EmployeeElect for groups of 51-99

Anthem BlueCross

Health · Dental · Life

Which dental plan is right for you?

These plan comparison charts can help you decide.

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Enhance your benefits with dental coverage

Why purchase dental coverage?

Good for you, good for your employees

Everyone wants a nice smile. But did you and your employees know taking care of your teeth and seeing your dentist for regular checkups can actually protect your overall health? More than 90% of all diseases that impact your body produce signs and symptoms in your mouth.[1]

1 Academy of General Dentistry website: Importance of Oral Health to Overall Health (October 2008): http://www.knowyourteeth.com/infobites/abc/article/?abc=0&iid=320&aid=1289.

Anthem Blue Cross dental plans Get the advantage

Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company offer affordable, easy-to-administer dental plans. There are PPO and HMO plans to fit your employees' needs and your budget.

We provide:

- **Selection**: You decide how much to contribute and which of our affordable plans to offer.
- **Ease**: You'll enjoy simple administration. Just one bill and one premium check.
- **Access**: There are more than 25,000 dental PPO access points in California. And more than 6,000 dental HMO access points.
- **Experience**: We're the 6th largest dental company* in the nation. We manage benefits for more than eight million people.

Regular dental care is important for maintaining overall health. If you already provide health insurance, dental coverage is a logical next step to further safeguard your employees and their families. Together, health and dental coverage provide a well-rounded benefit package to help:

- Attract and retain better employees
- Improve employee satisfaction
- Impact employees' overall well-being and productivity

*Anthem and its affiliated companies.

Reduce expensive costs

Dental care, especially for a family, can be costly. Dental coverage helps you and your employees reduce the cost of essential preventive care. It also gives them benefits for unexpected minor and major procedures.

Maximizing your choice

Our dental plans are reliable and flexible. You choose the number of dental plans you want to offer. It can be one plan, a mix of our Dental Net HMO and a Dental Blue PPO plan, or all of our plans. This gives employees affordable choices to match their lifestyles and your budget. It is truly your choice.

Controlling costs

For our traditional dental plans, we give you two ways to set your monthly contribution to each employee's premium cost. They pay the rest through payroll deduction.

- **Traditional option:** Pay a minimum of 50% or more (in 5% increments) of employees' monthly premiums
- **Fixed dollar option:** Pay any flat amount of $15 or more (in $5 increments) per employee

The result of blending reliability with flexibility? More cost control for you and your employees. It also gives them the quality dental coverage they deserve.

Special savings offer

You can save 1% on your health premium** by enrolling in both health and dental coverage at the same time. The health savings covers a portion of your dental coverage costs. That helps make dental more affordable for your business.

**Your savings reflect administrative savings resulting from multi-line purchases.

Overview of dental plans

EmployeeElect combines trusted and reliable Anthem Blue Cross dental coverage with flexible features that allow more cost control for you and your employees.

Dental Blue is the answer

- Coverage from Anthem Blue Cross – part of the largest health care company in the country[1]
- Stand-out discount program

Dental Blue®

Proper dental care is essential to helping maintain good overall health. And who to better help you provide head-to-toe benefits than Anthem Blue Cross – part of the largest health care company in the country?[1] Just like you, we want to help achieve healthier employees – and that includes Dental Blue.

The Dental Blue PPO plan gives your employees many flexible options. Highlights include:

- Freedom to choose any dentist or specialist
- Access to covered services at discounted fees
- One of the largest provider networks in California
- Coverage for both routine visits and more extensive procedures
- Orthodontic coverage
- SpecialOffers@Anthem, which provides information about discounts on wellness products and services from independent vendors
- 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.
- Access to emergency dental services through our list of credentialed, English-speaking dentists while traveling or working nearly anywhere in the world.*

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

Dental Blue offers more value, less hassle

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.

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's giving members access to nearby providers or helping address a concern, we want to make it easy.

If they need help, members can call 800-627-0004, Monday through Friday. A live, domestic customer service representative will answer.

Calling after-hours? We can still assist them with our interactive voice-response hotline.

What about you? We offer a variety of online tools that are designed to make it easy to manage benefits.

You get access to an industry-leading network

Dental Blue offers employees access to more dentists and specialists than most carriers on the block. Even better, we offer a choice of networks to help you hit your budget without reducing dental benefits. No matter which one you choose, members can see any dentist they want – with the potential for lower costs when they choose an in-network dentist.

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

Dental Net DHMO

You can get comprehensive dental care at an affordable price. Highlights include:

- No deductibles or annual maximums
- Low out-of-pocket costs
- No waiting periods for diagnostic, preventive, minor and major services
- Orthodontic services for children and adults
- SpecialOffers@Anthem, which provides information about discounts on wellness products and services from independent vendors

It's easy to use: An employee simply chooses a provider from our DHMO network. This provider coordinates care, including referrals to specialists. Please note that only services received from a participating provider are covered.

The side-by-side comparison chart on the following page details some of the features of our Dental Net DHMO plan.

Dental Net is available in the following counties:

Alameda County	Contra Costa County	Los Angeles County
Marin County	Orange County	Sacramento County
San Bernardino County	San Diego County	San Francisco County
San Joaquin County	San Luis Obispo County	Santa Barbara County
Santa Clara County	Solano County	Sonoma County

Dental Net has limited availability in these counties:*

El Dorado County	Kern County	Kings County
Monterey County	Placer County	Riverside County
San Mateo County	Santa Cruz County	Tulare County
Ventura County		

*Available in most areas within these counties but not all. Members must have access to a participating provider within 30 miles of their home or workplace.

EmployeeElect for groups of 51-99 dental plan comparison

All amounts listed are the member's responsibility to pay.

This is an overview of coverage. A comprehensive description of coverage, benefits, exclusions and limitations is contained in the Combined Evidence of Coverage and Disclosure form.

What members pay:		Dental Blue Silver 1000	Dental Blue Gold Plus 1500
Annual maximum benefits		$1,000 per member	$1,500 per member
Annual deductible		$50 per member, 3-member maximum (waived for in-network diagnostic and preventive services)	$50 per member, 3-member maximum (waived for in-network diagnostic and preventive services)
Preventive services Office visits/cleaning fluoride application	*In-network*	No charge	No charge
	Out-of-network	20% of covered expense plus all charges in excess of covered expense after deductible	20% of covered expense plus all charges in excess of covered expense after deductible
Diagnostic services Oral exams X-rays Consultations	*In-network*	No charge	No charge
	Out-of-network	20% of covered expense plus all charges in excess of covered expense after deductible	20% of covered expense plus all charges in excess of covered expense after deductible
Minor restorative services Fillings	*In-network*	20% of negotiated fee after deductible	20% of negotiated fee after deductible
	Out-of-network	40% of covered expense plus all charges in excess of covered expense after deductible	40% of covered expense plus all charges in excess of covered expense after deductible
Major restorative services Oral Surgery: tooth extraction Endodontics: root canal therapy Periodontics: treatment of gum disease Prosthodontics: removable and fixed	*In-network*	50% of negotiated fee after deductible	20% of negotiated fee after deductible Prosthodontics: 50% of negotiated fee after deductible
	Out-of-network	50% of covered expense plus all charges in excess of covered expense after deductible	40% of covered expense plus all charges in excess of covered expense after deductible Prosthodontics: 50% of covered expense plus all charges in excess of covered expense after deductible
Orthodontic services	*In-network*	50% of negotiated fee after deductible, $1,000 maximum for adults and children	50% of negotiated fee after deductible, $1,000 maximum for adults and children
	Out-of-network	50% of covered expense plus all charges in excess of covered expense after deductible; $1,000 lifetime maximum for adults and children	50% of covered expense plus all charges in excess of covered expense after deductible; $1,000 lifetime maximum for adults and children
Access to providers	*In-network*	Choice of providers from within or outside Dental Blue network; highest savings usually within Dental Blue 200 network	Choice of providers from within or outside Dental Blue network; highest savings usually within Dental Blue 200 network

Dental Blue Silver 1000 and Dental Blue Gold Plus 1500 plans are offered by Anthem Blue Cross Life and Health Insurance Company.

Dental Blue Platinum Plus 2000	Dental Net (DHMO)
$2,000 per member	Unlimited
$50 per member, 3-member maximum (waived for in-network diagnostic and preventive services)	None
No charge	No copay
No charge for covered expense plus all charges in excess of covered expense after deductible	Not covered
No charge	No copay
No charge for covered expense plus all charges in excess of covered expense after deductible	Not covered
10% of negotiated fee after deductible	Copays vary by procedure
20% of covered expense plus all charges in excess of covered expense after deductible	Not covered
10% of negotiated fee after deductible Prosthodontics: 40% of negotiated fee after deductible	Copays vary by procedure
20% of covered expense plus all charges in excess of covered expense after deductible Prosthodontics: 50% of covered expense plus all charges in excess of covered expense after deductible	Not covered
50% of negotiated fee after deductible, $1,500 maximum for adults and children	Standard orthodontic services, excluding records and retention 24 months of usual care, Maximum: $1,850 - adults, $1,850 - children
50% of covered expense plus all charges in excess of covered expense after deductible; $1,500 lifetime maximum for adults and children	Not covered
Choice of providers from within or outside Dental Blue network; highest savings usually within Dental Blue 200 network	Network providers only

The Dental Blue Platinum Plus 2000 plan is offered by Anthem Blue Cross Life and Health Insurance Company. The Dental Net DHMO plan is offered by Anthem Blue Cross.

Rating areas and rates

Area 1: Amador (except 95629), Calaveras (except 95230, 95236), Mono (except 93514), Monterey (except 93451, 95076), San Benito (93930, 95004 only), San Luis Obispo (93426 only)

Area 2: Alameda (95304, 95377, 95391 only), Alpine, Calaveras (95230, 95236 only), Del Norte, El Dorado (ZIP codes beginning with 961), Humboldt (95552 only), Inyo (except 93527), Lassen, Marin, Modoc, Mono (93514 only), Napa (94589, 94590 only), Nevada, Placer (except 95626, 95668, 95692), Plumas (except 95981), Sacramento (94571 only), San Benito (except 93210, 93930, 95004), San Joaquin (except 94505, 94514, 95632, 95690), San Mateo, Shasta, Sierra (except 95922), Siskiyou, Solano (except 94503, 95616, 95618, 95690, 95694), Stanislaus (except 95322, 95329), Sutter (95648 only), Tehama (except 95963, 95973), Trinity (except 95526), Tuolumne (95230 only), Yuba (95960, 95977 only)

Area 3: Alameda (except 95304, 95377, 95391), Amador (95629 only), Butte, Colusa, Contra Costa, El Dorado (ZIP codes beginning with 956, 957), Glenn, Humboldt (except 95552), Lake, Mariposa (95321, 95329 only), Mendocino, Monterey (95076 only), Napa (except 94589, 94590), Placer (95626, 95668, 95692 only), Plumas (95981 only), Sacramento (except 94571), San Francisco, San Joaquin (94505, 94514, 95632, 95690 only), Santa Clara, Santa Cruz, Sierra (95922 only), Solano (94503, 95616, 95618, 95690, 95694 only), Sonoma, Stanislaus (95329 only), Sutter (except 95648), Tehama (95963, 95973 only), Trinity (95526 only), Tuolumne (except 95230, 95311), Yolo, Yuba (except 95960, 95977)

Area 4: Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)

Area 5: Los Angeles (except 91709, 93243, 93560 and except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (90265 and ZIP codes beginning with 913 only)

Area 6: Imperial, Los Angeles (91709 only), Riverside (except 92883), San Bernardino (except 91766, 91792, 93516, 93555, 93558), San Diego

Area 7: Fresno, Inyo (93527 only), Kern (except 93536), Kings, Los Angeles (93243, 93560 only), Madera, Mariposa (except 95321, 95329), Merced, San Benito (93210 only), San Bernadino (93516, 93555, 93558 only), San Luis Obispo (93252 only), Santa Barbara (93252 only), Stanislaus (95322 only), Tulare, Tuolumne (95311 only), Ventura (93252 only)

Area 8: Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes beginning with 913)

Area 9: Kern (93536 only), Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560), Orange (90638 only), San Bernardino (91766, 91792 only)

Rates are effective January 1, 2012.

	Dental Net*		
Areas:	1, 2, 3, 7	4, 5, 6, 9	8
Employee only	$25	$20	$23
Employee & spouse	$38	$29	$35
Employee & child	$38	$29	$35
Employee & children	$58	$44	$53
Family	$58	$44	$53

	Dental Blue Silver 1000			Dental Blue Gold Plus 1500			Dental Blue Platinum Plus 2000		
Areas:	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee only	$42	$47	$53	$47	$55	$62	$66	$73	$81
Employee & spouse	$81	$92	$102	$93	$109	$123	$132	$145	$161
Employee & child	$80	$89	$99	$89	$105	$117	$126	$140	$153
Employee & children	$119	$132	$149	$132	$155	$176	$190	$209	$230
Family	$143	$161	$181	$161	$190	$213	$229	$252	$280

*Underwritten by Anthem Blue Cross; all other plans underwritten by Anthem Blue Cross Life and Health Insurance Company.
Not available in all areas. Members must have access to a participating provider within 30 miles of their home or workplace. Refer to Page 2 for more information.

Enrollment guidelines

Eligible employees

Full-time

Employees must be employed on a permanent, full-time basis and have a normal work schedule of at least 30 hours per week. In addition, they must be compensated for that work by the employer (subject to withholding appearing on a W-2 form).

Part-time

Employees must be employed on a permanent, part-time basis and have a normal work schedule of at least 15, but no more than 29 hours per week. The employer must choose one of two part-time options, either 15 to 29 or 20 to 29 hours. In addition, all must be compensated for that work by the employer (subject to withholding appearing on a W-2 form). Note: It is the employer's option to offer health coverage to part-time employees. If that option is exercised, all similarly situated individuals must be offered coverage under the employer's benefit plan.

Sole proprietors/partners/corporate officers

Sole proprietors, partners and corporate officers must work at least 20 hours per week to be eligible for coverage.

Ineligible employees

Temporary, seasonal, leased or substitute workers and persons compensated on a 1099 basis are not eligible to enroll in an Anthem Blue Cross Group plan.

Eligible dependents

An eligible dependent has one of the following relationships with an eligible employee:

- Lawful spouse
- Domestic partner (documentation required)
- Unmarried child under age 26 (natural or legally adopted) of the employee, employee's enrolled spouse or the domestic partner (restrictions may apply)
- Ward (child) of a permanent legal guardian

Effective date

The date coverage takes effect for a group must be the first of the month.

Employer waiting periods

After employees are hired, there may be a specific period they must be employed, known as an employer waiting period, before they and their dependents become eligible for group coverage. The employee's eligibility date is the first of the month after the waiting period ends. Employers may choose a waiting period of the first of the month following an employee's date of hire, or one, two, three, four, five or six months of employment before an employee becomes eligible for benefits.

Spouses

A husband and wife employed at the same company may both be covered as employees. Children may be considered the dependents of either one or both of the employees.

To be eligible as a Domestic Partner, the Subscriber and Domestic Partner must have properly filed a Declaration of Domestic Partnership with the California Secretary of State pursuant to the California Family Code, or have properly filed an equivalent document in accordance with the laws of another jurisdiction recognizing the creation of domestic partnerships.

Adding employees and dependents

New employees and dependents must submit completed applications to Anthem Blue Cross within 30 days of becoming eligible for coverage. Applications must be received no later than the last day of the month prior to the requested effective date. Applicants beyond that date will be treated as late enrollees.

Declining coverage

Employees who decline coverage for themselves and/or their dependents must complete Sections two and four of the Group Employee Application within 30 days of becoming eligible. Employers are responsible for maintaining the declination records.

Late enrollment/open enrollment

Employees and dependents eligible for coverage who choose to enroll at a later date may be considered late enrollees. Late enrollees who initially declined coverage are eligible to enroll on their group's anniversary date. This process is known as Open Enrollment.

General provisions

Term of coverage

Coverage remains in force as long as the group pays the required premium on time and remains eligible for membership. Coverage will cease if the group becomes ineligible for reasons including, but not limited to, the following:

- Failure to provide accurate eligibility information or other breach of contract
- Material misrepresentations
- Nonpayment of premium
- Failure to meet minimum contribution and participation requirements

Employee participation

The standard employee participation requirement in the group's dental plan is a minimum of 75% of eligible employees. If an employer is paying 100% of employees' health and dental premiums, 100% of eligible employees must enroll.

An employee who declines coverage because he/she is covered by a spouse's employer's group health or dental plan may be excluded in determining participation.

Changes in coverage

A group may request changes in its waiting period, contribution approach or coverage once in a 12-month period. Requests for coverage changes must be received 30 days prior to the requested effective date, and these requests are subject to underwriting review.

Certain other change requests can only become effective on the group's anniversary date and may be subject to underwriting review, including adding part-time employee coverage.