Dental/Vision Plan Offered With Advantage 65

Administered by Anthem Blue Cross and Blue Shield

Effective July 1, 2008 or October 1, 2008

Your group may choose to offer the Dental/Vision plan with the Advantage 65 plan. For a complete description of the benefits and exclusions, please see the Dental/Vision Member Handbook.

How The Plan Works

Dental Benefits

The plan pays up to $1,200 per member per calendar year. It also pays 100% of the allowable charge for diagnostic and preventive services, such as oral examinations and dental x-rays. It pays 80% of the allowable charge for primary services, such as fillings, re-cementing of crowns, inlays and bridges, or repair of removable dentures. The remaining 20% is your responsibility.

When you need services, simply present your plan identification card to your dentist. If you go to an Anthem network dentist, you will be responsible only for your coinsurance. If services are provided by a non-network dentist, you pay your coinsurance, plus the difference, if any, between the plan's allowable charge for a covered service and the dentist's charge. Network dentists are listed on the Web at **www.anthem.com/tlc**, or call Anthem Member Services toll-free at **1-800-552-2682** to determine if a dentist is in the network.

Plan Pays $1,200 Maximum Per Person Per Calendar Year		In-Network You Pay
Diagnostic And Preventive Services	Twice-a-year visits to the dentist for oral examinations, x-rays, and cleanings	$0
Primary Services	Fillings, oral surgery, periodontal services, scaling, repair of dentures, root canals and other endodontic services, and recementing of existing crowns and bridges	20% AC
Out-Of-Network Care	For services by a non-network dentist, you pay the applicable coinsurance plus any amounts above the allowable charge.	

Vision Benefits

Every 24 months, the plan pays a set amount for one routine eye exam, one pair of eyeglass frames and one pair of eyeglass lenses or contact lenses. The plan pays up to $40 for one routine eye exam; up to $75 for one pair of frames; up to $50 per pair of single lenses; up to $75 per pair of bifocal lenses; up to $100 per pair of trifocal lenses; and up to $100 for contact lenses. **You are responsible for paying any costs above what the plan pays.**

Present your plan identification card to your eye care professional when you need services. You may receive services from any licensed ophthalmologist, optometrist, or optician. You pay the provider's charge minus the plan's payment. You may need to file a claim for reimbursement. The provider may choose to file a claim for you, or you may need to file your own claim for reimbursement.

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Vision Benefits Highlights

	The Plan Pays
Routine Vision Exam (once every 24 months)	Provider's charge up to a maximum of $40 per routine exam
Frames (one pair every 24 months)	Provider's charge up to a maximum of $75 per pair
*Lenses (one pair of eyeglass lenses **or** any type of contact lenses every 24 months)*	Provider's charge up to the maximum amounts specified below for the types of lenses provided:
▲ Single lenses	$50 per pair
▲ Bifocal lenses	$75 per pair
▲ Trifocal lenses	$100 per pair
▲ Contact lenses (hard, soft, or disposable)	$100

If You Need Assistance

Anthem Blue Cross and Blue Shield

For assistance, please call Anthem Member Services:
1-800-552-2682
Monday through Friday 8:00 a.m. – 6:00 p.m.
Saturday 9:00 a.m. – 1:00 p.m.

On the Web at **www.anthem.com/tlc**

The Local Choice

The Local Choice Health Benefits Program
Commonwealth of Virginia
Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, VA 23219
(804) 786-6460

On the Web at **www.thelocalchoice.virginia.gov**

NOTE: This is not a policy. This is a brief summary of benefits under the Dental/Vision Plan offered with Advantage 65. If you enroll in the plan, you will receive a Dental/Vision Plan Member Handbook with detailed information about the benefits, exclusions, limitations, and your responsibilities under the plan.