

Your Summary of Benefits (Plan B with ortho)
Sturgeon R-V School District – 07/01/2018
Anthem Blue Cross and Blue Shield Dental Complete

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your Anthem Blue Cross and Blue Shield (Anthem) dental plan lets you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits – you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE	In-Network	Out-of-Network
Annual Benefit Maximum – calendar <ul style="list-style-type: none"> Per insured person Diagnostic & Preventive Services are not applied to the Annual Benefit Maximum 	\$1,000	\$1,000
Annual Maximum Carryover	No	No
Orthodontic Lifetime Benefit Maximum <ul style="list-style-type: none"> Per eligible insured person 	\$1,000	\$1,000
Annual Deductible – calendar <ul style="list-style-type: none"> Per insured person Family maximum 	\$50 3x single member deductible	\$50 3x single member deductible
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement	90 th percentile	

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services <ul style="list-style-type: none"> Periodic oral exam Teeth cleaning (prophylaxis) Bitewing X-rays 1x per 12 months, all ages Periapical X-rays 	100% coinsurance	100% coinsurance	No waiting period
Basic Services <ul style="list-style-type: none"> Amalgam (silver-colored) filling Front composite (tooth colored) filling Back composite (tooth colored) filling, covered as composite Simple extractions 	80% coinsurance	80% coinsurance	No waiting period
Endodontics <ul style="list-style-type: none"> Root canal 	80% coinsurance	80% coinsurance	No waiting period
Periodontics <ul style="list-style-type: none"> Scaling and root planing 	80% coinsurance	80% coinsurance	No waiting period
Oral Surgery <ul style="list-style-type: none"> Surgical extractions 	80% coinsurance	80% coinsurance	No waiting period
Major Services <ul style="list-style-type: none"> Crowns 	50% coinsurance	50% coinsurance	No waiting period
Prosthodontics <ul style="list-style-type: none"> Dentures Bridges Dental implants covered 	50% coinsurance	50% coinsurance	No waiting period
Prosthetic Repairs/Adjustments	50% coinsurance	50% coinsurance	No waiting period
Orthodontic Services <ul style="list-style-type: none"> Adults and dependent children 	50% coinsurance	50% coinsurance	No waiting period

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. **In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.**

Remove if no child ortho: *Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.* With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

* The International Emergency Dental Program is managed by an independent company offering dental-management services to Anthem. To learn more about the program, please visit the International Emergency Dental Web site at www.decaredental.com/internationalDentalProgram.do.

Incl/Remv: Promoting healthy mouths for members who are pregnant or living with diabetes

Incl/Remv: If you are pregnant or living with diabetes, you can sign up to receive one additional dental cleaning or periodontal maintenance procedure per year..

Finding a dentist is easy.

To select a dentist by name or location, do one of the following:

- Go to anthem.com/mydentalvision
- Call Anthem dental customer service at the toll-free number listed on the back of your ID card.

TO CONTACT US:

Call	Write	Email
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.	Go to anthem.com or the website listed on the back of your ID card.

Limitations & Exclusions	
<p>Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.</p> <p>Diagnostic and Preventive Services</p> <p>Oral evaluations (exam) – Limited to two per Calendar Year</p> <p>Teeth cleaning (prophylaxis) – Limited to two per Calendar Year</p> <p>Periapical X-rays, single film – Limited to four films per 12-month period</p> <p>Complete series X-rays – (panoramic or full-mouth) Limited to once every 60 months</p> <p>Topical fluoride application – Limited to once every 12 months for members through age 18</p> <p>Sealants – Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.</p> <p>Basic and/or Major Services**</p> <p>Fillings – Limited to once per surface per tooth in any 24 months</p> <p>Space Maintainers – Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; space maintainers may be covered under Diagnostic and Preventive or Basic Services.</p> <p>Crowns – Limited to once per tooth in a seven-year period</p> <p>Fixed or removable prosthodontics – denture, partials, bridges, tooth implants Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.</p> <p>Root canal therapy – Limited to once per lifetime per tooth; coverage is for permanent teeth only.</p> <p>Periodontal surgery – Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater</p> <p>Periodontal scaling and root planing – Limited to once per quadrant in 36 months, when the tooth pocket has a depth of four millimeters or greater</p> <p>Brush biopsy – covered</p>	<p>**Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There may be a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.</p> <p>ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – if Orthodontia is included as a benefit of your dental plan Orthodontia Limited to one course of treatment per member per lifetime</p> <p>Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.</p> <p>Services provided before or after the term of this coverage – Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate</p> <p>Orthodontics (unless included as part of your dental plan benefits) – Orthodontic braces, appliances and all related services</p> <p>Cosmetic dentistry – Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist</p> <p>Drugs and medications – Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care</p> <p>Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.</p> <p>Extractions – Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member</p>

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem..

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): 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. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation ("CompCare") or Wisconsin Collaborative Insurance Company ("WCIC"); CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. 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 the registered marks of the Blue Cross and Blue Shield Association.

Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why...

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How Anthem dental decides on maximum allowed amounts

Anthem develops an out-of-network dental fee schedule/rate to determine the maximum allowed amount for services provided by an out-of-network dentist. This schedule may be changed or updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data.

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Say Ted's dental plan allows him 50% coinsurance for either in- or out-of-network services... Ted chooses to get a crown from an out-of-network dentist who charges \$1,200 for the service and bills Anthem for that amount. If Anthem's maximum allowed cost for this dental service is \$800, this means there will be a \$400 difference. The out-of-network dentist can "balance bill" Ted for that amount.

Ted will also need to pay \$400 coinsurance. Therefore, the total he will pay the out-of-network dentist is \$800. Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed cost: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): **\$400**
- Balance Ted owes the provider: $\$1,200 - \$800 = \$400$
- Ted's total cost: **\$400** coinsurance + **\$400** provider balance = **\$800**

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.

WELCOME TO BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



Educators Benefit Association (EBA)
 Group Name: Sturgeon R-V School Dist.
 Effective Date: 07/01/2018



Blue View VisionSM

Your Blue View Vision network

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including 1-800-CONTACTS, LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts.

Out-of-network: If you choose to, you may receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION PLAN BENEFITS

Routine eye exam once every 12 months

Eyeglass frames

Once every 24 months you may select an eyeglass frame and receive an allowance toward the purchase price

Eyeglass lenses (Standard)

Once every 12 months you may receive any one of the following lens options:

- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)

Eyeglass lens enhancements

When obtaining covered eyewear from a Blue View Vision provider, you may add any of the following lens enhancements at no extra cost.

- **Transitions** Lenses (for a child under age 19)
- Standard Polycarbonate (for a child under age 19)
- Factory Scratch Coating

Contact lenses – once every 12 months

Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.

- Elective Conventional Lenses; or
- Elective Disposable Lenses; or
- Non-Elective Contact Lenses

Your contact lens allowance can only be applied toward the first purchase of contacts you make during a benefit period. Any unused amount remaining cannot be used for subsequent purchases made during the same benefit period, nor can any unused amount be carried over to the following benefit period.

EXCLUSIONS & LIMITATIONS (not a complete list)

Combined Offers. Not combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

IN-NETWORK	OUT-OF-NETWORK
\$10 copay, then covered in full	\$42 allowance
\$150 allowance, then 20% off any remaining balance	\$45 allowance
\$20 copay, then covered in full	\$40 allowance
\$20 copay, then covered in full	\$60 allowance
\$20 copay, then covered in full	\$80 allowance
\$0 after eyeglass lens copay	No allowance on lens enhancements when obtained out-of-network
\$0 after eyeglass lens copay	
\$0 after eyeglass lens copay	
\$140 allowance, then 15% off any remaining balance	\$105 allowance
\$140 allowance (no additional discount)	\$105 allowance
Covered in full	\$210 allowance

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY	In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam	Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> • Transitions® lenses (Adults) \$75 • Standard Polycarbonate (Adults) \$40 • Tint (Solid and Gradient) \$15 • UV Coating \$15 • Progressive Lenses¹ <ul style="list-style-type: none"> • Standard \$65 • Premium Tier 1 \$85 • Premium Tier 2 \$95 • Premium Tier 3 \$110 • Anti-Reflective Coating² <ul style="list-style-type: none"> • Standard \$45 • Premium Tier 1 \$57 • Premium Tier 2 \$68 • Other Add-ons and Services 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> • Complete Pair 40% off retail price • Eyeglass materials purchased separately 20% off retail price
Eyewear Accessories	<ul style="list-style-type: none"> • Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> • Standard contact lens fitting³ Up to \$55 • Premium contact lens fitting⁴ 10% off retail price
Conventional Contact Lenses	<ul style="list-style-type: none"> • Discount applies to materials only 15% off retail price
Laser vision correction surgery LASIK refractive surgery	<ul style="list-style-type: none"> • Discount per eye For more information, go to anthem.com/specialoffers and select vision care.
Members can take advantage of savings opportunities from dozens of vendors on a variety of products and services, including LASIK vision surgery, hearing services and aids, wellness products, weight loss programs, fitness memberships, elder care services, 1800CONTACTS ™ and much more.	

¹ Please ask your provider for his/her recommendation as well as the progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the coating brands by tier.

³ A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

OUT-OF-NETWORK

If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit anthem.com or call us at 1-866-723-0515.

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. Discounts referenced are not covered benefits under this vision plan and therefore are not included in the member's policy. Frame discounts may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice. This benefit overview is only one piece of your entire enrollment package.

Transitions and the swirl are registered trademarks of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure and lens material.

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Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Ձեր իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸੇਵਾ ਸੰਖਿਆ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowoł t'áá jík'e. Naaltsoos bee atah nilínígíí bee nécho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' hodíílnih. Naaltsoos bee atah nilínígíí bee nécho'dólzingo nanitínígíí béésh bee hane'í bikáá' áájí' hodíílnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Enrollment Form

EMPLOYEE INFORMATION. Please verify the information below for accuracy. If incorrect, please contact your HR representative.

Name/Address _____ _____ _____	Date of Birth _____	Employee ID/SSN _____
	Division _____	Date of Hire _____
	Class 2 - Retirees	Annual Salary _____
	BillClass _____	SubGroup _____
	Effective Date _____	Gender _____

PLEASE PRINT IN BLACK OR BLUE INK. Read and complete all of this form. Please complete all grayed sections. If you need more space, attach a separate sheet of paper. Please use four digits for years (e.g. 1998, not 98).

Are you actively at work? Yes No
Are you retired? Yes No
Marital status: Single Married Widowed Divorced
Occupation: _____
Phone: _____
Hours per week working for this employer: _____ **Email Address:** _____

BENEFIT SELECTION. Check the boxes that apply along with the appropriate coverage level.

Voluntary Dental Plan B with Ortho Accept Decline <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Regular dental check-ups can help in the detection of other health related issues. Gum and tooth disease have been linked to major health conditions like heart disease and stroke. That's why dental coverage is more important than ever.	
	Coverage level	Monthly Premium
	<input type="checkbox"/> Employee ONLY	\$32.78
	<input type="checkbox"/> Employee + Spouse	\$65.58
	<input type="checkbox"/> Employee + Child(ren)	\$72.70
<input type="checkbox"/> Employee + Family	\$109.62	
Customer Service Phone Number: _____		

Voluntary Vision

Consider how important good vision is to everyday activities like driving, shopping or watching a movie. Taking care of your vision is essential to your overall health and well-being. Did you know that having regular eye exams can reduce the risk of more serious, long-term diseases?

Accept Decline

Coverage Level	Monthly Premium
<input type="checkbox"/> Employee ONLY	\$7.85
<input type="checkbox"/> Employee + Spouse	\$13.74
<input type="checkbox"/> Employee + Child(ren)	\$14.92
<input type="checkbox"/> Employee + Family	\$22.77

DEPENDENT DESIGNATION

(Complete all details for Individuals applying for coverage: list names of all dependents.)

Last name, First name, M.I.	SSN (XXX-XX-XXXX)	Sex	Date of Birth (XX-XX-XXXX)	Age	Relationship (spouse/domestic partner or child)
	- -	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Spouse/Domestic Partner
	- -	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Child
	- -	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Child
	- -	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Child
	- -	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		Child

List address of all dependents if different from the applicant, including temporary address, e.g. college student.

Name/Address: _____ / _____

Name/Address: _____ / _____

BENEFICIARY DESIGNATION

It is important that your beneficiary designation is clear. It is also important that you name a primary beneficiary and contingent beneficiary. If the beneficiary is not related to you by either blood or marriage, please insert the words 'Not Related' in the relationship box.

NOTE: Please complete the section below for Employee Coverage ONLY. You "the employee" will always be considered the beneficiary for the Dependent Life Insurance when elected.

EMPLOYEE BENEFICIARY DESIGNATION			In equal shares unless otherwise provided below			
Primary Beneficiary	Last name	First name, M.I.	Social Security # - -	Relationship to Applicant	Age	%
Primary Beneficiary	Last name	First name, M.I.	Social Security # - -	Relationship to Applicant	Age	%
In equal shares unless otherwise provided below						
Contingent Beneficiary	Last name	First name, M.I.	Social Security # - -	Relationship to Applicant	Age	%
Contingent Beneficiary	Last name	First name, M.I.	Social Security # - -	Relationship to Applicant	Age	%

ELIGIBILITY AND AUTHORIZATION

Employee Confirmation

My signature certifies that I (1) Apply for the coverages designated for which I am eligible under my employer's plan with the carrier. (2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health to the carrier. (3) Authorize any required deductions from my earnings. (4) Designate the beneficiary named on this application to receive any benefits payable in the event of death. (5) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief. (6) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee Signature _____ Date _____ / _____ / _____

Premium calculations above may differ slightly based on rounding rules and other system factors, but will not vary significantly. Every effort has been made to match your premiums to the penny.

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