

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



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

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

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

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



## Our off-exchange standalone coverage: dental and vision plans to make you smile

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

## All-in-one or à la carte: dental and vision benefits included in your medical plan versus separate plans

You can buy a medical plan that includes dental and vision benefits, or you can buy separate plans. You may want to think about buying your dental and vision separate from your medical plan. This is because separate plans usually offer more choices and may have more benefits to meet your needs.

The main differences for you would be how you apply for coverage and how you are billed.

## Anthem dental plans

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

- Dental Prime for Individuals and Families
- Anthem Dental Blue
- Dental Select HMO

With our Dental Prime plans, you get personalized advice on dental health care with our “Ask a Hygienist” email service.



## Anthem vision plans

Our Blue View Vision<sup>SM</sup> plan is available to purchase with any Anthem health and/or dental plan. With over 33,000 eye doctors at over 26,000 locations, you can get your eye care and eyewear just about anywhere. You can call or go online at 1-800 CONTACTS<sup>®</sup>, visit a private practice eye doctor, or go in-store to LensCrafters<sup>®</sup>, Sears Optical<sup>SM</sup>, Target Optical<sup>®</sup> and JCPenney<sup>®</sup> Optical.

Enjoy the convenience of having only one ID card when you purchase your health, dental and/or vision plan with Anthem. Plus, you will receive a combined bill for all your Anthem plans.

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

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

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

### Dental

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

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

### Vision

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

### Essential health benefits include dental and vision

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

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

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

- A standalone adult or family dental plan that includes pediatric dental essential health benefits coverage.

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

### Pediatric vision essential health benefits

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

With these plans:

- Covered children can choose from a selection of frames and contact lenses.
- Glasses with Transitions<sup>®</sup> lenses (to protect eyes from UV rays) and polycarbonate lenses with scratch coating (to protect lenses from damage) are available at no extra charge.

## Buying on exchange versus off exchange

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

### On exchange

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

To learn more, visit your state exchange's website at [coveredca.com](http://coveredca.com).

### Off exchange

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

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

Cost shares are shown as to what the consumer pays	Dental Prime Plan A	Dental Prime Plan B	Dental Prime Plan C
	In-network/Out-of-network	In-network/Out-of-network	In-network/Out-of-network
Dental network	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services)	None	\$50/\$50	\$50/\$50
Annual maximum (per person)	\$500/\$500	\$1,000/\$1,000	\$1,250/\$1,250
Annual out-of-pocket limit	None	None	None
Diagnostic and preventive	No waiting period	No waiting period	No waiting period
Cleaning, exams, X-rays	0%/0% coinsurance	0%/0% coinsurance	0%/0% coinsurance
Extra cleaning	One extra cleaning per year for those who are pregnant or diabetic	One extra cleaning per year for those who are pregnant or diabetic	One extra cleaning per year for those who are pregnant or diabetic
Basic services	Not covered	Six-month waiting period	Six-month waiting period
Fillings	Not covered	20%/20% coinsurance	20%/20% coinsurance
Brush biopsy	Not covered	20%/20% coinsurance	20%/20% coinsurance
Complex and major services	Not covered	12-month waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50%/50% coinsurance	50%/50% coinsurance
Prosthetics (crowns, dentures, bridges)	Not covered	Not covered	50%/50% coinsurance
Cosmetic orthodontia	Not covered	Not covered	Not covered
International Emergency Dental Program	Included	Included	Included
Blue View Vision <sup>SM</sup> coverage	Available	Available	Available

1 With our Dental Blue PPO Basic and Dental Blue PPO Enhanced Plans, the deductible is waived for diagnostic and preventive services received in our network.

2 The six-month waiting period for basic services applies only on fillings where there is no member copay.

3 \$1,000 lifetime maximum for cosmetic orthodontia (\$500 per year).

This is only a brief description of some plan benefits. Please refer to the *Certificate of Coverage* for more complete details including benefits, limitations and exclusions.

## Our dental plans come with the International Emergency Dental Program<sup>†</sup>

Members who travel outside of the U.S. have access to emergency dental services. With one call, we can help you find a credentialed, English-speaking dentist for your urgent dental care needs. We can even help with translation services when you call the dentist's office. Services you get through this program don't count toward your yearly limit, if your plan has one.

Dental Blue PPO Basic	Dental Blue PPO Enhanced	Dental Select HMO
<b>In-network/Out-of-network</b>	<b>In-network/Out-of-network</b>	<b>In-network/Out-of-network</b>
Dental Blue 100	Dental Blue 100	Dental Select HMO
\$25/\$25 <sup>1</sup>	\$50 per person/\$150 per family <sup>1</sup>	None
\$500/\$500	\$1,250/\$1,250	None
None	None	None
No waiting period	No waiting period	No waiting period
0%/20% coinsurance	0%/20% coinsurance	Copay
Not covered	Not covered	Not covered
Six-month waiting period	Six-month waiting period	Six-month waiting period <sup>2</sup>
20%/40% coinsurance	20%/40% coinsurance	Copay
Not covered	Not covered	Not covered
Not covered	12-month waiting period	No waiting period
Not covered	50%/50% coinsurance	Copay
Not covered	50%/50% coinsurance	Copay
Not covered	\$100 deductible, then 50% coinsurance/\$100 deductible, then 50% coinsurance <sup>3</sup>	Copay
Included	Included	Included
Available	Available	Available

To find a Dental provider near you, visit [anthem.com/mydentalvision](https://www.anthem.com/mydentalvision).  
Choose the Find Dental Providers link and then select your dental plan.



## Dental Prime for Individuals and Families

Our Dental Prime plans cover routine care (like exams, cleanings and X-rays) with no waiting periods, so you can use those benefits right away. Because there are three plan options, you can choose a plan that fits your needs and budget.

Cost shares are shown as to what the consumer pays	Dental Prime Plan A	Dental Prime Plan B	Dental Prime Plan C
	In-network/Out-of-network	In-network/Out-of-network	In-network/Out-of-network
Dental network	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services)	None	\$50/\$50	\$50/\$50
Annual maximum (per person)	\$500/\$500	\$1,000/\$1,000	\$1,250/\$1,250
Annual out-of-pocket limit	None	None	None
Diagnostic and preventive	No waiting period	No waiting period	No waiting period
Cleaning, exams, X-rays	0%/0% coinsurance	0%/0% coinsurance	0%/0% coinsurance
Extra cleaning	One extra cleaning per year for those who are pregnant or diabetic	One extra cleaning per year for those who are pregnant or diabetic	One extra cleaning per year for those who are pregnant or diabetic
Basic services	Not covered	Six-month waiting period	Six-month waiting period
Fillings	Not covered	20%/20% coinsurance	20%/20% coinsurance
Brush biopsy	Not covered	20%/20% coinsurance	20%/20% coinsurance
Complex and major services	Not covered	12-month waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50%/50% coinsurance	50%/50% coinsurance
Prosthetics (crowns, dentures, bridges)	Not covered	Not covered	50%/50% coinsurance
Cosmetic orthodontia	Not covered	Not covered	Not covered
International Emergency Dental Program	Included	Included	Included
Blue View Vision <sup>SM</sup> coverage	Available	Available	Available

This is only a brief description of some plan benefits. Please refer to the *Certificate of Coverage* for more complete details including benefits, limitations and exclusions.

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

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

- **A broad, convenient group of national providers** — Blue View Vision providers include more than 33,000 private practice doctors and more than 26,000 locations. This includes the nation's leading retail stores like LensCrafters<sup>®</sup>, Sears Optical<sup>SM</sup>, Target Optical<sup>®</sup> and JCPenney<sup>®</sup> Optical locations. These stores offer evening and weekend hours. You can also use your benefits at 1-800 CONTACTS<sup>®</sup>.
- **A complete picture of your health between your eye care and health care providers** — Only from Anthem Blue Cross. With Blue View Vision, network eye care providers can now see data about a patient's eye health — including patient summaries, diagnoses, lab results and prescriptions. And they can share your eye health information with other network providers. So all network providers can better understand your whole health. This means they can give better, more holistic care.
- **"Add-ons" at no extra charge** — Factory scratch coating on eyeglass lenses is included at no extra cost. Transitions<sup>®</sup> and polycarbonate lenses for kids younger than 19 can be added at no extra cost.
- **Negotiated rates for other "add-ons"** — Includes Transitions lenses for adults at a fixed price, as well as tiered pricing for premium progressive lenses and premium anti-reflective coatings. This helps to reduce your out-of-pocket costs.
- **Value-added savings** — You can enjoy more savings of 15% to 40% on unlimited purchases of most extra pairs of eyewear, conventional contact lenses, lens treatments, specialized lenses and various accessories — even after you've used all of your covered benefits.

Vision care services	Benefit frequency	Participating services
Eye exam (with dilation as needed)	Once every 12 months	\$20 copay
Standard plastic (CR39) lenses <sup>†</sup>	Once every 24 months	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once every 24 months	
Elective (conventional and disposable)		\$80 allowance
Non-elective		Covered in full
Frames	Once every 24 months	\$130 allowance

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



## Dental Blue PPO plans

We offer two Dental Blue PPO plans — Dental Blue Basic and Dental Blue Enhanced. Both plans use the Dental Blue 100 network.

**Dental Blue Basic** offers essential coverage at a value price:

- Diagnostic and preventive coverage for services like cleanings, exams and X-rays
- Basic coverage for fillings
- Benefits for stainless steel crowns and pulpotomies (removing infected portions of the pulp tissue) on primary (baby) teeth

**Dental Blue Enhanced** offers more coverage:

- Diagnostic and preventive services
- Benefits for basic services
- Major services like crowns, periodontal (gum-related) procedures, oral surgery and root canals
- Orthodontic coverage for children after a 12-month waiting period, with a separate lifetime limit of \$1,000 (\$500 per year)

Cost shares are shown as to what the consumer pays

	Dental Blue PPO Basic	Dental Blue PPO Enhanced
	In-network/Out-of-network	In-network/Out-of-network
Dental network	Dental Blue 100	Dental Blue 100
Deductible (per person, all services)	\$25/\$25 <sup>1</sup>	\$50 per person /\$150 per family <sup>1</sup>
Annual maximum (per person)	\$500/\$500	\$1,250/\$1,250
Annual out-of-pocket limit	None	None
Diagnostic and preventive	No waiting period	No waiting period
Cleaning, exams, X-rays	0%/20% coinsurance	0%/20% coinsurance
Extra cleaning	Not covered	Not covered
Basic services	Six-month waiting period	Six-month waiting period
Fillings	20%/40% coinsurance	20%/40% coinsurance
Brush biopsy	Not covered	Not covered
Complex and major services	Not covered	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50%/50% coinsurance
Prosthetics (crowns, dentures, bridges)	Not covered	50%/50% coinsurance
Cosmetic orthodontia	Not covered	\$100 deductible, then 50% coinsurance/\$100 deductible, then 50% coinsurance <sup>2</sup>
International Emergency Dental Program	Included	Included
Blue View Vision <sup>SM</sup> coverage	Available	Available

<sup>1</sup> With our Dental Blue PPO Basic and Dental Blue PPO Enhanced Plans, the deductible is waived for diagnostic and preventive services received in our network.

<sup>2</sup> \$1,000 lifetime maximum for cosmetic orthodontia (\$500 per year).

This is only a brief description of some plan benefits. Please refer to the *Certificate of Coverage* for more complete details including benefits, limitations and exclusions.

## Savings beyond your plan benefits

With our dental plans, members get more for their money. For example, members can still pay our negotiated (lower) rates for covered services from in-network dentists:

- **During waiting periods.**
- **When they've gone over their yearly limit.**
- **When they've used up their benefits. (For example, if a plan covers two cleanings each year and a member goes for a third cleaning, the member would still pay our negotiated rate for that third cleaning.)**

## Dental Select HMO counties

The Dental Plan's current service area comprises the following counties and parts of counties: Alameda, Contra Costa, El Dorado except for Placerville and Lake Tahoe, Fresno, Kern except for Delano, Mojave, Taft, and Tehachapi, Kings except for Hanford, Los Angeles, Marin, Monterey except for Salinas, Orange, Placer except for Lake Tahoe, Riverside except for Banning/Beaumont, Blythe, Twenty-Nine Palms and vicinity and Yucca Valley, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz except for Santa Cruz, Solano, Sonoma, Tulare except for Visalia, Ventura except for Santa Paula/Fillmore.

Cost shares are shown as to what the consumer pays

	Dental Select HMO
	In-network/Out-of-network
Dental network	Dental Select HMO
Deductible (per person, all services)	None
Annual maximum (per person)	None
Annual out-of-pocket limit	None
Diagnostic and preventive	No waiting period
Cleaning, exams, X-rays	Copay
Extra cleaning	Not covered
Basic services	Six-month waiting period <sup>1</sup>
Fillings	Copay
Brush biopsy	Not covered
Complex and major services	No waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Copay
Prosthetics (crowns, dentures, bridges)	Copay
Cosmetic orthodontia	Copay
International Emergency Dental Program	Included
Blue View Vision <sup>SM</sup> coverage	Available

<sup>1</sup> The six-month waiting period for basic services applies only on fillings where there is no member copay.

This is only a brief description of some plan benefits. Please refer to the *Certificate of Coverage* for more complete details including benefits, limitations and exclusions.

## Save time and money with smart provider choices

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

	Network dentist	Non-network dentist
What you pay the provider	<ul style="list-style-type: none"> <li>Your deductible</li> <li>The percentage that's not covered by your insurance</li> </ul>	<ul style="list-style-type: none"> <li>Your deductible</li> <li>The percentage that's not covered by your insurance</li> <li>The difference between what the provider charges and the total amount we allow to be paid for a service</li> </ul>
Claims paperwork	<ul style="list-style-type: none"> <li>Your provider sends claims to us</li> <li>We pay the provider directly</li> </ul>	<ul style="list-style-type: none"> <li>You or your provider may submit your claims to us</li> <li>We pay you or your provider for covered expenses</li> </ul>

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

- Network providers have agreed, by contract, to payment rates for services and cannot charge you more than these negotiated rates. If you have coinsurance or a deductible, you pay those amounts.
- Non-network providers don't have a contract with us. They can charge you the difference between the total amount we allow to be paid for a service and the amount they normally charge for a service (plus your coinsurance or deductible).

# How to enroll

Sign up today for our dental and vision plans!

**Online:** Go to [anthem.com/ca](https://www.anthem.com/ca) and select **Shop For Insurance** to get your free quote and enroll.

**Paper:** Fill out and sign the appropriate form. Then give the form to your agent or mail it to us at the address listed on the form.



BARRICKS INSURANCE SERVICES  
276 N EL CAMINO REAL #6  
OCEANSIDE, CA 92058  
PHONE: 877-566-5454

<http://www.barricksinsurance.com>



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

\* Oral Diagnosis, Oral Medicine and Treatment Planning, 1994, S. Bricker, R. Langlais and C. Miller.

\*\* All About Vision website: *Why Are Eye Exams Important?* (May 2011); [allaboutvision.com/eye-exam/importance.htm](http://allaboutvision.com/eye-exam/importance.htm).

\*\*\* American Academy of Ophthalmology website: *Eye Diseases* (March 13, 2008) [geteyesmart.org](http://geteyesmart.org).

† The International Emergency Dental Program is managed by DeCare Dental. DeCare Dental is an independent company offering dental management services to Anthem Blue Cross.



# Individual dental and vision premiums for California



## For policies with effective dates of 01/01/2015 through 12/01/2016

We know that you have choices when it comes to health care coverage. Anthem Blue Cross (Anthem) gives you access to complete dental coverage and one of the largest dental networks in the state. But cost is important to you, too.

Because insurance can be a big part of your budget, we make every effort to keep our costs low — so you pay less for coverage. The price you pay for your dental premium depends on several things, including how much dental care costs and where you live.

### How much will I pay each month for dental coverage?

Premiums are often set by rating areas. In such a case, to find your monthly cost, look for your rating area based on the ZIP code or county where you live. Then look at the rate charts. Different plans will have different rating areas and rate tables.



## Dental Blue PPO plans

### Where plans are offered

Not all of our Dental Blue plans are offered in all counties. These are the counties where the Dental Blue plan networks are limited:\*

Area 3: Alpine, Inyo, Mono; Area 4: Calveras; Area 5: Del Norte, Humboldt, Lake, Lassen, Sierra, Siskiyou, Trinity

### Rating Area

Alameda	ZIP codes starting with 945, 946 and 953 except 94505, 94514 All other Alameda ZIPs	Area 4 Area 3
Alpine		Area 3
Amador		Area 3
Butte		Area 5
Calaveras		Area 4
Colusa	95957 All except 95957	Area 3 Area 5
Contra Costa	All except 94551 94551	Area 3 Area 4
Del Norte		Area 5
El Dorado		Area 3
Fresno	93313 All except 93313	Area 5 Area 6
Glenn		Area 5
Humboldt		Area 5
Imperial	92225 and 92274 92004 All except 92225, 92274, 92004	Area 4 Area 5 Area 6
Inyo	All except 93527 93527	Area 3 Area 6
Kern	ZIP codes starting with 933 All other Kern ZIPs	Area 5 Area 6
Kings		Area 6
Lake		Area 5
Lassen		Area 5
Los Angeles	ZIP codes starting with 901-904 and 913 ZIP codes starting with 905-908, 935, 91709 and 93243 ZIP codes starting with 900, 914 or 916 ZIP codes starting with 910-912, 915, 917 or 918, except 91709	Area 4 Area 6 Area 2 Area 7

Madera		Area 6
Marin		Area 1
Mariposa	95329 All except 95329	Area 4 Area 6
Mendocino		Area 5
Merced	95380 All except 95380	Area 4 Area 6
Modoc		Area 5
Mono		Area 3
Monterey	All except 95076 and 93451 95076 93451	Area 1 Area 4 Area 6
Napa	94589, 94590 All except 94589, 94590	Area 3 Area 5
Nevada	95602 All except 95602	Area 3 Area 5
Orange	ZIP codes starting with 926 All other Orange ZIPs	Area 5 Area 6
Placer	All except 95692, 96161 95692, 96161	Area 3 Area 5
Plumas		Area 5
Riverside	ZIP codes starting with 922 except 92248 92028 All other Riverside ZIPs	Area 4 Area 5 Area 6
Sacramento	ZIP codes starting with 958 All other Sacramento ZIPs	Area 5 Area 3
San Benito	93930, 95004 All except 93210, 93930, 95004 93210	Area 1 Area 4 Area 6
San Bernardino	All except 91766, 91792 91766 and 91792	Area 6 Area 7
San Diego		Area 5
San Francisco		Area 3

San Joaquin	94505, 94514, 95632, 95690 All except 94505, 94514, 95632, 95690	Area 3 Area 4
San Luis Obispo	93426 All except 93426	Area 1 Area 6
San Mateo	All except 94303 94303	Area 1 Area 3
Santa Barbara		Area 6
Santa Clara	ZIP codes starting with 940, 943 94550, 95023, 95076 All other Santa Clara ZIPs	Area 3 Area 4 Area 5
Santa Cruz	All except 95033 95033	Area 4 Area 5
Shasta		Area 5
Sierra		Area 5
Siskiyou		Area 5
Solano	All except 94503, 95616, 95618, 95694 94503, 95616, 95618, 95694	Area 3 Area 5
Sonoma		Area 5
Stanislaus	All except 95322 95322	Area 4 Area 6
Sutter	All except 95645, 95692, 95836, 95948, 95837 95645, 95692, 95836, 95837, 95948	Area 3 Area 5
Tehama		Area 5
Trinity		Area 5
Tulare		Area 6
Tuolumne	95230, 95329 All except 95230, 95329	Area 4 Area 6
Ventura	ZIP codes starting with 930 or 932 All other Ventura ZIPs	Area 6 Area 4
Yolo		Area 5
Yuba		Area 5

## Dental Blue Basic (Monthly Rates)

	Area						
	1	2	3	4	5	6	7
Member	\$26.00	\$28.00	\$24.00	\$25.00	\$24.00	\$23.00	\$25.00
Member and spouse	\$50.00	\$54.00	\$47.00	\$48.00	\$47.00	\$44.00	\$49.00
Member and child	\$56.00	\$61.00	\$53.00	\$54.00	\$53.00	\$49.00	\$54.00
Member and children	\$94.00	\$102.00	\$89.00	\$90.00	\$89.00	\$83.00	\$91.00
Member and family	\$115.00	\$124.00	\$108.00	\$110.00	\$108.00	\$101.00	\$111.00
One Child	\$29.00	\$32.00	\$28.00	\$28.00	\$28.00	\$26.00	\$28.00
Two Children	\$59.00	\$64.00	\$55.00	\$56.00	\$55.00	\$52.00	\$57.00
Three+ Children	\$96.00	\$103.00	\$90.00	\$92.00	\$90.00	\$84.00	\$92.00

## Dental Blue Enhanced (Monthly Rates)

	Area						
	1	2	3	4	5	6	7
Member	\$50.00	\$61.00	\$50.00	\$56.00	\$55.00	\$52.00	\$70.00
Member and spouse	\$95.00	\$116.00	\$95.00	\$106.00	\$104.00	\$97.00	\$131.00
Member and child	\$90.00	\$110.00	\$90.00	\$100.00	\$99.00	\$92.00	\$125.00
Member and children	\$145.00	\$177.00	\$146.00	\$162.00	\$160.00	\$149.00	\$201.00
Member and family	\$183.00	\$224.00	\$184.00	\$204.00	\$202.00	\$188.00	\$254.00
One Child	\$38.00	\$47.00	\$38.00	\$43.00	\$42.00	\$39.00	\$53.00
Two Children	\$76.00	\$93.00	\$77.00	\$85.00	\$84.00	\$78.00	\$106.00
Three+ Children	\$125.00	\$152.00	\$125.00	\$139.00	\$137.00	\$128.00	\$173.00

## Dental Prime

Premiums	Plan A monthly		Plan B monthly		Plan C monthly	
	Under age 65	Age 65 and over	Under age 65	Age 65 and over	Under age 65	Age 65 and over

ZIP codes starting with 922-925, 932-938, 952-953, 955, 959-961

Individual	\$24.05	\$25.00	\$37.05	\$39.65	\$46.80	\$53.35
Individual + one	\$46.75	\$48.65	\$72.05	\$77.05	\$91.00	\$103.75
Family	\$74.85	\$77.80	\$115.25	\$123.30	\$145.60	\$166.00

ZIP codes starting with 900-921, 926-931, 939, 942, 954, 956-958

Individual	\$28.95	\$30.10	\$44.60	\$47.70	\$56.35	\$64.20
Individual + one	\$56.30	\$58.55	\$86.70	\$92.80	\$109.55	\$124.85
Family	\$90.10	\$93.70	\$138.75	\$148.45	\$175.25	\$199.80

ZIP codes starting with 940-941, 943-951

Individual	\$32.30	\$33.60	\$49.75	\$53.25	\$62.85	\$71.65
Individual + one	\$62.80	\$65.35	\$96.75	\$103.50	\$122.20	\$139.35
Family	\$100.50	\$104.50	\$154.80	\$165.65	\$195.55	\$222.95

## Blue View Vision<sup>SM</sup> plans

This vision option is available when combined with any Anthem medical and/or dental plans.

Premiums	Monthly
Individual	\$7.98
Individual + one	\$13.97
Family	\$22.35

## Dental SelectHMO counties

The Dental Plan's current service area comprises the following counties and parts of counties: Alameda County, Contra Costa, El Dorado except for Placerville and Lake Tahoe, Fresno, Kern except for Delano, Mojave, Taft, and Tehachapi, Kings except for Hanford, Los Angeles Marin Monterey except for Salinas, Orange Placer except for Lake Tahoe, Riverside except for Banning/Beaumont, Blythe, Twenty-Nine Palms and vicinity and Yucca Valley, Sacramento San Bernardino San Diego San Francisco San Joaquin San Luis Obispo San Mateo Santa Barbara Santa Clara Santa Cruz except for Santa Cruz, Solano Sonoma Tulare except for Visalia, Ventura except for Santa Paula/Fillmore.

Monthly rates for Dental SelectHMO plan enrollees for all ages*	
Single	\$17.40
Two people (member and spouse or member and child)	\$35.50
Family (three or more) (member, spouse and child or member and children)	\$53.30

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\* Subject to change.

Rates apply to members under age 65 and are subject to change (except where noted).

As of January 1, 2014, the Affordable Care Act (ACA) or health care reform law, requires health insurers to pay an annual fee to fund premium subsidies and Medicaid expansion. This fee applies to fully insured dental and vision plans. The monthly premiums listed above include the ACA insurer fee.

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