



YOUR ANTHEM DENTAL BENEFITS

The Local Choice Medicare Eligible Retiree Health Benefits Program

For Medicare-Eligible Retiree Group Participants

Anthem Dental – Designed to help you achieve better health

We think giving you the right kind of dental benefits can help you have a better handle on your overall health. Why? Because research suggests a connection between poor oral health and certain diseases. For example, 90% of the body's diseases show signs and symptoms in your mouth.¹ So, dentists often have the first opportunity to notice early signs of a chronic disease. Your Anthem dental plan offers benefits for optimal oral and overall health.

Anthem Whole Health Connection – Dental recognizes the need for additional dental cleanings or periodontal treatment for participants with certain health conditions. See page 4 for more information.

Dental networks that work hard for you

You won't have trouble finding a dentist you trust with our large state and national networks. In Virginia, we have over 3,500 dentists and specialists who provide services at more than 6,300 locations/access points.² You also have access to one of the largest dental networks in the country, with more than 98,000 unique dentists in all 50 states at 255,000 locations/access points – and growing.³

Finding a dentist is easy

To select a dentist by name or location, you can:

- Go to www.anthem.com/tlc (search for a dental professional under Find A Doctor) OR
- Call Dental Customer Service at 1-855-648-1411.

When you see a participating dentist, you can count on:

1. **Savings:** We agree on pricing with our contracted participating dentists and then pass that savings on to you.
2. **Freedom from paperwork:** Participating dentists file your claims with us so you don't have to.
3. **Freedom from balance billing:** If our contracted participating dentists charge more than the agreed upon price, they cover the difference, not you. You're only responsible for the applicable deductible or coinsurance.

If you are living or traveling outside the U.S., you will be pleased to know that your plan's coverage is worldwide. Emergency dental treatment will be considered in-network if services are received from a provider who participates in our worldwide network of credentialed dentists. Emergency dental services will not count towards your annual maximum allowance. Non-emergency dental services received outside of the U.S. will be considered as out-of-network services and your share of the cost will likely be higher than if you received care from an in-network provider. For your peace of mind, we provide 24/7 assistance finding a participating dentist. To find a dentist in the country you are visiting, press the outbound calling code for the country you are calling from and dial 937-2257 (24 hours a day).

You might pay more when you visit an out-of-network dentist

Your plan lets you choose any dentist, whether or not that dentist is part of our network. But 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 provide lower payment rates for covered services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and may charge more than the payment rate (called the "maximum allowed amount"). They can bill you for any applicable coinsurance PLUS any amount over the maximum allowed amount—that's called balance billing.

Here's an example of how using in-network dental services can lower your costs.

- Medicare Retiree Maria gets a crown from an out-of-network dentist, who charges \$1,200 for the service and files a claim with Anthem for that amount.
- Anthem's maximum allowed amount for this dental service is \$800. That means that the charge is \$400 above the maximum allowed charge, for which the dentist can balance bill Maria.
- Since Maria will also need to pay \$760 (95% coinsurance), the total she may owe the out-of-network dentist is \$1,160.

Here's the math:

• Dentist charge:	\$1,200
• Anthem's maximum allowed amount:	\$ 800
• Plan benefit (Amount Anthem will pay) - 5%:	\$ 40
• Your coinsurance (Amount You will pay) - 95%:	\$ 760
• Amount over the maximum allowed amount (Amount You will pay):	\$ 400
• Your total cost:	\$ 1,160

(\$760 coinsurance + \$400 balance charged by the out-of-network provider over the allowed amount)

In this example, if Maria had gone to an in-network dentist, her cost would be only \$760 for the coinsurance, because she would not have been balance billed the \$400 over the allowed amount.

For major dental services that are covered at 5%, the savings you receive by using an in-network provider could be even greater than your 5% benefit. Taking advantage of the discounted rates guaranteed by in-network providers for these generally higher-cost services can result in substantial savings.

Things to consider when selecting a dentist

Anthem In-Network Dentists	Out-Of-Network Dentists
<ul style="list-style-type: none"> • The dentist will accept Anthem's allowance for covered services. This means that you pay only the applicable coinsurance for these covered services. • In-network dentists have claim forms in their office and will complete and submit to Anthem at no charge. • Payment will be made directly to the dentist for covered services. 	<ul style="list-style-type: none"> • Out-of-network dentists have not agreed to accept Anthem's allowance for covered services. This means that, in addition to what Anthem pays, you must pay the applicable coinsurance <u>plus</u> any difference between the out-of-network dentist's charges and Anthem's payment for covered services. • You may be required to pay the out-of-network dentist in advance for the entire bill, complete claim forms and submit them to Anthem. • Payment will be made directly to you unless your dentist agrees to accept payment from Anthem.

Highlights of The Local Choice Medicare Eligible Retiree Health Benefits Program Anthem Dental Benefits Plan

	Member Co-Insurance (What you pay when you visit an in-network dentist)	Benefit Limitations
Diagnostic & Preventive Care	0%	
<ul style="list-style-type: none"> Dental exams and cleaning Bitewing X-rays Full-mouth or Panorex X-rays Occlusal guards Emergency treatment 		<ul style="list-style-type: none"> Twice in a calendar year Twice in a calendar year Once each 3 years Once each 3 years
Basic Services	20%	
<ul style="list-style-type: none"> Oral surgery services (simple extractions and other minor surgical procedures) Endodontic services (root canal therapy and other endodontic services) Restorative services (amalgam or composite resin and other restorative services) Non-surgical periodontic services (scaling and root planing) Surgical periodontic services (soft tissue and bony surgery, including grafts) Denture repair and recementation of existing crowns, bridges and dentures 		(Services covered under health benefits are excluded) <ul style="list-style-type: none"> Once per surface in a two year period Limitation of two years applies Limitation of three years applies Once every 12 months
Major Services	95%	
Crowns (single crowns, inlays and onlays)		-- Once per tooth every 5 years -- Inlays are limited to the benefit for resin restoration unless part of partial or bridge abutment. -- Onlays are limited to the benefit for a metallic restoration
Prosthodontics (Partials or complete dentures and fixed bridges)		Once every 5 years
Dental implants		Once every 5 years (per tooth)
Orthodontia	Not covered	Not covered
Dental Network	Dental Complete	
Annual Deductible	None	
Annual Benefit Maximum (per person)	\$1,500	
International Dental Program	Included	

Anthem Whole Health Connection – Dental

Dental care is about more than just teeth. The body is a complete system with interdependent parts. Dental examinations and dental care may help screen, treat and monitor many conditions, like heart disease, diabetes and stroke. Early detection is the key to managing many health issues. Dentists often have the first opportunity to notice early signs of a chronic disease.

Because oral health affects overall health, we have expanded our coverage, services and the resources available to our members to help them achieve optimal oral and overall health. Anthem Whole Health Connection – Dental provides the following components:

100% In-Network Coverage for Cleanings and Exams

Anthem dental provides 100% coverage for all diagnostic and preventive services. This means that when you see an in-network dentist for your cleanings, exams and X-rays you don't have to pay anything.

Additional Dental Treatments

Anthem automatically covers an additional exam and a dental cleaning or periodontal treatment each calendar year for members with the following conditions:

- Diabetes
- Pregnancy
- Certain cardiac conditions
- Organ or bone marrow transplant candidates
- Cancer diagnosis and if you are undergoing chemotherapy and/or radiation treatment

Anthem also provides an additional fluoride application for members who have been diagnosed with cancer.

Welcome to Anthem!

In addition to providing you with access to one of the largest networks of dentists in the nation and valuable benefits that help keep your out-of-pocket costs down, participants in The Local Choice Medicare Eligible Retiree Health Benefits Program also get 24/7 access to dental benefits information, claims and resources to help you manage your dental benefits.

Visit www.anthem.com/tlc (Go to Benefits > Dental & Vision Tab > "View Dental Claims" link under Medicare Retirees) to access your online services, which offers you the convenience to:

- Find an in-network dentist
- Check eligibility and benefits.
- Verify claims.
- View Online Cost Estimator
- Personalized advice on dental health care with our "Ask a Hygienist" email service.

¹ Academy of General Dentistry Know Your Teeth website: Warning Signs in the Mouth Can Save Lives. (Rev. January 2012): knowyourteeth.com.

² Virginia network data as of July 29, 2015.

³ The national Dental GRID and GRID+ networks are managed by the GRID Dental Corporation, a separate company that provides access to dental networks and services on behalf of Anthem Blue Cross and Blue Shield.

Questions and Answers Concerning Your Dental Program

Q: Are my benefits changing?

A: No. Starting January 1, 2016, Anthem Blue Cross Blue Shield (Anthem) will provide your dental benefits. Delta Dental will no longer administer your dental benefits except for work in progress—see below.

Q: What if I am currently in treatment for dental services?

A: Anthem aims for a smooth transition of your treatment in progress. Endodontics (root canals) and major restorative services (crowns, prosthodontics, dental implants) are typical benefit categories that often require several weeks for completion, resulting in the possibility of treatment in progress. For all dental services and treatments started prior to January 1, 2016, the former dental carrier (Delta Dental) will be responsible for payment. Dental services and treatments started on or after January 1, 2016, will be covered under your new Anthem dental plan.

Q: Do I need to use an Anthem participating provider?

Under your new Anthem dental plan, you may visit any licensed dentist for care. However, you will receive the highest level of benefits available if you choose a dentist who participates in the Anthem Dental Complete network.

Q: How can I find out if my dentist participates with Anthem?

A: You have a few options to find out if your dentist is an in-network dentist with Anthem

1. Call the customer service number at 1-855-648-1411. This number is also listed on the back of your Anthem ID card,
2. Check Anthem's web site at www.anthem.com/tlc, or
3. Ask your dentist if he/she is an Anthem Dental Complete participating dentist.

Q: How can I avoid unexpected charges for dental care?

A:

- See an Anthem in-network dentist.
- Have your dentist file a pre-determination of benefits to obtain an estimate of your coverage (this is not required, but recommended for services over \$250).
- Call Anthem dental customer service with any benefit clarification questions.

Q: What will happen if I go out of network?

A:

- In addition to any applicable coinsurance, you will be responsible for paying any difference between the non-participating dentist's charges and Anthem's payment.
- An out-of-network dentist is not required to file the claim for you, and you may be required to pay the dentist at the time services are rendered and then file the claim yourself to determine your reimbursement from Anthem.

Q: If I see a non-participating dentist, where do I file my claims?

A: All claims should be filed with Anthem, Attn: Dental Claims PO Box 1115, Minneapolis, MN 55440-1115

Q: Can I check my claims online?

A: Yes. You can register to view claims and other eligibility information at www.anthem.com/tlc.

- Go to Benefits > Dental & Vision Tab > "View Dental Claims" link under Medicare Retirees

Members can register to view dental claims and other eligibility information beginning January 1, 2016.

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