

DENTAL INSURANCE

ANTHEM BLUE CROSS AND BLUE SHIELD

You may select from two separate dental care plans to meet your individual needs. Premium cost is the same for each plan and is payable on a pre- or post-tax basis. These plans provide you with comprehensive dental care benefits. However, each plan has special features and a variety of ways to manage your personal dental care and the dental care of your family.



Your two choices are:



NOTE: A newborn child born to the Subscriber or Subscriber's Spouse is covered under the Subscriber's coverage for the first 31 days after birth. To continue the newborn child's participation in the coverage beyond the 31-day period after the newborn child's birth, the Subscriber must complete and submit an Enrollment Application and Change Form within 31 days after the birth of the child to add the newborn child as a Dependent child to the Subscriber's policy.

After enrollment, you will receive a combined medical/dental membership card. It will be mailed to your home.

Premium Payments

To assist in reducing your insurance premium costs, your share of dental insurance premiums can be paid with pre-tax dollars under the CHEIBA Trust Pre-Tax Insurance Premium Payments Account under the Flexible Benefit Plan.

For Premium Payments involving Domestic Partners and the children of Domestic Partners, please review the document titled, "Important Tax Information for Domestic Partners - Medical and Dental Benefits". See summary of Domestic Partner Benefits on page 5 for further information.

For Premium Payments involving Civil Union Partners and the children of Civil Union Partners, please review the document titled, "Important Tax Information for Partners in a Civil Union – Medical, Dental and Term Life Benefits".

NOTE: If you are a Participant in PERA and are within three years of retirement, you may want to elect to pay your premiums with after-tax dollars to ensure your highest possible PERA benefit in retirement. PERA retirement benefits are based on your highest average salary. Please contact your Human Resources/Benefits Office for additional information.

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ANTHEM BLUE DENTAL PPO PLUS

This dental plan offers you flexibility by allowing you to select the dentist of your choice or a dentist within the extensive Anthem Dental PPO Plus network of over 2,200 providers throughout Colorado.

Dentists within the network have agreed to a Maximum Allowable Charge for reimbursement and will not bill you for any difference with the exception of the applicable deductible and coinsurance amounts. By choosing one of these in-network providers, your costs are kept at a minimum and you do not have to file any claim forms.

Pre-determination of benefits is suggested on all major services and should be submitted, in writing, by the dentist performing the service prior to the date on which services are to be performed.

ANTHEM BLUE DENTAL PPO

This choice is a Preferred Provider Organization (PPO) plan consisting of a network of over 1,400 dentists in Colorado. You have a reduction in fees when selecting a PPO network dentist. These dentists will submit all paperwork to Anthem Dental on your behalf.

However, you can also go outside the network to select a dentist of your choice. When doing this you may pay significantly higher deductible and coinsurance payments, and you will be responsible for submitting claim forms to Anthem Dental for reimbursement. Claim forms are available by calling the Anthem Dental Customer Service number at the end of this section.

Pre-determination of benefits is suggested on all major services and should be submitted, in writing, by the dentist performing the service prior to the date on which services are to be performed.

Pre-Authorization

For both dental plans, if services are provided without prior authorization, benefits will only be provided for those services that would be approved if authorization had been completed. Approved benefits may be for less costly procedures and services, than those actually received, and may result in a greater out-of-pocket cost to you. Therefore, it is always advisable to receive prior authorization for major services.

Balance Billing

For both dental plans, if you select an out-of-network dentist, you will be subject to balance billing. Out-of-network dental reimbursements are based on a maximum allowable fee schedule. If the provider's charge exceeds the maximum allowable fee schedule amount, you pay the excess amounts as out-of-pocket expenses. You may want to discuss this with your dentist prior to treatment. You also may be required to pay the dentist at the time of service and then submit a claim form for reimbursement. Claim forms are available by calling the Anthem Dental Customer Service number at the end of this section or at www.anthem.com.

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DENTAL PLAN COMPARISON

	Anthem Blue Dental PPO Plus		Anthem Blue Dental PPO	
	In Network	Out of Network	In Network	Out of Network
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500
Annual Deductible	\$25 / \$75	\$25 / \$75	\$0	\$50 / \$150
Diagnostic & Preventive Services* (No Deductible)	100%	100%	100%	80%
Restorative/General Services (Fillings, Composites, Anesthesia, Emergency, Oral Surgery)	80%	80%	80%	60%
Endodontic Services (root canal therapy, etc.)	80%	80%	80%	60%
Periodontal Services* (gingivectomy, osseous surgery, periodontal scaling & root planing and maintenance)	80%	80%	80%	60%
Major Services (Crowns, Bridges, Dentures, Approved Implants)	50%	50%	50%	40%
Orthodontia Lifetime Maximum for Eligible Dependent children to age 19	50% up to \$1,000	50% up to \$1,000	50% up to \$1,000	40% up to \$1,000

*Limited to two cleanings per year, whether routine or for Periodontal maintenance.

NOTE: For both dental plans, if you select an out-of-network dentist you will be subject to balance billing.

Anthem Blue Cross and Blue Shield Dental Website Reference Names

Name of Plan on Enrollment Form Benefit Booklet	Name of Plan on www.anthem.com Website When Searching Networks
Anthem Blue Dental PPO Plus	Dental PPO Plus
Anthem Blue Dental PPO	Dental PPO

For questions, call Anthem Blue Cross and Blue Shield Dental Plan Customer Service:1-800-627-0004
Website www.anthem.com

NOTE: This is only an overview of your dental plan choices. Review the "Dental Plan Comparisons" chart and the specific brochures pertaining to each plan for further details and explanations. **If discrepancies are found, depend upon the certificate of coverage itself for accuracy.**