

Dental Blue® Plans for Individuals and Families

FAX SIGNED APPLICATION TO:
949-270-0608

EMAIL SCANS:
INFO@STRATUMINS.COM



For dental benefits you can smile about!

Why dental care is important to your overall health...

Consider this: people who suffer from periodontal disease, are twice as likely to have heart disease or a stroke.¹ And there's also research linking poor oral health to diabetes, lung disease and premature births.²

Fortunately, regular dental check-ups can help detect the early warning signs of certain health-related issues. That's just one reason why it's so important to take good care of your teeth and gums. And the Dental Blue plans from Anthem Blue Cross Life and Health Insurance Company can help make it easy and affordable.

¹ American Academy of Periodontology: Gum Disease Links to Heart Disease and Stroke, perio.org, 2008.

² National Institute of Dental and Craniofacial Research: Oral Health in America, 2008.

How the Dental Blue plans work:

We offer two great Dental Blue plans to choose from: Dental Blue Basic and Dental Blue Enhanced. The Dental Blue Basic plan provides coverage for many diagnostic services and preventive care such as cleanings, exams and X-rays, as well as fillings, with an annual maximum of \$500. The Dental Blue Enhanced plan includes cleanings, exams, X-rays and fillings — plus certain major services like root canals, periodontal procedures and crowns, with an annual maximum of \$1,250. It also includes orthodontic coverage for children after a 12-month waiting period.

A unique feature of Dental Blue is that members have access to the rates Anthem has negotiated with providers during any applicable waiting periods, after the annual maximum has been met, and for certain non-covered services like veneers, dental implants and TMJ treatment. These discounts are available only at in-network providers.

Lastly, as a Dental Blue plan member, **you can see any dentist you want**; however, you do have the potential for lower costs when you choose a dentist in the Dental Blue 100 network. This is because in-network dentists have agreed to accept our fee schedule for services rendered.

If you choose to go to a provider outside of the Dental Blue 100 network, you can be billed the difference between what we pay our in-network dentists and what your chosen dentist wishes to charge. But, with more than 18,000 California dentists in our Dental Blue 100 network, it's likely your dentist is part of our network!

Dental Blue benefits-at-a-glance...

The chart below shows the covered benefits and amounts we pay for both of our Dental Blue plans.

	Dental Blue Basic		Dental Blue Enhanced	
	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible	\$25 per member		\$50 per member/\$150 maximum per family	
Waived for Diagnostic and Preventive	Yes	No	Yes	No
Annual Maximum	\$500		\$1,250	
Diagnostic and Preventive Services Cleanings, exams and X-rays	100%	80%	100%	80%
Basic Services				
Fillings	80%	60%	80%	60%
Other Minor Restorative	Not covered			
Major Services				
Oral Surgery	Not covered		50%	
Endodontics	50% – coverage for pulpotomies on primary teeth only		50%	
Periodontics	Not covered		50%	
Prosthodontics	50% - coverage for stainless steel crowns on primary teeth only		50%	
Orthodontics	Not covered		Children only 50%, \$100 deductible, \$500 annual/\$1,000 lifetime maximum	
Waiting Periods	No waiting period for cleanings, exams and X-rays; six-month waiting period for all other covered services		No waiting period for cleanings, exams and X-rays; six-month waiting period for basic services; 12 months for major services/orthodontics	

The amounts shown above reflect what we will pay after any deductibles have been met.

Rating areas

Dental Blue plans are available in the areas listed below. To determine your monthly plan premium, locate your rating area based on the ZIP code of your primary residence, and then refer to the rate charts on Page 3.

Availability

Availability may be limited in some counties. If you live in any of these areas, please review the Statement of Understanding on the application before choosing this plan.

Counties with limited availability*

Area 3: Alpine, Amador, Inyo, Mono

Area 4: Calaveras

Area 5: Del Norte, Humboldt, Lake, Lassen, Modoc, Plumas, Sierra, Siskiyou, Tehama, Trinity

Area 6: Inyo

*As of 11/30/09.

Rating areas

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 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 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	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	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

Monthly rates*

Dental Blue Basic								Dental Blue Enhanced							
Area	1	2	3	4	5	6	7	Area	1	2	3	4	5	6	7
Member	\$22	\$23	\$20	\$21	\$20	\$19	\$21	Member	\$44	\$54	\$45	\$50	\$49	\$46	\$62
Member and Spouse	\$42	\$45	\$39	\$40	\$39	\$37	\$41	Member and Spouse	\$84	\$102	\$84	\$93	\$92	\$86	\$116
Member and Child	\$45	\$49	\$43	\$44	\$43	\$40	\$44	Member and Child	\$77	\$94	\$78	\$86	\$85	\$79	\$107
Member and Children	\$77	\$83	\$72	\$73	\$72	\$67	\$74	Member and Children	\$125	\$152	\$125	\$139	\$137	\$128	\$173
Member and Family	\$93	\$101	\$87	\$89	\$87	\$82	\$90	Member and Family	\$157	\$192	\$158	\$176	\$174	\$162	\$218
One Child	\$24	\$26	\$22	\$23	\$22	\$21	\$23	One Child	\$33	\$40	\$33	\$37	\$36	\$34	\$46
Two Children	\$48	\$52	\$45	\$46	\$45	\$42	\$46	Two Children	\$66	\$80	\$66	\$73	\$72	\$67	\$91
Three+ Children	\$78	\$84	\$73	\$74	\$73	\$68	\$75	Three+ Children	\$107	\$131	\$108	\$119	\$118	\$110	\$149

*Subject to change.

How to apply for coverage

If you are enrolling in dental coverage only, or if you are a new or existing Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company health member who wants to add dental coverage:

- Complete and sign the Individual Enrollment Application.
- Determine your premium.
- Choose your method of payment.
- Send the application and payment to the address below or to your agent.

Please note that when you enroll in both a health and dental plan, the same method of payment must be selected for both. For members with a health plan who are adding dental coverage, you will need to send the first month's dental premium with the application even if you currently pay your health premium by credit card or via automatic monthly checking account deduction.

Send your application and payment to:

Anthem Blue Cross Life and Health Insurance Company
P.O. Box 9051
Oxnard, CA 93031-9051

Or send to your Authorized Independent Agent

This overview provides only a very brief description of some of the features of the plan. This is not the insurance contract and only the Certificate of Coverage ("Certificate") provisions apply. Please refer to the applicable Certificate which sets forth, in more detail, the benefits, limitations and exclusions. If there are any conflicts between the terms of the Certificate and the information outlined above, the terms of the Certificate will prevail.

For a complete description of dental benefits, limitations and exclusions, please contact your Anthem Blue Cross Life and Health Insurance Company sales representative.



AGENT ID: F L G K K M K L L Y

Anthem Blue Cross Life and Health Insurance Company
Individual Dental Plan Enrollment Application

If you are an Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company member, please enter your current group number and certificate number.

GROUP NO.	CERTIFICATE NO.

Plan choice - select one

- Dental Blue Basic
- Dental Blue Enhanced

Application Information: Applicant must complete this section.

PLEASE PRINT

LAST NAME	FIRST NAME	MI	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (Mo/Day/Year)	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M	SOCIAL SECURITY NUMBER
HOME ADDRESS (Must be complete, P.O. Box not acceptable)			BILLING ADDRESS, IF DIFFERENT (or P.O. Box)			
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
HOME PHONE NO. ()			BUSINESS PHONE NO. ()			

Spouse/Qualified Domestic Partner To Be Insured (Sign Below)

NAME OF SPOUSE/DOMESTIC PARTNER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (Mo/Day/Year)	SOCIAL SECURITY NUMBER
---------------------------------	--	-------------------------	------------------------

Children To Be Insured

NAME (First and Last) 1.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (Mo/Day/Year)	NAME (First and Last) 3.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (Mo/Day/Year)
NAME (First and Last) 2.	SEX <input type="checkbox"/> M <input type="checkbox"/> F		NAME (First and Last) 4.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	

Language Preference - When information is sent to you, we may be able to send it in a language other than English. What language would you prefer? (Optional)

Spanish Chinese Korean Japanese Tagalog Vietnamese Khmer Hmong Farsi Arabic Armenian Russian Other _____

Signatures (Required)

Statement of Understanding for Dental Blue plan applicants in areas with limited availability: I understand the difference between a Participating Dentist and a Non-Participating Dentist, and would like to apply. I know that I probably will not be able to use a Participating Dentist and that I will probably pay more for dental care. When I use Non-Participating Dentists, I will pay the difference between the limited benefit that the plan pays and the actual charge by the Non-Participating Dentist. This means that I may be responsible for a larger portion of my dental bills.

REQUIREMENT FOR BINDING ARBITRATION

The following provision does not apply to class actions:

IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT. It is understood that any dispute including disputes relating to the delivery of services under the plan/policy or any other issues related to the plan/policy, including any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY.

SIGNATURE OF APPLICANT/PARENT OR LEGAL GUARDIAN X	TODAY'S DATE	SIGNATURE OF APPLICANT'S SPOUSE/DOMESTIC PARTNER X	TODAY'S DATE
SIGNATURE OF APPLICANT'S DEPENDENT AGE 18 OR OVER X	TODAY'S DATE	SIGNATURE OF APPLICANT'S DEPENDENT AGE 18 OR OVER X	TODAY'S DATE

Agent Information and Declaration

To the best of my knowledge, the information on this application is complete and accurate. I have explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information and the applicant understands the explanation. I understand that if I willfully make any false representations I shall, in addition to any applicable penalties or remedies available under current law, be subject to a civil penalty of up to \$10,000.

SIGNATURE OF AGENT X	AGENT NAME (PRINT) Stratum Insurance Agency, LLC	AGENT NUMBER F L G K K M K L L Y
--------------------------------	---	-------------------------------------

FOR ANTHEM BLUE CROSS ONLY

GROUP NO.	CERTIFICATE NUMBER	AGENT NO.	EFFECTIVE DATE	PRE-EXIST	AREA	BY	DATE

cut or tear along dotted line



