Dental SelectHMO plan for individuals and families



Dental benefits you can smile about!

Dental care is important to your health

Besides helping you keep a great smile, regular dental check-ups can help find early warning signs of health issues. That's one reason why it's so important to take good care of your teeth and gums. And the Dental SelectHMO plan from Anthem Blue Cross can help make it easy and affordable.

How the Dental SelectHMO plan works

Our Dental SelectHMO plan offers full coverage designed to fit your budget. To be covered, you have to get services from a dentist in the Anthem Blue Cross Dental SelectHMO dental network. You can choose from more than 6,600 locations in California.

It's easy to find a network dentist. Visit anthem.com/ca. Choose the "Find a doctor" tool.

Once you become a member, you can start using your benefits (for most services) right away. And you won't have to meet any deductibles. (A deductible is the amount of money you have to pay out of pocket before Anthem Blue Cross pays for any services.)

Each time you visit an in-network dentist, you pay a low \$5 office visit copay. (A copay is the amount you pay for a visit, service or procedure.) Depending on what service you have, you may also have a separate copay for that service. Services such as cleanings, exams and X-rays are covered in full with no other copays. Charts on the next page show examples of dental services and copays under the plan.

What Dental SelectHMO costs

Take advantage of the plan's many features, including no deductibles and no yearly maximums. The best part: people of any age may apply!

Monthly rates (effective 5/1/11) for Dental SelectHMO plan enrollees under age 65 ¹		Monthly rates (effective 3/1/10) for Dental SelectHMO plan enrollees age 65 and older	
Single	\$17.40	Single	\$13.00
Two people (member and spouse or member and child)	\$35.50	Two people (member and spouse or member and child)	\$26.00
Family (three or more) (member, spouse and child or member and children)	\$53.30	Family (three or more) (member, spouse and child or member and children)	\$39.00

Dental HMO plans provided by Anthem Blue Cross. Dental PPO plans provided by Anthem Blue Cross Life and Health Insurance Company. Life plans offered by Anthem Blue Cross Life and Health Insurance Company. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. **ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Dental SelectHMO counties

Dental SelectHMO is available if you live in the counties of Alameda, Contra Costa, Fresno, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara and Ventura.

There is limited availability in the counties of Butte, El Dorado. Imperial, Kern, Madera, Marin, Monterey, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Tuolumne and Yolo.¹

Basic dental care covered benefits

These copays are only for services from an in-network dentist. Specialty services by an in-network specialty dentist are on a separate schedule of costs. Check the contract schedule for details.

Dental services	Copays
Office visit	\$5
Diagnostic care (X-ray)	4.0
Oral exams	No charge
X-rays	No charge
Preventive care	
Routine cleanings (adult and child)	No charge ²
Topical fluoride (child)	No charge
Restorative care	
Permanent filling - 1 surface amalgam	No charge ³
Permanent filling - 2 surfaces amalgam	No charge ³
Permanent filling - 3 surfaces amalgam	No charge ³
Permanent filling - 4 or more surfaces amalgam	No charge ³
Permanent filling - 1 surface posterior	0
resin composite	\$75
	E-1-1-100

Ready to get covered?

To apply, follow the directions on the Individual Dental SelectHMO Plan Enrollment Application. Note: You must choose a general dentist who is in-network and write the dentist's name on your application. You and your dependents must select the same in-network general dentist.

Send your application (and payment, if required) to your independent agent or to Anthem Blue Cross.

To submit to Anthem Blue Cross

You may fax to (866) 931-1829 if you are:

- · paying by electronic check,
- · paying first month's premium by credit card, or
- · signing up for monthly checking deduction.

If paying by paper check, please mail to the address below that applies to you:

Dental SelectHMO Plan enrollees under 65:

Anthem Blue Cross P.O. Box 9051 Oxnard, CA 93031-9051

Dental SelectHMO Plan enrollees over 65:4

Anthem Blue Cross P.O. Box 9063 Oxnard, CA 93031-9063

Even more plan benefits

Dental services	Copays
ndodontic care (root canals)	
Root canal	
anterior	. \$289
bicuspid	. \$341
molar	
ulpotomy	. \$62
eriodontal care (gums)	
caling/root planning per quadrantingivectomy	. \$1013
per tooth	. \$72
per quadrant	. \$194
sseous surgery per quadrant	. \$520
ral surgery	. 4520
xtraction (single tooth)	. \$60³
npaction	. 400
soft tissue	. \$136
partial bony	. \$176
complete bony	. \$200
rosthodontic care (crowns, bridges, dentures)	
rown - porcelain fused high noble metal	. \$432
omplete upper or lower dentures	. \$577
artial denture	\$430
enture (broken tooth repair)	\$57
rthodontic care (braces)	
thodontics (child)	\$2,870
thodontics (adult)	\$3,045
etention	\$210
osmetic care	
esin filling (permanent, one surface, posterior)	\$75
bial veneer (laminate) - chairside	\$187
ther services	
fice visit after hours	\$56
cal anesthesia	\$14

This gives only a brief description of some plan features. This is not the insurance contract. Only the Certificate of Coverage ("Certificate") rules apply. Please see your Certificate for more details, benefits, limitations and exclusions. If there are any conflicts between the information in the Certificate and the information listed here, the information in the Certificate applies.

For a full description of all dental benefits, limitations and exclusions, please contact your Anthem Blue Cross sales rep.



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- 1 Subject to change.
- 2 First two treatments in 12 consecutive months. All extra treatments within a 12-month period require copays of \$44 for adults and \$35 for children.
- 3 You must meet a six-month waiting period before these benefits are payable.
- 4 Eligibility, rates and billing options for the Dental SelectHMO plan vary for individuals over 65. Please contact your agent or call 800-765-2585 for more information.