

Comprehensive dental benefits for you and your family

Choose a Dental Blue plan

Regular dental check-ups and cleanings are important to your overall health. That's why we give you the option of adding one of our Dental Blue plans to your Anthem health coverage.*

- Dental Blue Basic 100:** Provides coverage for the basics, including routine dental check-ups and fillings. If your dental needs are simple, this may be the right plan for you.
- Dental Blue Essential 100*:** Includes coverage for the basics, plus services like crowns, bridges, root canals and dentures. If you think you may need a plan that offers more comprehensive benefits, this is the right plan for you.
- Dental Blue Essential 200:** Has basically the same coverage as Dental Blue Essential 100 but gives you wider choice of network dentists in exchange for a slightly higher cost. If your favorite dentist is in our larger network, this plan may be the best choice for you.

Save more by using our Dental Blue networks

While all three Dental Blue plans allow you to go to any dentist, you'll save the most money when choosing a dentist from your plan's dental provider network. There are two Dental Blue networks:

- **Dental Blue 100 network:** This is the value network for our Dental Blue 100 plans. Dental Blue Basic 100 and Essential 100* members can save the most on dental care when they choose a dentist from this network.
- **Dental Blue 200 network:** Includes the entire 100 network plus even more choices of dentists and specialists. Dental Blue Essential 200 members can save the most on dental care when they choose a dentist from this network.



Compare benefits side by side

Plan Names	Dental Blue Basic 100	Dental Blue Essential 100*	Dental Blue Essential 200	All Dental Blue Plans
Annual Maximums	\$500 per member	\$1,000 per member		
Networks	Dental Blue 100		Dental Blue 200 (includes all Dental Blue 100 dentists)	You'll benefit from negotiated rates at Dental Blue providers.
Diagnostic and preventive services	100% covered within plan network. Pays set amounts out-of-network. Includes routine check-ups, cleanings, X-rays and fluoride applications.	100% covered within plan network. Pays set amounts out-of-network. Includes routine check-ups, cleanings, X-rays, fluoride applications and space maintainers.		No waiting period; no deductible in or out-of-network; covers two routine cleanings and oral exams per year; molar/bicuspid X-rays; full mouth X-rays covered once every five years.
Minor restorative dental services	80% covered within plan network after \$50 deductible**. Pays set amounts out-of-network. Includes fillings and space maintainers. Extractions not covered.	Pays set amounts within plan network and out-of-network after \$50 deductible.** Includes fillings and simple extractions.		No waiting period
Major restorative dental services	Not covered	Pays set amount within plan network and out-of-network after \$50 deductible.** Includes oral surgery, prosthodontics (i.e., crowns, bridges, and dentures), endodontics (i.e., root canals), and periodontics (i.e., scaling and root planing).		12-month waiting period with Dental Blue Essential plan options.
Monthly Rates by age range				
Adult (19-64)	\$15.00	\$17.50	\$22.00	
Child (0-18)	\$10.50	\$12.50	\$15.50	

*Dental Blue Essential 100 is not available with Premier, SmartSense® or Lumenos® HSA plans

** Per member, per calendar year

Your fee schedule is included in your Individual Dental Contract.

All plans include discounts on non-covered services like teeth whitening and orthodontia.

This is only a summary of Dental Blue benefits. For complete benefit details, please refer to your Individual Dental Contract.

Is your dentist in our Dental Blue networks? Go to anthem.com to find out.

In Missouri (excluding 30 counties in the Kansas City area): Anthem Blue Cross and Blue Shield is the trade name for RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Choosing a dentist. You have the freedom to visit any dental provider. However, your dentist choice can make a difference in the amount you pay. The choice is yours!

Dental Blue Basic 100 and Dental Blue Essential 100 – Using a dentist in the 100 network will be your most cost-effective option. If you choose a dentist in the 200 or 300 networks, you will still receive a discount on services.

Dental Blue Essential 200 – Using a dentist in the 100 or 200 networks will be your most cost-effective option. If you choose a dentist in the 300 network, you will still receive a discount on services.

How to Find a Dental Blue Provider

Go to anthem.com

Filing a claim. Claims should be submitted to Anthem Dental P.O. Box 9274, Oxnard CA 93031-9274.

Limitations & Exclusions

Limitations

This is a partial list of plan limitations. Please see the Individual Dental Plan Contract for a complete list. Note that some of these benefits may not be covered under the Dental Blue Basic 100 plan.

Oral Evaluations	Limited to two per calendar year.
Prophylaxis or Periodontal Prophylaxis	Limited to two treatments per calendar year.
Fluoride	Fluoride treatment limited to two per calendar year children up to age 19.
X-rays	Limited to one set of full-mouth X-rays or its equivalent in a five-year period. Periapical X-rays are limited to 4 films per year.
Bitewing X-rays	Limited to one set of up to 4 films twice per calendar year.
Sealants	Limited to children under 16 years of age for permanent unrestored first and second molars. Treatment is limited to one application per tooth per lifetime.
Space Maintainers	Limited to once per quadrant per lifetime for children up to age 16. Includes all adjustments within six months of placement.
Restorations	Limited to once per surface per tooth every 24 months.
Periodontal Scaling	Limited to once per quadrant every 24 months.
Periodontal Surgery	Limited to one time per quadrant in a 36-month period.
Root Canal Therapy	Limited to one treatment per tooth for initial treatment and one retreatment per tooth – for permanent teeth only.
Stainless Steel Crowns	Limited to primary teeth only. Once per tooth in any five years.
Crowns	Limited to once per tooth in any five years
Removable Complete and Partial Dentures	Limited to once in five years. Benefits are payable for either complete or immediate dentures, but not both.
General Anesthesia	Covered only when used in conjunction with covered oral surgical procedures.

Exclusions

This is a partial listing of plan exclusions. Please see the Individual Dental Plan Contract for a complete list.

Prescribed drugs, pre-medication or analgesia including charges for nitrous oxide or any similar local anesthetic when the charge is made separately · Occlusal guards · Bleaching of non-vital discolored teeth · Crown buildups on the same tooth as an amalgam or composite restoration that was done within the same Calendar Year · Procedures to alter, restore or maintain occlusion, change vertical dimension, and replace or stabilize tooth structure lost by attrition, abrasion, erosion or bruxism · Harmful habit appliances · Services related to diagnosis or treatment related to the temporomandibular joint (TMJ) · Dental implants and all adjunctive services performed in conjunction with the placement or removal of implants including but not limited to surgery, cleanings, maintenance and prosthetics placed on implants · Infection control procedures, if billed separately · Precision attachments · Prefabricated resin crown or stainless steel crown with resin window · Pulpotomy on permanent teeth · Replacement of a prosthodontic appliance (fixed or removable) more often than once in any five-year period, whether under this contract or under any prior dental coverage · Root canal therapy on deciduous teeth · Sealants on restored teeth (occlusal surface) · Temporary/interim prosthodontia or appliances (temporary crowns, bridges, partials, dentures, etc.) · Biopsies · Services or supplies not specifically listed in the Covered Services section of the Individual Dental Contract.

MISSOURI DENTAL BLUE[®] BASIC 100 FEE SHEET

Diagnostic and Preventive

- no waiting period and **Anthem pays full cost** of network diagnostic and preventive care

ADA Code	Procedure	Fee
D0120	Periodic oral evaluation	\$19
D0140	Limited oral evaluation	\$28
D0150	Comprehensive oral evaluation	\$32
D0180	Comprehensive periodontal evaluation	\$32
D0210	X-ray - intraoral - complete series	\$55
D0220	X-ray - intraoral - periapical - first film	\$11
D0230	X-ray - intraoral - periapical - each additional film	\$8
D0270	X-ray - bitewing - single film	\$11
D0272	X-ray - bitewings - two films	\$18
D0274	X-ray - bitewings - four films	\$22
D1110	Prophylaxis - adult	\$35
D1120	Prophylaxis - child	\$24
D1203	Topical application fluoride (excluding prophy) -child	\$13
D1351	Sealant - per tooth	\$18

Minor Restorative Services

- no waiting period

ADA Code	Procedure	Fee
D4910	Periodontal maintenance	\$62
D2140	Amalgam - one surface, primary/perm	\$49
D2150	Amalgam - two surfaces, primary/perm	\$62
D2160	Amalgam - three surfaces, primary/perm	\$74
D2161	Amalgam - four or more surf, primary/perm	\$85
D2330	Resin-based composite - one surface, ant	\$58
D2331	Resin-based composite - two surfaces, ant	\$76
D2332	Resin-based composite - three surfaces, ant	\$93
D2335	Resin-based comp-4 or more surf/incis angle	\$107
D2391	Resin-based composite-one surface, post	\$56
D2392	Resin-based composite-two surfaces, post	\$76
D2393	Resin-based composite-three surfaces, post	\$95
D2394	Resin-based comp-4 or more surf, post	\$115
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$37

MISSOURI DENTAL BLUE[®] ESSENTIAL 100 & 200 FEE SHEET

Diagnostic and Preventive - Anthem pays full cost of network diagnostic and preventive care

- no waiting period

ADA Code	Procedure	Essential 100 Fee	Essential 200 Fee
D0150	Comprehensive oral evaluation	\$32	\$39
D0210	X-ray - intraoral - complete series	\$55	\$65
D0220	X-ray - intraoral - periapical - first film	\$11	\$14
D0274	X-ray - bitewings - four films	\$22	\$26
D0330	X-ray - Panoramic	\$48	\$57
D1110	Prophylaxis - adult	\$35	\$41
D1120	Prophylaxis - child	\$24	\$28
D1203	Topical application fluoride (excluding prophy) -child	\$13	\$15
D1351	Sealant - per tooth	\$18	\$21

Minor Restorative Services

- no waiting period

ADA Code	Procedure	Essential 100 Fee	Essential 200 Fee
D2150	Amalgam - two surfaces, primary/perm	\$31	\$38
D2331	Resin-based composite - two surfaces, ant	\$38	\$45
D7140	Extraction-erupt tooth/exp root-elev/forceps removal	\$27	\$33
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$18	\$24

Specialty Services

- 12 month waiting period

ADA Code	Procedure	Essential 100 Fee	Essential 200 Fee
D2750	Crown - porcelain fused to high noble metal	\$134	\$153
D2920	Recement Crown	\$11	\$13
D3320	Root Canal Therapy-bicuspid (excl final rest)	\$103	\$126
D3330	Root Canal Therapy-molar (excl final rest)	\$133	\$160
D4341	Periodontal scaling/root planing-4 or more teeth/quad	\$31	\$38
D4910	Periodontal maintenance	\$19	\$23
D5110	Complete denture – maxillary (upper)	\$169	\$212
D5120	Complete denture – mandibular (lower)	\$169	\$212
D5410	Adjust complete denture – maxillary (upper)	\$7	\$9
D5411	Adjust complete denture – mandibular (lower)	\$7	\$9
D7210	Surgical remov erupt tooth req elev flap & remove bone	\$32	\$39
D7220	Removal of impacted tooth - soft tissue	\$38	\$45
D7230	Removal of impacted tooth - partially bony	\$48	\$58
D7240	Removal of impacted tooth - completely bony	\$63	\$69

Be prepared for the unexpected.

Pennies a day. That's all it takes to ensure your family has financial protection—even if you're not there to provide for them. When you add the Anthem Blue Preferred® Term Life Plan to your individual medical coverage, you can enjoy the peace of mind that comes from knowing you'll help meet your family's financial obligations. Keep in mind that the death proceeds of a Life policy are almost never taxed.

Blue Preferred Term Life is available with most individual medical plans from Anthem. And it couldn't be easier to get. You won't have to undergo any medical exams or fill out any additional forms. And you'll receive only one bill for your health and life coverage. If you want, you can also get life insurance for all of your individual family members covered on your medical plan. Because there's no such thing as being too prepared.

Term Life Monthly Rates

AGE	\$15,000	\$25,000	\$50,000
Less than 1	\$N/A	\$N/A	\$N/A
1-18	\$1.50	\$2.50	\$N/A
19-29	\$2.85	\$4.75	\$9.50
30-39	\$3.30	\$5.50	\$11.00
40-49	\$7.50	\$12.50	\$25.00
50-59	\$20.85	\$34.75	\$69.50
60-64	\$29.40	\$49.00	\$98.00