

Anthem Blue Cross Individual Dental PPO

The information in this brochure only provides highlights of the Anthem Blue Cross Individual Dental PPO Plan. For more detailed information, be sure to read the Anthem Blue Cross Individual Dental PPO Policy you will receive once enrolled.



Why should dental coverage be important to you and your family?

The Surgeon General, the American Dental Association, and the Centers for Disease Control and Prevention agree: Oral health is essential to your overall health – at any age.

Quality dental care gives you the opportunity to prevent oral diseases and disorders by treating oral health problems in the early stages. Regular visits to the dentist, including cleanings, exams and X-rays, can reduce the risk of permanent damage and help avoid more costly treatment later on.

The Anthem Blue Cross Dental PPO plan is an affordable way to maintain this important area of your health. With Anthem Blue Cross Dental PPO coverage, you'll enjoy access to one of the largest networks of dentists and specialists, and you'll feel secure knowing that it will help cover the cost of both routine visits and more expensive procedures.

By making good oral health part of your daily routine, you can improve your quality of life, self-confidence and appearance ... it might just leave you beaming.

Experience the unique benefits of the Individual Dental PPO Plan from Anthem Blue Cross Life and Health Insurance Company, including:

- **The Flexibility You Expect** – Freedom to choose any dentist, but save with a dentist in-network
- **The Variety You Need** – Receive a wide range of dental and specialty services
- **The Savings You Deserve** – Access quality care at reduced fees from our large network of more than 15,000 dentist locations, with a low \$50 annual deductible
- **The Name You Trust** – Anthem Blue Cross has been an industry leader in California for more than 65 years
- The Anthem Blue Cross SpecialOffersSM Program gives you information about savings of 10% to 50% offered by independent vendors on related products.
- Choose the Dental PPO Plan as a stand-alone plan or in combination with any Anthem Blue Cross health coverage that you are purchasing or already have.



Anthem Blue Cross individual dental PPO plan

How our plan works

You have access to one of California's largest network of dentists and specialists, who have agreed to provide services at negotiated rates to our members. Although the Dental PPO Plan gives you the flexibility to visit any dentist you choose, it's important to remember that when you choose a participating dentist within the plan network, you may save more money (see chart below).

| | At Participating Dentists | At Non-Participating Dentists |
|----------------------------------|---------------------------|-------------------------------|
| Total charges | \$773 | \$773* |
| Anthem Blue Cross savings | - 348 | NA* |
| Anthem Blue Cross negotiated fee | \$425 | NA* |
| Anthem Blue Cross payment | - 264* | - 264* |
| You pay | \$161* | \$509* |

*Assumes deductible (if applicable) has been met.

We tell you how much the plan pays the dentist for covered services. For detailed information, please refer to the Covered Benefits Schedule on the following pages.

The calendar year deductible

This is the amount you pay each year for covered services before we begin paying part of the cost. The Calendar Year Deductible is \$50 per person, with a maximum of three deductibles per family (a total of \$150). The deductible is waived for preventive and diagnostic care only at participating dental offices.

The calendar year maximum benefit

This is the maximum dollar amount that we will pay per year for covered expenses for each covered member. All dental benefits are limited to a maximum payment by Anthem Blue Cross Life and Health Insurance Company of \$1,000 for expenses incurred by each enrolled member during a calendar year.



Waiting periods

This is the amount of time between the start of your membership in the plan and the date your coverage for certain benefits begins. There is no waiting period for preventive and diagnostic care (for example, cleanings, exams and X-rays). Coverage for basic care (for example, fillings) begins after three continuous months of coverage, and for major care (for example, root canals) after 12 continuous months of coverage.

Customer service

Anthem Blue Cross Life and Health Insurance Company's Customer Service representatives are pleased to answer any questions you may have about your dental plan. You will find the toll-free number on your I.D. card.

Individual dental PPO plan covered benefits

We pay either the specified amount or the actual amount charged by your dentist, whichever is lower. You pay the deductible plus any charges in excess of the stated benefit when using a participating dentist. Preventive and diagnostic services are paid at 100%.

| | |
|-------------------------------|--|
| Annual maximum benefit | \$1,000 per member |
| Annual deductible | \$50 per person (3 family member max) |

Preventive and diagnostic care

No waiting periods and deductible is waived at Participating Dentists

| | At a Participating Dentist, we pay: | At a Non-Participating Dentist, we pay: |
|---|-------------------------------------|---|
| Periodic oral exam two per member per year | 100% | \$18 |
| Comprehensive oral exam | 100% | \$25 |
| Bitewing X-rays – single film | 100% | \$16* |
| Bitewing X-rays – two films | 100% | \$18* |
| Single (Periapical) X-rays – first film | 100% | \$13* |
| – additional films | 100% | \$ 8* |
| Bitewing X-rays – four films | 100% | \$26* |
| Full mouth X-rays one set every three years | 100% | \$60 |
| Routine cleaning adult: two per year | 100% | \$39 |
| Routine cleaning child: two per year | 100% | \$30 |
| Cleaning with fluoride child: two per year | 100% | \$35 |
| Topical fluoride only child: two per year | 100% | \$14 |

* Total benefit for single and bitewing X-rays not to exceed cost of full mouth X-rays (\$60) at non-participating dentists.

Basic dental care

3-month waiting period

| | At a Participating or Non-Participating Dentist, we pay: |
|---|--|
| Filling – One surface/two surfaces three surfaces/four or more surfaces | \$42/\$55 \$72/\$84 |
| Extraction – of erupted tooth or exposed root single tooth/each additional tooth | \$49 |
| Extraction – surgical removal of erupted tooth | \$84 |
| Extraction of impacted tooth soft tissue/partial bony/complete bony | \$111/\$148/\$180 |

Major dental care

12-month waiting period

| | At a Participating or Non-Participating Dentist, we pay: |
|--|--|
| Scaling/Root planning – per quadrant | \$48 |
| Gingivectomy – one to three teeth per quadrant | \$40 |
| Gingivectomy – four or more contiguous teeth per quadrant | \$145 |
| Osseous surgery – four or more contiguous teeth or bounded teeth spaces per quadrant | \$277 |
| Root canal – one canal/two canals three canals | \$154/\$189 \$242 |
| Inlay – one surface/two surfaces three surfaces | \$172/\$198 \$220 |
| Onlay – in addition to inlay | \$57 |
| Crown – non-stainless steel stainless steel | \$264 \$57 |
| Pontic | \$264 |
| Post and Core – in addition to crown | \$75 |
| Dentures complete upper or lower partial upper or lower reline chairside reline lab | \$343 \$308 \$75 \$106 |

The amounts listed are an overview only. For complete details, see your policy.

It's easy to find your dentist and your rate

Finding your participating dentist

To find a participating dentist near you, visit our website at anthem.com/ca and click on the “Find a Doctor” link.

Dental PPO plans are available in the areas listed on the next page. To determine your monthly plan premium, locate your rating area based on the ZIP code of your primary residence, and then refer to the rate chart below.

Availability may be limited in some counties. If you live in any of these areas, please review the *Statement of Understanding* on the application before choosing this plan.

Counties with limited availability

Area 3: Alpine, Amador, Colusa, El Dorado, Inyo, Mono

Area 4: Calaveras, Mariposa, Tuolumne

Area 5: Colusa, Glenn, Humboldt, Lake, Lassen, Modoc, Plumas, Sierra, Trinity, Yolo

Area 6: Mariposa, Tuolumne

The rates listed below are monthly rates. Please note that the monthly payment option is available only if you pay by a monthly checking account automatic premium payment or credit card. If you choose to pay bimonthly, simply multiply the rate by two. If you prefer to pay quarterly, multiply the rate by three.



Anthem Blue Cross Individual Dental PPO Plan monthly rates

New Rates effective as of 3/1/2009

| Area | Area 1 | Area 2 | Area 3 | Area 4 | Area 5 | Area 6 | Area 7 |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|
| Subscriber | \$43 | \$50 | \$43 | \$47 | \$46 | \$47 | \$50 |
| Subscriber and Spouse | 84 | 98 | 84 | 93 | 90 | 92 | 98 |
| Subscriber and Child | 67 | 78 | 67 | 74 | 71 | 73 | 78 |
| Subscriber and Children | 105 | 122 | 104 | 115 | 111 | 114 | 122 |
| Subscriber and Family | 132 | 154 | 132 | 145 | 140 | 143 | 154 |
| 1 Child | 35 | 41 | 35 | 38 | 37 | 38 | 41 |
| 2 Children | 67 | 78 | 67 | 73 | 71 | 72 | 78 |
| 3+ Children | 95 | 111 | 95 | 104 | 101 | 103 | 111 |

Individual and Family Plans

Dental Rating Area Definitions (by county) – Effective March 1, 2009

The subscriber's home address determines the rating area. Rating areas are based on ZIP codes, not county; the counties below are mapped to rating areas as a convenience, and are based on ZIP codes as of November 2008.

| | | |
|---------------------|---|--------|
| Alameda | ZIP codes starting with 945, 946 and 953, except 94505, 94514 | Area 4 |
| | All others Alameda ZIPs | Area 3 |
| Alpine | | Area 3 |
| Amador | | Area 3 |
| Butte | | Area 5 |
| Calaveras | | Area 4 |
| Colusa | 95957 | Area 3 |
| | Except 95957 | Area 5 |
| Contra Costa | All except 94551 | Area 3 |
| | 94551 | Area 4 |
| Del Norte | | Area 5 |
| El Dorado | | Area 3 |
| Fresno | 93313 | Area 5 |
| | All except 93313 | Area 6 |
| Glenn | | Area 5 |
| Humboldt | | Area 5 |
| Imperial | 92225 and 92274 | Area 4 |
| | 92004 | Area 5 |
| | All except 92225, 92274, 92004 | Area 6 |
| Inyo | All except 93527 | Area 3 |
| | 93527 | Area 6 |
| Kern | ZIP codes starting with 933 | Area 5 |
| | All other Kern ZIPs | Area 6 |
| Kings | | Area 6 |
| Lake | | Area 5 |
| Lassen | | Area 5 |
| Los Angeles | ZIP codes starting with 901-904 and 913 | Area 4 |
| | ZIP codes starting with 905-908, 935, 91709 and 93243 | Area 6 |
| | ZIP codes starting with 900, 914 or 916 | Area 2 |
| | ZIP codes starting with 910-912, 915, 917 or 918, except 91709 | Area 7 |
| Madera | | Area 6 |
| Marin | | Area 1 |
| Mariposa | 95329 | Area 4 |
| | All except 95329 | Area 6 |
| Mendocino | | Area 5 |
| Merced | 95380 | Area 4 |
| | All except 95380 | Area 6 |
| Modoc | | Area 5 |
| Mono | | Area 3 |
| Monterey | All except 95076 and 93451 | Area 1 |
| | 95076 | Area 4 |
| | 93451 | Area 6 |
| Napa | 94589, 94590 | Area 3 |
| | All except 94589, 94590 | Area 5 |
| Nevada | 95602 | Area 3 |
| | All except 95602 | Area 5 |

| | | |
|------------------------|---|--------|
| Orange | ZIP codes starting with 926 | Area 5 |
| | All other Orange ZIPs | Area 6 |
| Placer | All except 95692, 96161 | Area 3 |
| | 95692, 96161 | Area 5 |
| Plumas | | Area 5 |
| Riverside | ZIP codes starting with 922 except 92248 | Area 4 |
| | 92028 | Area 5 |
| | All other Riverside ZIPs | Area 6 |
| Sacramento | ZIP codes starting with 958 | Area 5 |
| | All other Sacramento ZIPs | Area 3 |
| San Benito | 93930, 95004 | Area 1 |
| | All except 93210, 93930, 95004 | Area 4 |
| | 93210 | Area 6 |
| San Bernardino | Except 91766 and 91792 | Area 6 |
| | 91766 and 91792 | Area 7 |
| San Diego | | Area 5 |
| San Francisco | | Area 3 |
| San Joaquin | 94505, 94514, 95632, 95690 | Area 3 |
| | All except 94505, 94514, 95632, 95690 | Area 4 |
| San Luis Obispo | 93426 | Area 1 |
| | All except 93426 | Area 6 |
| San Mateo | Except 94303 | Area 1 |
| | 94303 | Area 3 |
| Santa Barbara | | Area 6 |
| Santa Clara | ZIP codes starting with 940, 943 | Area 3 |
| | 94550, 95023, 95076 | Area 4 |
| | All other Santa Clara ZIPs | Area 5 |
| Santa Cruz | All except 95033 | Area 4 |
| | 95033 | Area 5 |
| Shasta | | Area 5 |
| Sierra | | Area 5 |
| Siskiyou | | Area 5 |
| Solano | All except 94503, 95616, 95618, 95694 | Area 3 |
| | 94503, 95616, 95618, 95694 | Area 5 |
| Sonoma | | Area 5 |
| Stanislaus | All except 95322 | Area 4 |
| | 95322 | Area 6 |
| Sutter | All except 95645, 95692, 95836, 95948, 95837 | Area 3 |
| | 95645, 95692, 95836, 95837, 95948 | Area 5 |
| Tehama | | Area 5 |
| Trinity | | Area 5 |
| Tulare | | Area 6 |
| Tuolumne | 95230, 95329 | Area 4 |
| | All except 95230, 95329 | Area 6 |
| Ventura | ZIP codes starting with 930 or 932 | Area 6 |
| | All other Ventura ZIPs | Area 4 |
| Yolo | | Area 5 |
| Yuba | | Area 5 |

Eligibility

You and your enrolling dependents must be permanent, legal residents of California. You and your enrolling spouse must be ages 64 and 9 months or younger.

Eligible dependents include:

- the Policyholder's lawful spouse
- any unmarried child (of the Policyholder's or the enrolled spouse) under age 19
- any unmarried child (of the Policyholder's or the enrolled spouse) ages 19 to 23, who qualifies as a dependent for Federal Income Tax purposes
- any of the Policyholder's, the Policyholder's enrolled spouse's or enrolled Domestic Partner's children who continue to be both incapable of self-sustaining employment due to a continued physically or mentally disabling injury, illness, or condition and who are dependent upon the Policyholder, enrolled spouse or enrolled Domestic Partner for support

Date coverage begins

The effective date of your plan is assigned by Anthem Blue Cross Life and Health Insurance Company and can be any day of the month following approval.

Termination of coverage

Coverage ceases under the plan when: You do not pay the premium when due, subject to the grace period; the spouse is no longer married to the principal insured; a child fails to meet the previously listed eligibility requirements; any member becomes enrolled in any other Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company non-group coverage; any covered member resides in a foreign country for more than six consecutive months or is absent from California for more than six consecutive months. You must notify Anthem Blue Cross Life and Health Insurance Company of all changes affecting any member's eligibility.

Non-duplication of Anthem Blue Cross benefits

If, while covered under this policy, the member is covered by another Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company Individual policy, he/she will be entitled only to the benefits of the policy with greater benefits. The Anthem Blue Cross 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 Anthem Blue Cross Companies under the policy with the lesser benefits will be deducted from any such refund of premium.

Binding arbitration

Any dispute or claim arising out of this Policy or breach thereof, must be resolved by arbitration if the amount sought exceeds the jurisdictional limit of the small claims court.

Any disputes regarding a claim for damages within the jurisdictional limits of the small claims court will be resolved in such court.

The Insured and Anthem Blue Cross Life and Health Insurance Company (Anthem) agree to bound by these arbitration provisions and acknowledge that they are giving up their right to a trial by jury for both medical malpractice claims and any other disputes. The Federal Arbitration Act shall govern the interpretation and enforcement of all proceedings under this BINDING ARBITRATION provision. To the extent that the Federal Arbitration Act is inapplicable, or is held not to require arbitration of a particular claim, state law governing agreements to arbitrate shall apply. With respect to an arbitration held in California, should the Federal Arbitration Act not apply, the California Arbitration Act, Code of Civil Procedure Sections 1280. et seq. shall apply.

The arbitration is initiated by the Insured making written demand on Anthem. The arbitration will be conducted by the Judicial Arbitration and Mediation

Binding arbitration *(continued)*

Services (“JAMS”), according to its applicable Rules and Procedures. If for any reason JAMS is unavailable to conduct the arbitration, the arbitration will be conducted by another neutral arbitration entity, by mutual agreement of the Insured and Anthem, or by order of the court, if the Insured and Anthem cannot agree.

The costs of this arbitration will be allocated per the JAMS Policy on Consumer Arbitrations. If the arbitration is not conducted by JAMS, the costs will be shared equally by the parties, except in cases of extreme financial hardship, upon application to the neutral arbitration entity to which the parties have agreed, in which cases, Anthem will assume all or a portion of the costs of the Policyholder's costs of the arbitration. Should damages claimed be \$50,000.00 or less, the arbitration shall be held by a single neutral arbitrator mutually agreed to by the parties. Such arbitrator shall have no jurisdiction to award more than \$50,000.00. The arbitrator shall be selected in accordance with the applicable rules of the arbitration administration entity. With respect to an arbitration held in California, if the parties are unable to agree on the selection of an arbitrator using the rules of the arbitration administration entity, the method provide in Code of Civil Procedure Section 1281.6 shall be used.

The Insured and Anthem agree to give up the right to participate in class arbitrations against each other. Even if applicable law permits class actions or class arbitrations the Insured waives any right to pursue, on a class basis, any such controversy or claim against Anthem, and Anthem waives any right to pursue on a class basis any such controversy or claim against the Insured.

The arbitration findings will be final and binding except to the extent that California or federal law provides for the judicial review of arbitration proceedings.

Anthem will provide Policyholders, upon request, with an application, or information on how to obtain an application from the neutral arbitration entity, for relief

of all or a portion of their share of the fees and expenses of the neutral arbitration entity. Approval or denial of an application in the case of extreme financial hardship will be determined by the neutral arbitration entity.

Please send all Binding Arbitration demands in writing to:
*Anthem Blue Cross Life and Health Insurance Company,
P.O. Box 9066, Oxnard, California, 93031-9066.*



Exclusions and limitations

Exclusions & limitations

- Experimental or investigative care or therapy.
- Any condition for which benefits of any nature are recovered or found to be recoverable, whether by adjudication, settlement or otherwise, under any workers' compensation or occupational disease law, even if 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 Blue Cross Life and Health Insurance Company will provide the plan benefits for such conditions subject to its right of recovery and reimbursement under *California Labor Code Section 4903*.
- Any services for which you are entitled to receive Medicare benefits, whether or not Medicare benefits are actually paid.
- Any services provided by a local, state, county or federal government agency, including any foreign government, except when payment under the plan is expressly required by federal or state law.
- Services or supplies for which no charge is made, or for which no charge would be made if you had no insurance coverage, or services for which you are not legally obligated to pay.
- Services received before your effective date or during an inpatient stay that began before your effective date.
- Services rendered before coverage begins or after coverage ends.
- Prescribed drugs, pre-medication or analgesia (including nitrous oxide).
- No benefits are provided for hospital or associated physician charges for any dental treatment that cannot be performed in the dental office because of your general health, mental, emotional, behavioral or physical limitations.
- Services or supplies not specifically listed as covered under the plan agreement.
- Services provided by relatives, and professional services received from a person who lives in your home or who is related to you by blood, marriage or adoption.
- Any amounts in excess of the maximum amounts stated in the plan benefit schedule.
- Charges for treatment by other than a licensed dentist or physician, except charges for dental prophylaxis performed by a licensed dental hygienist.
- Replacement of an existing prosthesis, which has been lost or stolen or which, in the opinion of the dentist, is or can be made satisfactory.
- Replacement of a fixed or removable prosthesis, for which benefits were paid by us, if such replacement occurs within five years of the original placement, unless the denture is a stayplate used during the healing period for recently extracted anterior teeth.
- Orthodontic services, braces, appliances and all related services. Surgery necessary in conjunction with orthodontic treatment is also not covered.
- Diagnosis or treatment of the joint of the jaw and/or occlusion services, supplies or appliances provided in connection with any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means; or any treatment, including crowns and/or bridges to change the way the upper and lower teeth meet (occlusion); or treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means, including the restoration of vertical dimension because teeth have worn down due to attrition, abrasion, abfraction, erosion or bruxism.
- Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusions. These include but are not limited to changing the vertical dimension; replacing or stabilizing lost tooth structure by attrition, abrasion, abfraction, erosion or bruxism; realignment of teeth; gnathological recording; occlusal equilibration; and splinting.
- Oral examinations, including prophylaxis, exceeding two visits per year.
- More than one set of full-mouth X-rays or its equivalent in a three-year period.
- Fluoride applications and sealants for patients over 18 years of age. Fluoride applications exceeding two visits per year.
- Correction of congenital or development malformation for a policyholder or dependent including but not limited to supernumerary and/or over retained deciduous teeth, cleft palate, maxillary or mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- Adjustments, repairs or relines to prostheses for a period of six months from initial placement if the prostheses were paid for under this plan.
- Fixed bridges, removable cast partials and/or cast crowns, with or without veneers, and inlays for patients under 16 years of age.
- Replacement of crowns and cast restorations, including porcelain inlays and porcelain crowns, for which benefits were paid by Anthem Blue Cross Life and Health Insurance Company, if such replacement occurs within five years of the original placement.
- If a policyholder transfers from the care of one dentist to another during the course of treatment, or if more than one dentist renders services for one dental procedure, Anthem Blue Cross Life and Health Insurance Company shall be liable only for the amount it would have been liable for had one dentist rendered the services.
- Oral hygiene instruction.
- Services for treatment of malignancies and neoplasms.
- Implants or the removal of implants, unless they are provided in association with a covered prosthetic appliance, in which case Anthem Blue Cross Life and Health Insurance Company will allow the benefit for a standard complete or partial denture or a bridge toward the cost of implants and prosthetic appliances.
- Replacement of missing teeth prior to the effective date of coverage with partial dentures, complete dentures or fixed bridges.
- Crown lengthening.
- Any services performed for cosmetic purposes (including but not limited to external bleaching, bleaching of non-vital discolored teeth, composite restorations, veneers, crowns on teeth not exhibiting pathology and facings on crowns on posterior teeth).

These exclusions and limitations are an overview only. The policy contains a comprehensive list of the plan's exclusions and limitations.

How to enroll

For new members enrolling in dental coverage only:

- Complete and sign the attached application
- Determine your premium
- Choose your payment plan
- Write a check payable to Anthem Blue Cross Life and Health Insurance Company
- Send the application and payment to the address below, or to your agent

For new members enrolling in Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company health and dental coverage:

- See instructions on the Individual Enrollment Application

For Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company health members who want to add dental:

- Complete the attached application
- Determine your premium
- Choose your payment plan*
- Write a check payable to Anthem Blue Cross Life and Health Insurance Company.
- Send the application and payment** to the address below, or to your agent

* You must select the same payment option for your dental plan that you have for your health plan.

Even if you pay your health premium by a monthly checking account automatic premium payment or credit card, you must send the first month's **dental premium with the application.

To determine your initial premium:*

- If you want to pay your bill monthly, fill out the attached Checking Account Deduction Authorization and submit it, along with a check for one month's premium and a blank check marked "VOID."
- If you want to pay your bill every other month (bimonthly), write a check for two months' premium.
- If you want to pay your bill every three months, write a check for three months' premium.

*If you are an Anthem Blue Cross health plan member, you must select the same payment option for your **dental** plan that you have for your **health** plan.

Send your application and payment to:

**Anthem Blue Cross Life and Health
Insurance Company
P.O. Box 9041
Oxnard, CA 93031-9041**

or your:

Authorized Independent Agent

Optional monthly checking account deduction

- 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 month's premium payable to Anthem Blue Cross. If the account listed is a joint account, both account holders' signatures are required.

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 made 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 by 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 premiums. 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 is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor may result in the forfeiture of insurance.

| | |
|-------------------------|--|
| Name of Bank | |
| Address | |
| City / State / Zip Code | |

NOTE: You will incur a service charge for any withdrawal not honored. Should your withdrawal not be honored by your bank, you automatically will be removed from monthly checking account deduction, and will be billed quarterly. After 12 months, you may re-apply for the monthly checking account deduction option.

| | |
|---|-----------|
| Account Holder's Name | |
| Account Holder's Social Security No. / Certificate No. | Group No. |
| Name on Checking Account (if different than above) | |
| Checking Account No. | |
| Authorized Signature (As it appears in the financial institution's records) | Date |
| Authorized Signature (As it appears in the financial institution's records) | Date |

→ **Staple Blank, Voided Check Here** ←



Attach Check Here

Anthem Blue Cross Life and Health Insurance Company Individual Dental PPO Plan Enrollment Application

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

GROUP NO. CERTIFICATE NO.

Check Billing Type Selected

- Monthly (by checking account deduction only) Bimonthly Quarterly

Application Information: Applicant must complete this section.

PLEASE PRINT

Form with fields: LAST NAME, FIRST NAME, MI, SEX, BIRTHDATE, MARITAL STATUS, SOCIAL SECURITY NUMBER, HOME ADDRESS, BILLING ADDRESS, CITY, STATE, ZIP CODE, HOME PHONE NO., BUSINESS PHONE NO.

Spouse To Be Insured (Sign Below)

Form with fields: NAME OF SPOUSE, SEX, BIRTHDATE, SOCIAL SECURITY NUMBER

Children To Be Insured

Form with fields: NAME (First and Last), SEX, BIRTHDATE for 4 children

Signatures (Required)

Any dispute between you and Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company must be resolved by binding arbitration...

Statement of Understanding for areas 3, 4, 5 and 6 (counties with limited availability - see page 8.) I understand the difference between a Participating Dentist and a Non-Participating Dentist...

Form with fields: SIGNATURE OF APPLICANT/PARENT OR LEGAL GUARDIAN, TODAY'S DATE, SIGNATURE OF APPLICANT'S SPOUSE, TODAY'S DATE, SIGNATURE OF APPLICANT'S DEPENDENT AGE 18 OR OVER, TODAY'S DATE

Agent Information

Form with fields: SIGNATURE OF AGENT, AGENT NAME (PRINT), AGENT NUMBER

FOR ANTHEM BLUE CROSS ONLY

Form with fields: GROUP NO., CERTIFICATE NUMBER, AGENT NO., EFFECTIVE DATE, PRE-EXIST, AREA, BY, DATE