	No copay	
Trifocal lenses	No copay	
Progressive lenses		
Standard	\$65	
Premium Tier 1	\$91	
Premium Tier 2	\$97	
Premium Tier 3	\$103	
Transitions® lenses	\$75 for adults; no charge for children under age 19	
Frame	Covered up to \$120 retail value. 20% off the balance over the allowance	
Contact lenses	Benefit allowance applies to materials; discount available on fit and follow-up	
Elective		
Conventional	Covered up to \$115 allowance, 15% off balance over allowance	
Disposable	Covered up to \$115 allowance	
Non-elective**	No copay	
Additional savings	Savings available from participating providers	
Out-of-network reimbursement		
Eye examination	Reimbursed up to \$49	
Lenses		
Single vision	Reimbursed up to \$35	
Bifocal lenses	Reimbursed up to \$49	
Trifocal lenses	Reimbursed up to \$74	
Standard progressive lenses	Reimbursed up to \$49	
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 vision PPO plans include choice of eyeglass lenses OR contact lenses, not both.

** Non-elective contact lenses are those prescribed 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 health benefits groups with two or more enrolled employees can get life coverage without going through health underwriting — and there are no health questionnaires to fill out. (See Page 24 for details.)

Improve member productivity and well-being with the Resource Advisor member assistance program.

Life demands a lot, and asking for help can be difficult. That's why Anthem Blue Cross Life and Health Insurance Company offers Resource Advisor, a member assistance program for employees and their families. Resource Advisor provides easy access to confidential support and resources that employees and their families may need to improve their well-being and manage problems before they become an emotional or financial burden. Resource Advisor also includes identity theft victim recovery services and, through our Beneficiary Companion service, beneficiaries (executors of estate) receive assistance with important tasks required at time of death, allowing them to focus on healing.

Enjoy the convenience of one application, one bill.

Only one application form is required for both health 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. That means 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.

* 2009 JHA Life Survey.



Save 1% on your health premium* when you purchase \$25,000 or more of term life coverage along with health. As you'll see, life often pays for itself.

*Lowest RAF possible is .90. Your savings reflect administrative savings resulting from multi-line purchases.

Life coverage

Basic term life coverage

When you offer basic term life coverage, 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 coverage

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 and 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 one or two 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 26 years of age 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 26 years of age 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. three) · 11-50 employees: 25% participation (min. three) 	\$15,000 is available for groups with 11-50 eligible employees and at least 25% participation.

A complete package gives you ultimate savings and convenience

We are your single solution

With Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company, it's all about making your benefits program simpler. And most importantly, making it work well together. Whether it's health, dental, vision or life, we're in it to help your employees get healthier.

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

- **1% health savings*** – When you purchase \$25,000 or more of life along with health, you may qualify for 1% savings on your health 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 health, dental, vision and life together from one convenient, trusted source.

*Lowest RAF possible is .90. Your savings reflect administrative savings resulting from multi-line purchases.

With one complete package, everyone wins.

Our complete health benefits package offers you:

- One reliable source with 70 years of experience, outstanding customer service and financial stability.
- 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 find anywhere.

Plus, with our EmployerAccess tool, you can manage your employees' dental, vision and life plans – and pay your bills – all in one seamless online experience.

Give your 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 the Dental Blue Silver, Silver Plus, Gold, Gold Plus, Platinum and Platinum Plus plans, the High Option Dental PPO plan and the Dental Net Dental HMO plan

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 the Dental Blue Silver Plus plan

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 Dental HMO 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% 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, alveoplasty, 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 Health 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 health 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, Health 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.**
- **For services or supplies** combined with any other offer, coupon or in-store advertisement.
- **Benefit is not available** on certain frame brands in which the manufacturer imposes a no discount policy.

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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