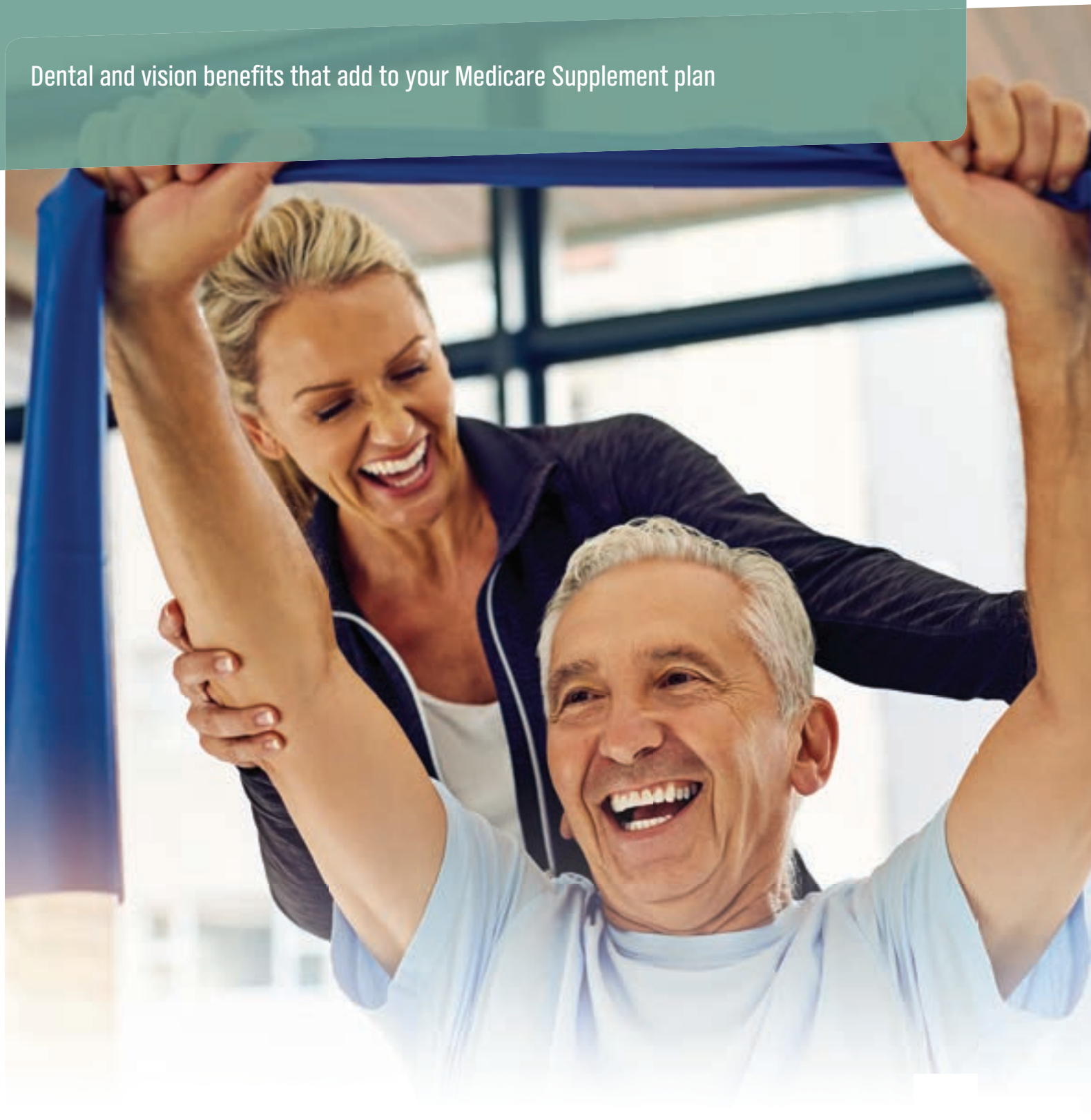
Anthem Extras

Benefits that cover the *whole* you

Dental and vision benefits that add to your Medicare Supplement plan



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Anthem

Extra is good, and when it comes to your health, it's even better. That's where **Anthem Extras** comes in. These dental and vision benefits give you important extra coverage to help you be your healthiest. And since price is important too, you can choose from several packages that fit your budget and offer you:

- ✓ Dental and vision coverage with preventive benefits.
- ✓ Support services and tools to help you maintain your overall health and well-being.
- ✓ One monthly premium that ranges from just $19 to $47.05.
- ✓ One ID card that covers all your benefits.

Want just dental coverage? You can do that!

We're always here for you

We're committed to giving you great customer service.

That means when you call, someone will be on the other end of our toll-free Member Services line to answer your questions.

1-877-391-3897 (TTY:711)

Monday - Friday, 8:00 a.m. - 5 p.m. local time

Dental coverage

A healthy mouth can be key to your overall health, so it's important to have dental benefits that count. With Anthem Extras you get:

- Diagnostic and preventive care, including exams, cleanings and x-rays.
- Waiting period for services may be waived or reduced with prior coverage
- A third cleaning or gum maintenance if you have diabetes.
- Access to more than 32,000 dentists at over 66,000 locations.
- The **International Emergency Dental Program**, so if you're traveling outside the U.S. and need dental care, we'll connect you with qualified dentists in almost any country in the world.*

You don't need to get a referral to see a dentist. And you won't have to worry about paperwork: Dentists in your plan will file claims for you.

Using a dentist in your plan

Anthem Extras lets you choose any dentist, whether or not they're in your plan. But you may have to pay more if you use a dentist who's not in your plan. That's because dentists in your plan have agreed to accept certain rates for services — and they can't charge you more. This rate is called the "maximum allowed amount." Dentists who aren't in your plan don't have a contract with us and can charge whatever they want for services. If it's more than the maximum allowed amount, they can bill you for the balance of their fee. That's called balance billing and it can cost you a lot more.

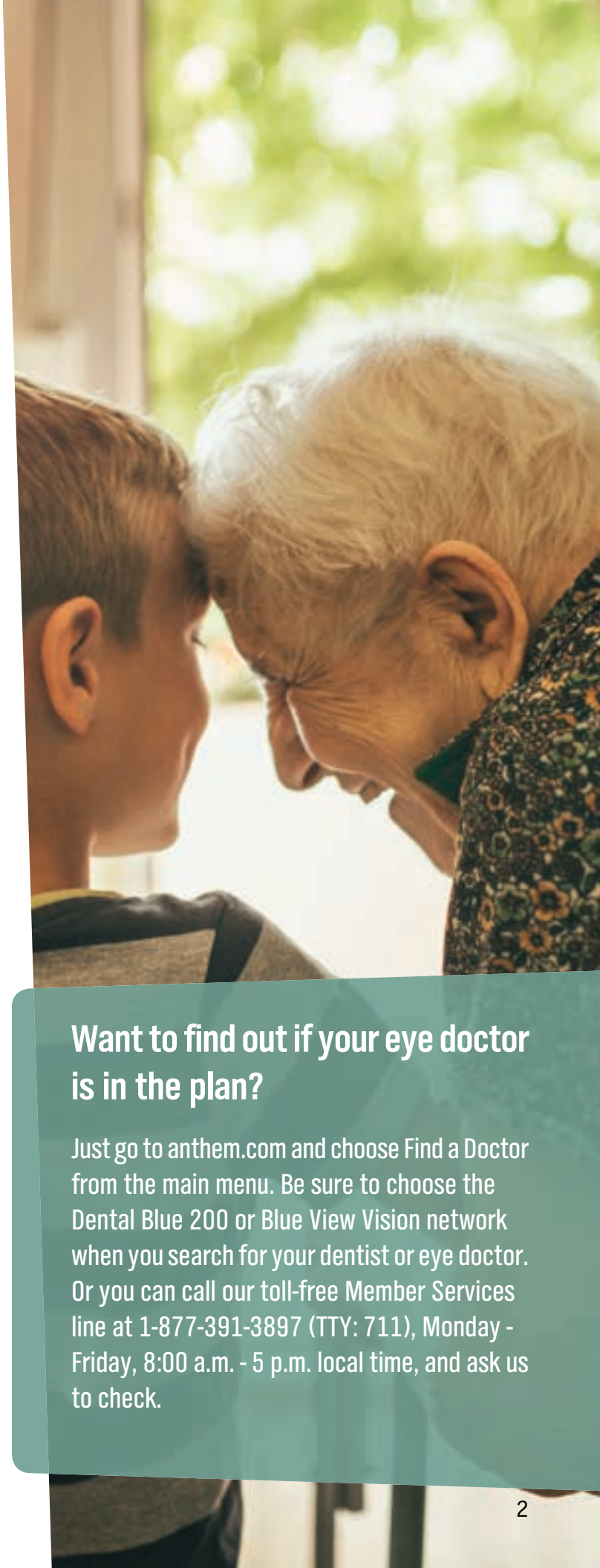
Vision coverage

Did you know that eye doctors can spot signs of common illnesses — like diabetes or heart disease — during regular eye exams? That's why vision coverage is so important to your overall health. With Anthem Extras vision coverage, you can:

- Choose from more than 38,000 doctors at over 27,000 locations. You can use your benefits at participating private practices, online at Glasses.com, ContactsDirect or 1-800 CONTACTS® and at many retail locations like LensCrafters®, Sears Optical℠, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.
- See any eye doctor you choose, but get extra savings when you use a doctor in your plan.
- Get additional savings of 15% to 40% on non-covered items like extra pairs of eyeglasses, some non-prescription sunglasses and popular accessories.

Using an eye doctor in your plan

Your costs may be lower when you use an eye doctor in your plan. And your experience will be easier because doctors in your plan can check your benefits for you and get the information they need to file your claim. That means no paperwork for you. When you need care, just call the doctor's office to make an appointment, bring your ID card with you and pay any copays. You'll also need to pay for any services that aren't covered by your plan.



Want to find out if your eye doctor is in the plan?

Just go to anthem.com and choose Find a Doctor from the main menu. Be sure to choose the Dental Blue 200 or Blue View Vision network when you search for your dentist or eye doctor. Or you can call our toll-free Member Services line at 1-877-391-3897 (TTY: 711), Monday - Friday, 8:00 a.m. - 5 p.m. local time, and ask us to check.

Choosing your Anthem Extras package

Choose the services and coverage that fit your lifestyle and budget.

	Senior Standard Dental with Vision	Senior Premium Dental with Vision	Senior Premium Plus Dental with Vision	Senior Premium Plus Dental Only
Dental coverage				
Network	Dental Blue 200	Dental Blue 200	Dental Blue 200	Dental Blue 200
Annual maximum benefit *(per member per benefit year)*	$500	$1,000	$1,250	$1,250
Annual deductible	No deductible	$50[1]	$50[1]	$50[1]
Routine exams, cleanings, x-rays[2]	100% covered when dentist is in your plan	100% covered when dentist is in your plan	100% covered when dentist is in your plan	100% covered when dentist is in your plan
Fillings	Not covered	80% (you pay 20%)[3]	80% (you pay 20%)[3]	80% (you pay 20%)[3]
Gum scaling & root planning (periodontal)	Not covered	50% (you pay 50%)[4]	50% (you pay 50%)[4]	50% (you pay 50%)[4]
Root canals & oral surgery	Not covered	50% (you pay 50%)[4]	50% (you pay 50%)[4]	50% (you pay 50%)[4]
Crowns, dentures & bridges	Not covered	Not covered	50%[4]	50%[4]
Vision coverage				
Network	Blue View Vision	Blue View Vision	Blue View Vision	Not included
Eye exam *(once every 12 month, including dilation if necessary)*	$20 copay when doctor is in your plan[5]	$20 copay when doctor is in your plan[5]	$10 copay when doctor is in your plan[5]	Not included
Frames *(once every 24 months)*	$100 allowance (when provider is in your plan, plus 20% off the remaining balance)[6]	$100 allowance (when provider is in your plan, plus 20% off the remaining balance)[6]	$130 allowance (when provider is in your plan, plus 20% off the remaining balance)[6]	Not included
Eyeglass lenses *once every 24 months)*[7]	$20 copay[8]	$20 copay[8]	$10 copay[8]	Not included
Contact lenses[9]	$80 allowance, plus 15% off remaining balance[10], conventional $80 allowance, disposable Covered 100%, non-elective Up to $55, standard fitting 10% off retail price, premium fitting	$80 allowance, plus 15% off remaining balance[10], conventional $80 allowance, disposable Covered 100%, non-elective Up to $55, standard fitting 10% off retail price, premium fitting	$80 allowance, plus 15% off remaining balance[10], conventional $80 allowance, disposable Covered 100%, non-elective Up to $55, standard fitting 10% off retail price, premium fitting	Not included
Monthly premium *(dental + vision = total premium)*	$19	$32.55	$47.05	$41

1 The dental deductible doesn't apply to diagnostic and preventive care services (routine cleanings, exams and x-rays), whether dentists are in the plan or not.
2 Routine exams, cleanings and x-rays include 2 exams, 2 cleanings and 1 bitewing x-ray series every year; and 1 complete x-ray series every 5 years.
3 After a 6-month waiting period. Waiting period may be waived or reduced with prior coverage.
4 After a 12-month waiting period. Waiting period may be waived or reduced with prior coverage.
5 If your eye doctor isn't in your plan, Anthem will pay up to $30 toward this service. You'll pay the full cost of the service at the time of your visit and submit a claim to be reimbursed up to $30.
6 If your vision provider isn't in your plan, Anthem will pay up to $45 toward your eyeglass frames. You'll pay the full cost at the time of your visit and submit a claim to be reimbursed up to $45.
7 Eyeglass lenses include 1 pair of standard plastic single-vision, bifocal or trifocal lenses.
8 If your provider isn't in your plan, Anthem will pay up to $25 allowance for single-vision lenses, $40 for bifocal lenses or $55 for trifocal lenses.
9 You may choose traditional or disposable lenses instead of eyeglass lenses. Anthem will pay an allowance toward the cost of a supply of contact lenses every 24 months. You'll need to use your contact lenses allowance when you first get the lenses. You can't carry forward any remaining allowance in the same or following calendar year.
10 You'll also get 15% off the remaining balance of your elective contact lenses if your provider is in your plan. If your provider isn't in your plan, Anthem will pay up to $60 allowance for elective conventional or disposable contact lenses. If your contact lenses are non-elective, Anthem will cover them 100% if the provider is in your plan or pay an allowance of up to $210 if the provider is not in your plan.

Signing up for Anthem Extras

Requirements

- You must be age 65 or older.
- Anthem Extras isn't available if you have an Anthem Medicare Advantage plan.

Enrollment

- Fill out and sign the enrollment application. (If you don't have one yet, ask your broker.)
- Send the completed application to your broker or to:
- Anthem Blue Cross Blue Shield
  PO Box 5028
  Denver, CO 80217-5028

After your application is approved, the date your coverage starts will be printed on your member ID card.

Payment

- You can pay once a year or once a month — it's up to you.
- You can send your first premium payment with your application or you can pay online.
- To pay online, go to anthem.com/anthemextraspackages and choose Pay My Bill under the Tools & Information section.

Dental limitations and exclusions

Anthem Extras dental coverage has some limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. The complete list will be included in your Individual dental policy.

Senior Standard Dental with Vision

Limitations

- Oral exams: Limited to 2 times per year.
- Teeth cleaning: Limited to 2 times per year. A third cleaning or gum maintenance is covered if you have diabetes and are enrolled in one of our care management programs.
- Bitewing X-rays: Limited to 1 set (up to 4 films) once per year.

Exclusions

- Charges for tobacco counseling, oral hygiene instruction, dietary planning or behavior management.
- All hospital costs and any additional fees charged by the dentist for hospital treatment.
- Professional visits for house/extended care facility, office visits after regularly scheduled hours and case presentations.
- Charges for missed or cancelled appointments.
- Services or supplies not specifically listed in the covered services section of the Individual dental policy.

Senior Premium Dental with Vision and Senior Premium Plus Dental with Vision

Limitations

- Oral exams: Limited to 2 times per year.
- Teeth cleaning: Limited to 2 times per year singly or in combination with gum maintenance procedure. A third cleaning or gum maintenance is covered if you have diabetes and are enrolled in one of our care management programs.
- Full-mouth X-rays (complete series) or panoramic film: Limited to 1 time every 5 years.
- Bitewing X-rays: Limited to 1 series (up to 4 films) of bitewings once per calendar year.
- Fillings (amalgam and composite restorations): Limited to once per tooth surface every 36 months. Benefits for composite resin restorations on posterior permanent teeth and primary teeth are based on the maximum allowed amount for the corresponding amalgam restoration.
- Gum scaling: Limited to once per quadrant every 24 months.
- Gum surgery: Limited to 1 service per quadrant in any 3-year period.
- Oral surgery (basic and surgical tooth extractions, root canal therapy and re-treatment for permanent teeth): Limited to 1 time per tooth/root per lifetime.

Exclusions

- Replacement of existing fillings for any purpose other than restoring tooth structure.
- General anesthesia, intravenous sedation.

The following services are not covered for the Anthem Extras Premium Package or Senior Premium Dental, but are covered in the Premium Plus Package and Senior Premium Plus Dental plan:

- Prosthodontic services (crowns, bridges and dentures)

Senior Premium Plus Dental Only

Limitations

- Permanent crowns and/or onlays: Limited to 1 time per 7-year period per tooth.
- Tissue conditioning: Limited to 2 times per arch in any 12-month period.
- Relines: Limited to once per year for chairside reline and once in 3-5 years for laboratory reline.
- Removable prosthetic services (dentures and partials): Limited to once per 7-year period.
- Denture adjustments: Limited to 1 time per year.
- Fixed prosthetic services (bridge): Limited to 1 time per 7-year period.

Exclusions

- Replacement of an existing fixed or removable prosthesis for which benefits were paid if replacement occurs within 7 years of the original placement.
- Replacement of crowns, onlays and laboratory-fabricated restorations if replacement occurs within 7 years of the original placement. Benefits will not be provided for a pontic or an abutment if a fixed or removable partial, crown or onlay was placed on the affected tooth/teeth in the last 7 years.
- Lost or stolen dentures or appliances; or replacement of existing full or partial dentures or appliances that have been lost or stolen.
- Charges for any duplicate prosthetic device or appliance, or for a spare set of dentures or any other duplicate appliance.
- Denture adjustments, repairs and reline for denture(s) paid for under this policy, less than six months from initial placement.
- Temporary and interim prosthetics (temporary crowns, bridges, partials, dentures, etc.). Temporary services are considered part of the final services, not a separate service, and therefore aren't covered.
- Prosthetic (artificial) replacement of teeth lost before you were covered under this policy, unless the prosthetic replacement is for one or more eligible natural teeth lost during the term of this coverage.

Anthem Extras – covering you from head to toe

With Anthem, you get the convenience of medical, dental, vision and other health coverage from one source. Anthem Extras can help you reach your best overall health — from head to toe — with savings and service you'll appreciate.

Notes

Have any questions about Anthem Extras?

Call us toll free at 1-877-391-3897 (TTY: 711), Monday - Friday, 8:00 a.m. - 5 p.m. local time.

(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.

Blue Cross and Blue Shield complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance sales representative or insurance company.

This brochure is intended to be a brief summary of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Policy; the Policy has exclusions, limitations and terms under which the Policy may be continued in force or discontinued. For costs and complete details of the coverage, call 1-877-391-3897 (TTY: 711), Monday - Friday, 8:00 a.m. - 5 p.m. local time, or write to: Anthem Blue Cross and Blue Shield, P.O. Box 659444, San Antonio, TX 78265. In the event of a conflict between the Policy and this description, the terms of the Policy will prevail. Blue Cross and Blue Shield is not connected with or endorsed by the U.S. Government or the federal Medicare program.

*The International Emergency Dental Program is administered by DeCare Dental. No such relationship other than that of independent parties under an arrangement with each other solely for the purposes of providing dental care to Blue Cross and Blue Shield members may be deemed to exist between DeCare Dental and participating dentists. DeCare Dental is an independent company offering dental administrative services to Blue Cross and Blue Shield plans. DeCare Dental does not offer Blue Cross and Blue Shield products or services. DeCare Dental is solely responsible for its products and services.

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