



HEALTHY SMILES. HEALTHY EYES. HEALTHY YOU.

You can help take control of your total health with  
the right dental and vision coverage.





Regular dental checkups are about more than keeping your mouth healthy. They can help dentists identify health conditions like heart disease and diabetes. In fact, over 90% of diseases first show signs and symptoms in the mouth.<sup>1</sup>

In addition, eye exams do more than make sure you can see clearly. Eye doctors are often the first to find signs of chronic health conditions, such as diabetes, high blood pressure, and high cholesterol – all through an eye exam.<sup>2</sup>

That is why we want to make it easier for you to take care of your smile and your eyes – and help catch health issues earlier.



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It's easy to find the dental and vision coverage you need to help protect your overall health. You can buy dental and vision plans during open enrollment when you purchase a medical plan. Or you can buy dental and vision plans on their own all year round without having to wait until the next open enrollment.

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# ANTHEM DENTAL PLANS

When you choose Anthem, you will have access to one of the largest dental networks in the country, so you're sure to find a dental who is close to home or work.

Plus, you will receive 100% coverage for preventive care, like regular dental cleanings, exams, and X-rays, when you go to a dentist in your plan. All plans cover preventive care, with no waiting periods, so those benefits can be used right away. Anthem has strong network discounts - our members save more by visiting one of our network dentists with our 38% average national network discount.<sup>3</sup>

New for 2021, our Essential Choice PPO dental plans feature higher annual benefit maximums (the amount that your plan will pay for dental care). These plans also allow you to carry over part of your unused benefits to the next year. This means if you do not use all of your dental benefits one year, you could carry part of it over and can double your annual maximum benefit over time.

These plans also feature shorter waiting periods for basic and major services than traditional plans, and our Incentive plan does not have any waiting periods.

We offer a variety of individual and family plan options to fit your needs and budget, including:

## Anthem Essential Choice PPO dental plans

Our newest plans — good for individuals or families — give you five options to choose from to help save money on dental care. You can have coverage for popular services, such as teeth whitening, implants, and child orthodontics. All five of these plans cover tooth-colored fillings on back teeth.

- Bronze — covers preventive care and basic services, including nonsurgical gum treatments and tooth removal
- Silver — comprehensive plan that covers major services, like root canals, oral surgery, crowns, bridges, and dentures; also covers cosmetic teeth whitening
- Gold — covers all of the above, with lower out-of-pocket costs for basic services; has a higher annual maximum benefit (\$1,500) than the Bronze and Silver plans
- Platinum — covers all of the above services, plus dental implants and orthodontics for children; has a higher annual maximum benefit (\$2,000) than the plans above
- Incentive — innovative plan with no waiting periods for any services; offers rewards for receiving preventive care by increasing the benefits for basic and major services the next year; at \$2,500, has the highest annual maximum benefit of any plan

## Anthem Dental Net 3000D

With the Dental Net 3000D Plan, you can have affordable dental coverage with no annual maximums, no deductibles, and no benefit waiting periods. You will also know what to expect with the out-of-pocket costs because there are set copays for nearly 500 specific procedures

- Approximately 500 covered dental procedures
- No annual maximum benefit
- No deductible
- No waiting periods
- Easy-to-understand copays
- Enhanced preventive care
- No claim forms
- Choice of general dentist and specialists

## OUR PLANS HELP LOWER YOUR OUT-OF-POCKET COSTS

You'll save the most money if you see a dentist in your plan's network. Those dentists have agreed to accept the rates negotiated by your plan, which helps you save money on the services you need, whenever you need them — including during any waiting periods and after you reach your annual maximum benefit.

Through SpecialOffers@Anthem<sup>SM</sup>, you will also receive discounts on at-home teeth-straightening aligners and other health and wellness products and services that may not be covered under your plan.

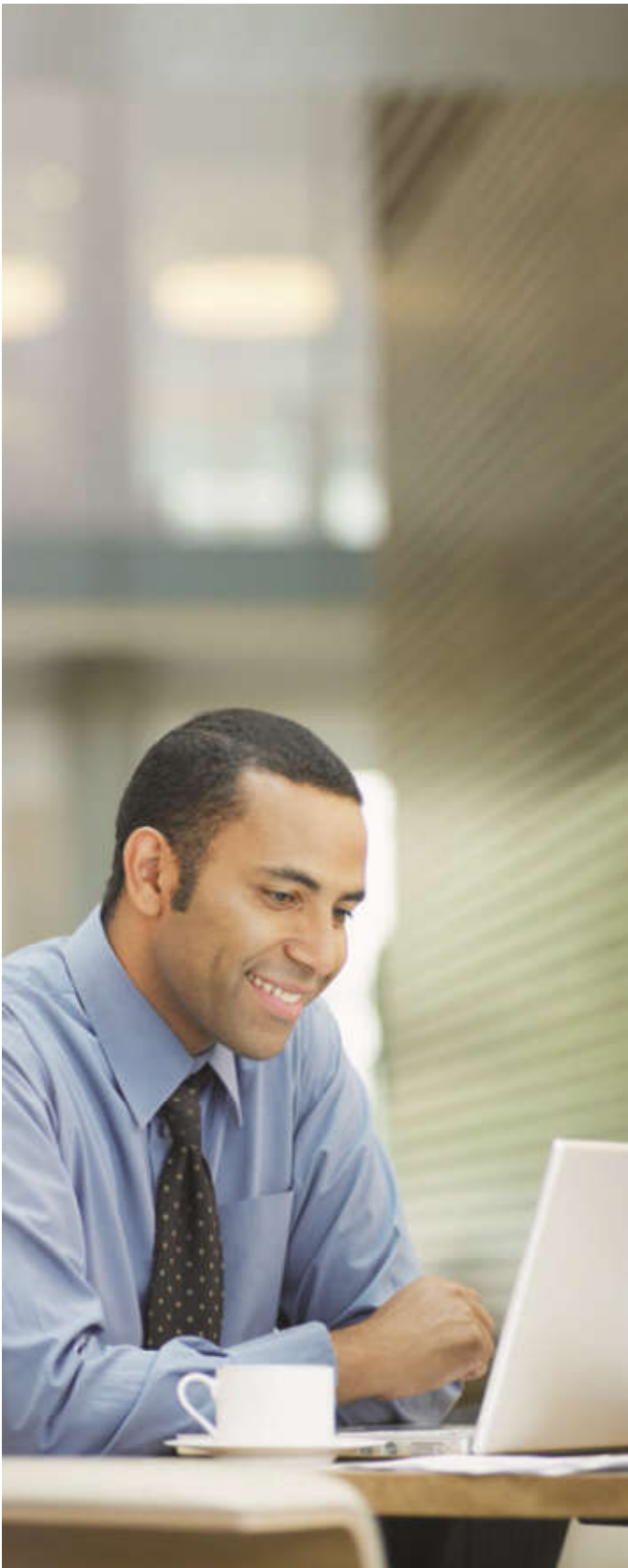


### Find a dentist

To find dental care near you, go to [anthem.com/ca/find-care](https://www.anthem.com/ca/find-care).

To compare dental plan benefits, see our [detailed charts](#).





## ONLINE RESOURCES TO PUT A SMILE ON YOUR FACE

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All plans come with online tools to help you better understand your dental health. Once you are a member, log in to [anthem.com/ca](https://www.anthem.com/ca) to use:

### **Ask a hygienist**

You can email questions to licensed dental professionals and receive quick, private, personalized advice at no extra cost.

### **Dental cost estimator**

This tool helps you estimate your costs for dental procedures and services in the ZIP code where you receive care, before you go.

### **Dental health assessment**

After you answer a few questions, you will receive feedback based on those responses to help you keep a healthy smile.

### **Teledentistry**

The TeleDentists<sup>®</sup> offers virtual dental care, including emergency exams, and can prescribe medications, if needed.

### **Dental care when you're away from home**

If you travel outside of the U.S., you still have access to emergency dental services through the International Emergency Dental Program,<sup>4</sup> which comes with all of our plans. With one call, you can receive help finding an English speaking dentist for your urgent dental care needs. You can even receive help with translation services when you call the dentist's office. Services you receive through this program will not count toward your yearly limit, if your plan has one.

# BLUE VIEW VISION PLANS

With Blue View Vision, choose from more than 39,000 eye doctors and other eye care providers at over 28,000 locations.<sup>5</sup>

You can go to an independent eye doctor or popular regional and national stores, such as LensCrafters<sup>®</sup> and Target Optical<sup>®</sup>. Our network is one of the largest in the country, so you will be able to receive your eye care and eyewear just about anywhere.

Plus, you will have access to online retailers 24/7, including 1-800 CONTACTS<sup>®</sup>.

## Plan features

Our plans are designed with your lifestyle in mind and give you options to fit your needs and budget. All Blue View Vision plans have:

- **Coverage for yearly eye exams.**
- **Add-ons at no extra cost**, including factory scratch coating on eyeglass lenses.
- **Discounts for other add-ons**, including Transitions<sup>®</sup> lenses, premium progressive lenses, and premium antireflective coatings.
- **Value-added savings**,<sup>6</sup> including 15% to 40% off most extra pairs of glasses, contact lenses, lens treatments, specialized lenses, and various accessories — even after you've used all of your covered benefits.
- **Discounts through SpecialOffers@Anthem<sup>SM</sup> for LASIK**, plus other products and services that promote better health and well-being.

## Standalone plans

If you'd like to buy vision coverage separately from medical and dental, we offer a variety of plan options, including:

### Individual and family plans

You can choose from three plans to fit your family's needs and budget:

- Value
- Plus
- Enhanced

### New standalone vision plans for 2021

You will find the coverage you're looking for with our comprehensive new plans that include options to add on the latest lens enhancements for members over age 19. You can choose from five plans:

- Progressive Select
- Progressive Preferred
- Basic
- Premiere
- Ultra

To compare vision plan benefits, see our [detailed charts](#).

## Bundled plan

You can add this plan to an Anthem medical or dental plan.

## Pediatric vision benefits

Our Bundled, Value, Plus, and Enhanced plans cover exams, lenses, and frames for children. These add-ons are available at no extra charge:

- Transitions lenses, to protect eyes from ultraviolet rays
- Polycarbonate lenses, with scratch coating to protect lenses from damage

## Savings example

When you have a Blue View Vision plan from Anthem, it often pays for itself — and then some.

	RETAIL	MEMBER COPAY	MEMBER PAYS	MEMBER SAVES
Exam	\$80	\$20	\$20	\$60
Frame	\$130	No copay	\$0	\$130
Bifocal lenses	\$80	\$20	\$20	\$60
Scratch coating	\$22	No copay	\$0	\$22
Progressive premium tier 1	\$140	No copay	\$85	\$55
Polycarbonate lenses	\$55	No copay	\$40	\$15
Antireflective premium tier 2	\$100	No copay	\$68	\$32
Transition lenses	\$110	No copay	\$75	\$35
<b>Total</b>	<b>\$717</b>			<b>\$409</b>



## YOU CAN SIGN UP TODAY FOR OUR DENTAL AND VISION PLANS!



**Online:** To shop and compare plans, go to [anthem.com/ca](https://anthem.com/ca) and select **Individual & Family**.



**Paper:** You will need to fill out and sign the application. Then, give it to your Authorized Agent or mail it to us at the address on the form.

1 Academy of General Dentistry. Warning Signs in the Mouth Can Save Lives (Accessed June 2020): [knowyourteeth.com](https://knowyourteeth.com).

2 Your Sight Matters. 7 Health Problems Eye Exams Can Detect (accessed March 2020): [yoursightmatters.com](https://yoursightmatters.com).

3 Anthem Quarterly Network Metric Report.

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

5 NetMinder data, May 2020.

6 Laws in some states may prohibit in-network providers from discounting products and services that are not covered benefits.

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

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LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



## 2021 Plan Year Benefit Charts

Individual and Family  
Dental and Vision Benefits

For plans effective January 1, 2021

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

Get more with Anthem

## ANTHEM ESSENTIAL CHOICE PPO PLANS

### Cost shares show what the member pays

	Essential Choice Bronze	Essential Choice Silver	Essential Choice Gold	Essential Choice Platinum	Essential Choice Incentive
	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Dental network	Dental Prime	Dental Prime	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, unless otherwise noted)	\$50 per person \$150 per family <sup>1</sup>	\$50 per person \$150 per family <sup>1</sup>	\$50 per person \$150 per family <sup>1</sup>	\$50 per person \$150 per family <sup>1</sup>	\$50 per person \$150 per family <sup>1</sup>
Annual maximum (per person)	\$1,000	\$1,000	\$1,600	\$2,000	\$2,500
Annual out-of-pocket limit	None	None	None	None	None
Diagnostic and preventive	No waiting period	No waiting period	No waiting period	No waiting period	No waiting period
Cleaning, exams, x-rays	0% / 20% coinsurance	0% / 0% coinsurance	0% / 20% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance
Basic services	3-month waiting period	3-month waiting period	3-month waiting period	3-month waiting period	No waiting period
Fillings	50% / 50% coinsurance	50% / 50% coinsurance	20% / 40% coinsurance	20% / 20% coinsurance	40% / 40% coinsurance <sup>2</sup>
Brush biopsy	Covered	Covered	Covered	Covered	Covered
Complex and major services	6-month waiting period	6-month waiting period	6-month waiting period	6-month waiting period	No waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50% / 50% coinsurance	50% / 50% coinsurance	50% / 50% coinsurance	70% / 70% coinsurance <sup>3</sup>
Prosthetics (crowns, dentures, bridges)	Not covered	50% / 50% coinsurance	50% / 50% coinsurance	50% / 50% coinsurance	70% / 70% coinsurance <sup>3</sup>
Medically necessary orthodontia	Not covered	Not covered	Not covered	\$150 deductible, then 50% coinsurance <sup>1</sup>	\$150 deductible, then 50% coinsurance <sup>1</sup>
Cosmetic orthodontia	Not covered	Not covered	Not covered	\$150 deductible, then 50% coinsurance <sup>1</sup>	\$150 deductible, then 50% coinsurance <sup>1</sup>
International emergency dental program	Included	Included	Included	Included	Included
Blue View Vision	Available	Available	Available	Available	Available

<sup>1</sup> Deductible is waived for diagnostic and preventive services received in our network.

<sup>2</sup> \$1,000 lifetime maximum for orthodontia (\$500 per year), after 12 month waiting period on the Platinum plan.

<sup>3</sup> Rewards yearly preventive care by lowering the coinsurance by 10% the following year, up to 20% coinsurance on Basic and 50% on Major.





# DENTAL HMO OPTIONS

With the Dental Net 3000D, you will have affordable dental coverage with no annual maximums, no deductibles and no benefit waiting periods. And you know what to expect with the out-of-pocket costs because there are set copays for nearly 500 specific procedures. Learn more and sign up today!

- Approximately 500 covered dental procedures
- No annual maximum benefit
- No deductible
- No waiting periods
- Easy-to-understand copayments
- Enhanced preventive care
- No claim forms
- Choice of general dentist and specialists

Services	Copays
Office visits	\$10
<b>Diagnostic and preventive services</b>	
Exams	\$0
X-rays	\$0
Cleanings	\$0
Fluoride applications	\$0
Sealants	\$0
<b>Restorative services</b>	
Fillings (one surface resin composite, anterior)	\$20
Fillings (one surface resin composite, posterior)	\$65
Crowns (resin based composite, indirect)	\$55
<b>Endodontic services</b>	
Root canals (anterior)	\$90
<b>Periodontal services</b>	
Scaling and root planing (1 to 3 teeth)	\$35
<b>Prosthetic services</b>	
Dentures (complete upper or lower)	\$215
Crown (porcelain fused to high noble metal)	\$225
<b>Oral surgery</b>	
Extraction (Erupted tooth or exposed roots)	\$5
Removal of impacted tooth (completely boney)	\$90
<b>Orthodontic services</b>	
Comprehensive treatment children	\$1,695
Comprehensive treatment, adults	\$1,895

The services listed in the above chart are a sample of some of the most frequently asked-about procedures. For complete coverage details, please refer to your policy booklet.

## Dental HMO counties

Dental HMO applicants must reside in one of these counties to enroll: Alameda, Contra Costa, El Dorado, Fresno, Kern (except for the cities of Mojave and Taft), Kings, Los Angeles, Marin, Monterey, Orange, Placer, Riverside, Sacramento, San Bernardino (except for Twenty-Nine Palms and Yucca Valley), San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Tulare and Ventura.

# BLUE VIEW VISION PLANS

Blue View Vision Bundled**		
Vision care services	Benefit frequency	Network benefit
Eye exam (with dilation as needed)	Once every 12 months	\$20 copay
<b>Standard plastic (CR39) lenses<sup>1</sup></b>	Once every 24 months	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
<b>Contact lenses:</b>	Once every 24 months	
Elective (conventional and disposable)		\$80 allowance
Nonelective		Covered in full
<b>Frames</b>	Once every 24 months	\$130 allowance

\* Blue View Vision **Bundled** can only be purchased with a medical and/or dental plan.

Blue View Vision Enhanced**		
Vision care services	Benefit frequency	Network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$10 copay
<b>Standard plastic (CR39) lenses<sup>1</sup></b>	Once per calendar year	
Single vision		\$10 copay
Bifocal		\$10 copay
Trifocal		\$10 copay
<b>Contact lenses</b>	Once per calendar year	
Elective (conventional and disposable)		\$150 allowance
Nonelective		Covered in full
<b>Frames</b>	Once per calendar year	\$150 allowance

\*\* Blue View Vision **Enhanced** can be purchased with or without a medical and/or dental plan.

Blue View Vision Plus**		
Vision care services	Benefit frequency	Network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$10 copay
<b>Standard plastic (CR39) lenses<sup>1</sup></b>	Once per calendar year	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
<b>Contact lenses:</b>	Once per calendar year	
Elective (conventional and disposable)		\$130 allowance
Nonelective		Covered in full
<b>Frames</b>	Once every other calendar year	\$130 allowance

\*\* Blue View Vision **Plus** can be purchased with or without a medical and/or dental plan.

<sup>1</sup> Factory scratch coating is covered at no extra cost. Polycarbonate and Transitions lenses are covered for children under age 19.

# BLUE VIEW VISION PLANS

Blue View Vision Value**		
Vision care services	Benefit frequency	Network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$20 copay
<b>Standard plastic (CR39) lenses<sup>1</sup></b>	Once per calendar year	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
<b>Contact lenses: Once per calendar year</b>		
Elective (conventional and disposable)		\$80 allowance
Nonelective		Covered in full
<b>Frames</b>	Once every other calendar year	\$130 allowance

\*\* Blue View Vision **Value** can be purchased with or without a medical and/or dental plan.

Blue View Vision Basic**		
Vision care services	Benefit frequency	Network benefit
Eye exam (with dilation as needed)	Once every 12 months	\$20 copay
<b>Standard plastic (CR39) lenses<sup>1</sup></b>	Once every 24 months	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
<b>Contact lenses:</b>	Once every 24 months	
Elective (conventional and disposable)		\$80 allowance
Nonelective		Covered in full
<b>Frames</b>	Once every 24 months	\$130 allowance

\*\* Blue View Vision **Basic** can be purchased with or without a medical and/or dental plan.

Blue View Vision Premier**		
Vision care services	Benefit frequency	Network benefit
Eye exam (with dilation as needed)	Once every 12 months	\$20 copay
<b>Standard plastic (CR39) lenses<sup>1</sup></b>	Once every 24 months	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
<b>Contact lenses:</b>	Once every 24 months	
Elective (conventional and disposable)		\$80 allowance
Nonelective		Covered in full
<b>Frames</b>	Once every 24 months	\$130 allowance

\*\* Blue View Vision **Premier** can be purchased with or without a medical and/or dental plan.

<sup>1</sup> Factory scratch coating is covered at no extra cost. Polycarbonate and Transitions lenses are covered for children under age 19.

Blue View Vision Ultra**		
Vision care services	Benefit frequency	Network benefit
Eye exam (with dilation as needed)	Once every 12 months	\$20 copay
Standard plastic (CR39) lenses <sup>1</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
Nonelective		Covered in full
Frames	Once every 24 months	\$130 allowance

\*\* Blue View Vision **Ultra** can be purchased with or without a medical and/or dental plan.

Blue View Vision Progressive Select**		
Vision care services	Benefit frequency	Network benefit
Eye exam (with dilation as needed)	Once every 12 months	\$20 copay
Standard plastic (CR39) lenses <sup>1</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
Nonelective		Covered in full
Frames	Once every 24 months	\$130 allowance

\*\* Blue View Vision **Progressive Select** can be purchased with or without a medical and/or dental plan.

Blue View Vision Progressive Preferred**		
Vision care services	Benefit frequency	Network benefit
Eye exam (with dilation as needed)	Once every 12 months	\$20 copay
Standard plastic (CR39) lenses <sup>1</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
Nonelective		Covered in full
Frames	Once every 24 months	\$130 allowance

\*\* Blue View Vision **Progressive Preferred** can be purchased with or without a medical and/or dental plan.

<sup>1</sup> Factory scratch coating is covered at no extra cost. Polycarbonate and Transitions lenses are covered for children under age 19.

# LIMITS AND EXCLUSIONS

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## Exclusions - Blue View Vision

- Services not listed in the “Your Vision Benefits” section of the Agreement.
- Sunglasses. Sunglass lenses or accompanying frames.
- Any amounts in excess of the maximum benefits stated in the Agreement.
- Premium contact lenses fittings.
- Cosmetic lens options not specifically listed in the “What is Covered” section of the Agreement.
- Any non-prescription lenses, eyeglasses or contacts, or plano lenses or lenses that have no refractive power.
- Any diagnostic testing or medical or surgical treatment of the eyes, including any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye, such as nearsightedness (myopia) and/or astigmatism. We also will not cover any contact lenses or eyeglasses required as a result of this surgery.
- Any lost or broken lenses or frames, unless you have reached a new benefit period.
- Services received before your effective date or after your coverage ends.
- Services for which you are not legally obligated to pay, for which you are not charged, or for which no charge is made in the absence of insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers’ compensation law or similar law, even if you do not claim those benefits. If there is a dispute or substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to any workers’ compensation law or similar law, we will provide the benefits of this plan for such condition, subject to our right to a lien or other recovery applicable law.
- Any services actually given to you by a local, state, or federal government agency, or by a public school system or school district, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if you are not required to pay for them or they are given to you for free.
- Treatment or services rendered by non-licensed providers and treatment or services for which the provider of services is not required to be licensed.
- Services of relatives.
- Orthoptics or vision training and any associated supplemental testing.
- Missed or cancelled appointments.
- Services or supplies combined with any other offer, coupon or in-store advertisement.