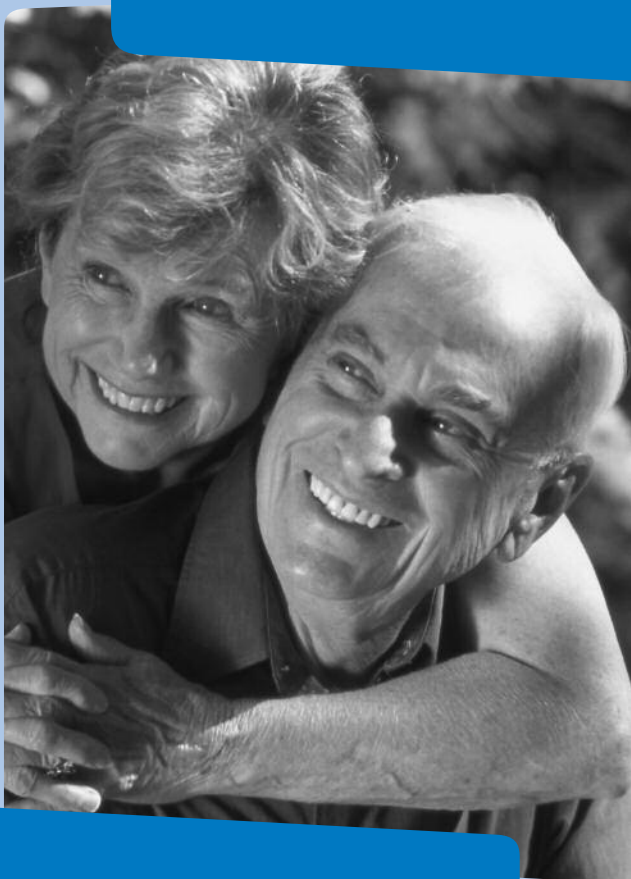


**Anthem Blue Cross
Dental SelectHMOSM
Plans For Seniors**

(People age 65 or over)



- ◆ *Three straightforward plans from which to choose*
- ◆ *The Anthem Blue Cross Dental Saver SelectHMO, Anthem Blue Cross Dental SelectHMO and Anthem Blue Cross Dental Premier SelectHMO plans offer the level of coverage (low, medium or high) you desire*
- ◆ *No waiting periods for preventative services*
- ◆ *No annual maximums*
- ◆ *More than half of the most frequently billed procedures are covered at a \$5 per office visit fee*

Great savings

- ◆ *Affordable premiums*
- ◆ *\$5 office visit fee for exams, cleanings and x-rays*
- ◆ *Low out-of-pocket expenses*
- ◆ *No hidden costs*
- ◆ *No deductibles*

About Anthem Blue Cross Dental SelectHMO

Anthem Blue Cross offers three affordable dental health maintenance organizations (DHMO) plans—Anthem Blue Cross Dental Saver SelectHMO, Anthem Blue Cross Dental SelectHMO and Anthem Blue Cross Dental Premier SelectHMO. With our large network of dedicated professionals, you have access to complete dental care, including cosmetic and specialty care, either as a covered benefit or at a discount. We think you'll find our Anthem Blue Cross Dental SelectHMO plans refreshingly straightforward and easy to understand.

Because preventive dental care is so important, Anthem Blue Cross Dental SelectHMO provides benefits at no cost for regular check-ups, x-rays, and teeth cleanings (except the \$5 office copay). Soon after enrollment, you should call your Participating Dental Office for an initial diagnostic examination.

X-rays will usually be taken at this time to determine the overall condition of your teeth. Through routine checkups, minor dental problems can often be diagnosed and treated before they become major problems.

Anthem Blue Cross Dental SelectHMO provides you and your family with access to important dental care without taking a big bite out of your budget. By choosing Anthem Blue Cross, you know your dental plan comes with the strength of an industry-leader. Call on your Participating Dental Office whenever you need dental care. Anthem does not limit the number of times you can see your dentist.

The Anthem Blue Cross Dental SelectHMO Provider Network*

Only the services you receive from an Anthem Blue Cross Dental SelectHMO Participating Dental Office are covered by the plan or available at a discount.

The quality of our provider network sets us apart from the competition. We require prospective providers meet rigorous administrative and clinical requirements. After a provider is accepted as a Anthem Blue Cross Dental SelectHMO Participating Dental Office, an Anthem quality assurance team ensures each office meets rigorous quality standards throughout the time the office participates.

** Limited availability in these counties: El Dorado, Fresno, Kern, Kings, Monterey, Placer, Riverside, San Bernardino, San Mateo, Santa Cruz, Tulare and Ventura. Contact your agent for more information on locations of participating providers.*

How Our Plans Work

Benefits are available immediately for many services when provided by a Participating Dental Office, and you won't have to meet a deductible (most other services are available at a discount from participating dentists and specialists). Each procedure has an associated copayment. You are responsible for paying

your network provider at the time service is rendered.

The copayment represents the discounted rate on services for which you are eligible as a plan member. Benefits and applicable copayments are listed on the table below or see page 10 for more information.

Covered Benefits and Copayment Highlights *(see page 10 for more benefit information)*

These copayments apply only to services rendered by a Participating Dental Office. Specialty services provided by a Participating Specialty Office are included on a separate schedule on your contract.

Dental Service	Anthem Blue Cross Dental Saver SelectHMO copays	Anthem Blue Cross Dental SelectHMO copays	Anthem Blue Cross Dental Premier SelectHMO copays
Office visit	\$5	\$5	\$5
Diagnostic Care			
Oral Exams	No Charge	No Charge	No Charge
X-rays	No Charge	No Charge	No Charge
Preventive Care			
Prophylaxis-adult & spouse	No Charge*	No Charge*	No Charge*
Restorative Care			
Fillings – Permanent, 1 surface amalgam	\$54	No Charge**	No Charge**
Fillings – Permanent, 2 surfaces amalgam	\$64	No Charge**	No Charge**
Fillings – Permanent, 3 surfaces amalgam	\$75	No Charge**	No Charge**
Fillings – Permanent, 4 or more surfaces amalgam	\$89	No Charge**	No Charge**
Periodontal Care			
Scaling/Root planing – per quadrant	\$101	\$101	No Charge**
Orthodontic Care			
Orthodontics - Adult	\$3,045	\$3,045	\$3,045
Retention	\$300	\$300	\$300
Prosthetic Care			
Denture – broken tooth repair	\$57	\$57	\$57
Other Services			
Office Visit After Hours	\$56	\$56	\$56
Local Anesthesia	\$14	\$14	\$14
General Anesthesia	\$150	\$150	\$150

* First two treatments in 12 consecutive months. All additional treatments within a 12-month period require copayments of \$44 for adults.

**You must meet a six-month waiting period before these benefits are payable.

Regular diagnostic and preventive dental care is essential to maintain sound oral health. To encourage regular checkups and teeth cleanings, our plans provide these services at a low \$5 copay. All other benefits are available at low, discounted fees with no deductibles. You choose the plan with the level of coverage you want. With our plans, you don't have to worry about missing important details by not reading all the fine print. A level of coverage or discount is provided for all dental care—cosmetic, periodontics, orthodontia—and more.

Eligibility

You (age 65 or over) and your dependents must select the same Anthem Blue Cross Dental SelectHMO Participating Dental Office, located within 35 miles of your residence.

Eligible dependents include:

- the subscriber's lawful spouse;
- any unmarried child of the subscriber or the enrolled spouse under age 19;
- any unmarried child of the subscriber or the enrolled spouse, ages 19 to 23, who qualifies as a dependent for federal income tax purposes;
- the subscriber's or enrolled spouse's child, who continues to be both incapable of self-support, due to continuing mental retardation or physical handicap and who is at least one-half dependent upon the subscriber or spouse for support.

Waiting Periods

For the Anthem Blue Cross Dental SelectHMO and Anthem Blue Cross Dental Premier SelectHMO plans, you must meet a six-month waiting period before receiving benefits for fillings. For the Anthem Blue Cross Dental Premier SelectHMO plan, you must meet a six-month waiting period before receiving scaling/root planing and oral surgery. Please

read your Evidence of Coverage booklet for more detailed information.

Date Coverage Begins

Coverage is not guaranteed. Your application must be approved and accepted in writing by Anthem.

The effective date of your plan is assigned by Anthem Blue Cross and will be the first of the month after approval. Only the services you receive from a Anthem Blue Cross Dental SelectHMO Participating Provider are covered by our plan. We urge you not to terminate existing coverage prior to your effective date.

General Plan Limitations and Exclusions*

(Anthem Blue Cross Dental Saver SelectHMO, Anthem Blue Cross Dental SelectHMO and Anthem Blue Cross Dental Premier SelectHMO)

- Unless an exception is specifically authorized by Anthem in writing, dental services must be received from the member's Participating Dental Office or Participating Specialty Office.
- No benefits are provided for hospital or associated physician charges for any dental treatment that cannot be performed in the participating dental office because of the member's general health, mental, emotional, behavioral, or physical limitations.
- No benefits are provided for a treatment plan determined to be not dentally necessary by the Participating Dentist and/or Anthem Blue Cross.
- Prescription drugs are not covered.
- Any condition for which benefits of any nature are recovered or found to be recoverable, whether by adjudication, settlement or

**A more complete listing will appear in your Evidence of Coverage brochure, which you will receive after joining the plan.*

otherwise under any workers' compensation or occupational disease law, even in you do not claim these benefits. If there is a dispute or substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, Anthem will provide the benefits of this Plan for such conditions subject to its right of recovery and reimbursement under California Labor Code Section 4903.

- Conditions caused by the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy.
- Any services provided by a local, state or federal government agency except when payment under this Plan is expressly required by federal or state law.
- Treatment of fractures or dislocations.
- Dental treatment or expenses incurred or in connection with any dental procedure started prior to the member's effective date.
- Any treatment to correct a dental condition that resulted from dental services performed by a Non-Participating Dentist while this coverage is in effect, and any dental services started by a Non-Participating Dentist will not be the responsibility of the Participating Dental Office or Anthem for completion.
- Histopathological exams, and/or the removal of tumors, cysts, neoplasms, and foreign bodies not covered under the medical plan.
- Services for which no charge is made to you in the absence of insurance coverage.
- A dental treatment plan which in the opinion of the Participating Dentist and/or Anthem is not Dentally Necessary for dental health or will not produce beneficial results.
- Teeth with questionable, guarded or poor prognosis are not covered for endodontic treatment, periodontal surgery or crown and

bridge. Plan will allow for observation or extraction and prosthetic replacement. Gold, porcelain or resin fillings on primary teeth are excluded.

- Services received after the benefit limit under this agreement is reached.
- Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid. Any services for which payment may be obtained from any local, state or federal government agency (except Medi-Cal).

Orthodontic Limitations and Exclusions*

- Orthodontic services must be received from a Participating Orthodontic Office. In the event of a Member's loss of coverage, for any reason, and at the time of loss of coverage, the Member is still receiving orthodontic treatment the Member will be responsible for the remainder of the cost for that treatment.
- Replacement of lost or stolen orthodontic appliances or repair of orthodontic appliances broken due to negligence of the Member may not be discounted.
- Myofunctional therapy and related services.

**A more complete listing will appear in your evidence of coverage brochure, which you will receive after joining the plan.*

- Surgical procedures incidental to orthodontic treatment, including, but not limited to extraction of teeth, solely for orthodontic reasons, exposure of impacted teeth, correction of micrognathia or macrognathia, or repair of cleft palate.
- Treatment of orthodontic cases begun prior to the Member's Effective date of eligibility or after the termination of eligibility of coverage.
- Changes in treatment necessitated by an accident of any kind.
- Treatment related to the joint of the jaw (temporomandibular joint, TMJ) and/or hormonal imbalance.

Termination of Coverage

- Coverage ceases under Anthem Blue Cross Dental SelectHMO when a subscriber does not pay the subscription charges; resides 35 miles or more from any participating dental group or office; the person fails to meet eligibility requirements listed previously; or when copayments are not made.
- The subscriber must notify Anthem of any change affecting any member's eligibility within 30 days of the change.

Non-Duplication of Anthem Benefits

If, while covered under this Policy, the member is covered by another Anthem Blue Cross Individual policy, he or she will be entitled only to benefits of the policy with greater benefits. The Anthem Companies will refund any premium received under the policy with the lesser benefits, covering the time both policies were in effect. However, any claims payments made by the lesser benefits will be deducted from any such refund of premium.

More Benefits and Copayment Highlights

These copayments apply only to services rendered by a Participating Dental Office. Specialty services provided by a Participating Specialty Office are included on a separate schedule on your contract.

Dental Service	Anthem Blue Cross Dental Saver Select HMO copays	Anthem Blue Cross DentalSelectHMO Plan copays	Anthem Blue Cross Dental Premier SelectHMO copays
Cosmetic Care			
Resin Filling – permanent, <i>one surface, posterior</i>	\$75	\$75	\$75
Labial Veneer <i>(lamine)-chairside</i>	\$187	\$187	\$187
Endodontic Care			
Root Canal – <i>Anterior</i>	\$289	\$289	\$289
Root Canal – <i>Bicuspid</i>	\$341	\$341	\$341
Root Canal – <i>Molar</i>	\$459	\$459	\$459
Pulpotomy	\$62	\$62	\$62
Periodontal Care			
Gingivectomy – <i>per tooth</i>	\$72	\$72	\$72
Gingivectomy – <i>per quadrant</i>	\$194	\$194	\$194
Osseous Surgery – <i>per quadrant</i>	\$520	\$520	\$520
Oral Surgery			
Single Extraction	\$60	\$60	No Charge*
Impaction – <i>soft tissue</i>	\$136	\$136	\$136
Impaction – <i>partial bony</i>	\$176	\$176	\$176
Impaction – <i>full bony</i>	\$200	\$200	\$200
Prosthodontic Care			
Crowns	\$432	\$432	\$432
Complete Upper or Lower Dentures	\$577	\$577	\$577
Partial Denture	\$430	\$430	\$430
Scaling/Root planing – <i>per quadrant</i>	\$101	\$101	No Charge*

NOTE: Records, retention, and certain corrective interception treatment, all of which are necessary in Orthodontic care, are excluded from coverage in many other plans, but Blue Cross Dental SelectHMO offers these services at reduced fees.

* You must meet a six-month waiting period before these benefits are payable.

Enrolling in an Anthem Blue Cross Dental SelectHMO Plan

See page 12 for instructions. All dental care will be provided by the Participating Dental Office you select. You will receive an I.D. card from Anthem listing your selected Participating Dental Office.

Always bring your I.D. card when you visit your dental office.

Monthly payment is available only in tandem with Monthly Checking Account Deduction billing. If you wish to pay bimonthly, multiply by two; if you prefer to pay quarterly, multiply by three.

How to Enroll

- Complete and sign the attached application. *Note: The Participating Dental Office that you choose must appear on your application*
- Determine your premium from the chart below
- Choose your payment plan (page 9)
- Write a check payable to **Anthem Blue Cross** (1 mo. premium)

Please mail your application and payment to:

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

MONTHLY Anthem Blue Cross Dental SelectHMO RATES			
	Anthem Blue Cross Saver SelectHMO	Anthem Blue Cross SelectHMO	Anthem Blue Cross Premier SelectHMO
Single	\$9	\$13	\$16
Two Party *	\$18	\$26	\$32

* *Eligible dependents include:*

- the subscriber’s lawful spouse;
- any unmarried child of the subscriber or the enrolled spouse under age 19;
- any unmarried child of the subscriber or the enrolled spouse, ages 19 to 23, who qualifies as a dependent for federal income tax purposes;
- the subscriber’s or enrolled spouse’s child, who continues to be both incapable of self-support, due to continuing mental retardation or physical handicap and who is at least one-half dependent upon the subscriber or spouse for support.

Enrolling is Simple. Just Follow These 3 Easy Steps...

Step 1

COMPLETE THE APPLICATION IN BLUE OR BLACK INK. Be sure you follow the instructions on the application carefully. We have tried to make the instructions easy to follow. If you have any questions, or you are not sure how to answer a question, simply contact our health insurance department at: 818-654-4548 fax: 818-776-9865

Step 2

SELECT THE TYPE OF BILLING YOU WANT – monthly (by checking account deduction), bi-monthly (every two months) or quarterly (every three months).

Step 3

SEND THE COMPLETED APPLICATION TO:

Oleg Skurskiy
18375 Ventura Blvd. # 226
Tarzana, CA 91356

Please make your check payable to: Anthem Blue Cross

We will be in contact with you upon receipt of your completed application. We will also keep you advised of the underwriting status. Do Not Cancel your current coverage until a new policy is approved and you have received written confirmation of the policy's rates and benefits from the insurance company.

If you have questions please contact our office at: 818-654-4548

Thank you for choosing...





Anthem Dental SelectHMO Enrollment Application

If you are an Anthem Blue Cross subscriber, please enter your current Anthem group number and certificate number below.

ATTACH
CHECK
HERE

GROUP NO.

CERTIFICATE NO.

PROPOSED EFFECTIVE DATE
/ /

Plan Choice

- Saver SelectHMO (40) SelectHMO (41) Premier SelectHMO (42)

Dental Office No:

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Check Billing Type

- Monthly (By checking account deduction only. **Complete Authorization form on reverse side.**) Bimonthly Quarterly

Applicant Information – Applicant must complete this section.

Please print

First Name	MI	Last Name	Social Security Number		
Home Phone No. ()	Business Phone No. ()	Sex	Marital Status	Age	Date of Birth
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

Spouse to be Included – Signature required below.

Last Name of Spouse	First Name	Sex	Date of Birth (Mo/Day/Yr)	Social Security Number
		<input type="checkbox"/>		

Signatures (Required)

Authorization to Obtain or Release Medical Information: I authorize any physician or other health care professional, hospital, or other health care facility, counselor, therapist, or any other medical or medically related facility or professional to give Anthem Blue Cross or affiliate ("Anthem") its agents, employees, designees, or representatives, including my Anthem agent or broker, any and all information or records relating to the medical history, medical examinations, services rendered, or treatment given, including treatment for alcohol abuse, substance abuse, mental or emotional disorders, A.I.D.S. (Acquired Immune Deficiency Syndrome), or A.R.C. (AIDS-related Complex) of me or any of my dependents applying for or having Anthem coverage. I understand that this information may be collected in connection with the review investigation or evaluation of any application for coverage, of any claim for benefits, or of any inquiry or grievance. I understand that California law prohibits an HIV test from being required or used as a condition of obtaining medical coverage. If the applicant is a minor, I accept full legal and financial responsibility for the coverage and information provided on this application. (Court documents establishing guardianship must be submitted if the responsible adult is not the parent.) I have personally read and completed this application. If I am accepted, this application will become part of the contract between Anthem and me. I and any enrolled family members agree to abide by the terms of that contract, including the arbitration provision as follows:

Even if I pay money with this application, that money is only a deposit against future premium if this application is accepted. Cashing my check does not mean my application is approved. If this application is declined, neither Anthem nor any affiliated company shall have any liability to me or anyone else listed on it, except for the obligation to return the money submitted with this application. If this application is not accepted, neither I nor anyone listed on it will be entitled to benefits or coverage from Anthem.

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 OR ANY OTHER ISSUES RELATED TO THE PLAN AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: "It is understood that 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 OR ANY OTHER ISSUES RELATED TO THE PLAN.

Signature of Applicant X	Today's Date	Signature of Applicant's Spouse	Today's Date
Name of Agent (Print) OLEG SKURSKIY	Agent No. B C L N G N P V M Z	Signature of Agent	Today's Date

Monthly Checking Account

Deduction Authorization

INSTRUCTIONS:

1. Complete this section.
2. Attach a blank check marked "VOID" to this form (*Deposit slips or temporary checks are not acceptable.*)
3. Submit a check for one (1) month's premium made out to ANTHEM BLUE CROSS. If the account listed below is a joint account, both account holders' signatures are required.

OPTIONAL MONTHLY CHECKING ACCOUNT

DEDUCTION AUTHORIZATION. As a convenience to me, I request and authorize YOU to pay and charge to my account checks drawn on that account by and payable to the order of ANTHEM BLUE CROSS provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I authorize Anthem Blue Cross to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my Anthem Blue Cross dues. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

NOTE: Should your withdrawal not be honored by your bank, you automatically will be removed from Monthly Checking Account Deduction and be billed quarterly. After 12 months, you may re-apply for the monthly checking account deduction options.

Subscriber Name

Subscriber's Social Security No.

Group No.

Name on Checking Account (if different than above)

Checking Account No.

Name of Bank

Bank Address

City/State/ZIP

Joint Account Holders Authorized Signature (As it appears in the financial institution's records)

X

Date

Authorized Signature (As it appears in the financial institution's records)

X

Date

FOR ANTHEM USE ONLY

Group No.	Certificate No.	Agent I.D. No.	Effective Date
		BCLNGNPVMZ	
Pre-Exist	Area	By	Date

Information in this brochure highlights features of the Anthem Blue Cross Dental SelectHMO plans. For more detailed plan information, be sure to read the Evidence of Coverage booklet you receive once you are enrolled.



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www.anthem.com/ca

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