

California

Anthem 

Anthem Extras

Benefits that support your whole-health experience



Dental, vision, and other benefits to enhance your plan

Anthem Extras

Dental and vision benefits

The confidence of care

We understand every member's needs are unique. That's why we offer a variety of dental and vision options to fit your preferences for coverage.

Convenience and savings, including:

- Dental and vision coverage with preventive benefits.
- Dental-only plans available.
- No dental referral necessary.
- Support services and tools to help you maintain your overall health and well-being.
- One monthly premium that ranges from \$19.48 to \$63.40.
- One ID card that covers all your benefits.

We are here for you

We can connect you to the resources, tools, and answers you need for extra guidance. When you call our toll-free Member Services line, an actual person will answer to address your specific needs.

877-453-5644, Monday through Friday,
8 a.m to 5:30 p.m. Eastern.



Dental coverage

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

- Diagnostic and preventive care, including exams, cleanings, and X-rays.
- A waived or reduced waiting period for services with prior coverage.
- A third cleaning or gum maintenance if you have diabetes.
- Access to more than 120,000 dentists at over 389,000 locations.
- Dental coverage while you're traveling outside the U.S., through the International Emergency Dental Program.

Choosing a dentist

Anthem Extras lets you choose any dentist, whether or not they're in your plan. Here are a few things to keep in mind:

In-network dentists have agreed to accept certain rates for services. By selecting a dentist in your plan, you won't pay more than the maximum amount allowed. Plus, dentists in your plan can check your benefits for you and get the information they need to file your claim. That means less paperwork for you.

Out-of-network dentists can charge what they want for services. If it's more than the maximum allowed amount, they can bill you for the balance of their fee.

Currently, there are no contracted dentists in 21 counties, including Baca, Cheyenne, Chaffee, Crowley, Custer, Gilpin, Hinsdale, Jackson, Kiowa, Lake, Mineral, Moffat, Pitkin, Rio Blanco, Routt, Saguache, San Juan, San Miguel, Sedgwick, Washington, and Yuma counties.



Vision coverage

Routine eye exams are a preventive measure to help ensure health and wellness. For example, eye doctors can see the early signs of many serious illnesses, including diabetes, cancer, and high blood pressure, during routine exams.* That's why vision coverage is key to your overall health. With Anthem Extras, you can:

- Choose from over 42,000 eye doctors and other eye care providers at more than 32,000 locations nationwide.
- Visit eye doctors, online at Glasses.com, ContactsDirect, befitting, and 1-800 CONTACTS®, and at retail locations LensCrafters®, most Pearle Vision® locations, Target Optical, Ray-Ban and Oakley.
- See any eye doctor you select, but pay less when you use a doctor in your plan.
- Save 40% off additional complete pairs of eyeglasses and 20% off select eyeglass material and accessories when visiting a provider in your plan.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS®

PEARLE
VISION

OPTICAL

GLASSES.com

contactsdirect

befitting

1800contacts®

Ray-Ban

OAKLEY



**If you are searching
for a doctor in your plan,
we can help.**

Visit anthem.com/ca and choose **Find Care** from the main menu. Be sure to select the **Dental Blue 100** or **Blue View Vision** when you search for your dentist or eye doctor. To find a provider in your area, please call the toll-free number that is listed on the back of your ID card.

* Your Sight Matters: 7 Health Problems Eye Exams Can Detect (accessed March 2022); yoursightmatters.com.



SilverSneakers and Medicare Supplement

If you have a Medicare Supplement plan through Anthem, SilverSneakers® may already be part of that plan. You can choose an Anthem Extras package with or without SilverSneakers.



SilverSneakers fitness program

You can make friends and exercise at the same time. With SilverSneakers®, you can access:

- Gym memberships at more than 14,000 participating locations across the country.
- Basic features, including exercise equipment, pools, and SilverSneakers fitness classes.
- SilverSneakers Online for web access to wellness resources and community connections.
- Self-guided programs through SilverSneakers Steps for members who don't have access to a SilverSneakers location.

To find the SilverSneakers locations close to you, call **888-423-4632** (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. Eastern.

Please talk to your doctor before starting any exercise program.



Anthem Extras

Choose your coverage

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

	Standard Package	Premium Package with SilverSneakers	Premium Package without SilverSneakers	Premium Plus Package with SilverSneakers	Premium Plus Package without SilverSneakers	Senior Standard Dental Only	Senior Premium Dental Only	Senior Premium Plus Dental Only
Dental coverage								
Network	Dental Blue 100	Dental Blue 100	Dental Blue 100	Dental Blue 100	Dental Blue 100	Dental Blue 100	Dental Blue 100	Dental Blue 100
Annual maximum benefit <i>(per member per benefit year)</i>	\$500	\$1,000	\$1,000	\$1,250	\$1,250	\$500	\$1,000	\$1,250
Annual deductible	No deductible	\$50 ¹	\$50 ¹	\$50 ¹	\$50 ¹	No deductible	\$50 ¹	\$50 ¹
Routine exams, cleanings, x-rays ¹	100% covered when dentist is in plan	100% covered when dentist is in plan	100% covered when dentist is in plan	100% covered when dentist is in plan	100% covered when dentist is in plan	100% covered when dentist is in plan	100% covered when dentist is in plan	100% covered when dentist is in plan
Fillings	Not covered	80% (you pay 20%) ³	80% (you pay 20%) ³	80% (you pay 20%) ³	80% (you pay 20%) ³	Not covered	80% (you pay 20%) ³	80% (you pay 20%) ³
Gum scaling and root planing (periodontal)	Not covered	50% (you pay 50%) ⁴	50% (you pay 50%) ⁴	50% (you pay 50%) ⁴	50% (you pay 50%) ⁴	Not covered	50% (you pay 50%) ⁴	50% (you pay 50%) ⁴
Root canals and oral surgery	Not covered	50% (you pay 50%) ⁴	50% (you pay 50%) ⁴	50% (you pay 50%) ⁴	50% (you pay 50%) ⁴	Not covered	50% (you pay 50%) ⁴	50% (you pay 50%) ⁴
Crowns, dentures, and bridges	Not covered	Not covered	Not covered	50% ⁴	50% ⁴	Not covered	Not covered	50% ⁴
Vision coverage								
Network	Blue View Vision	Blue View Vision	Blue View Vision	Blue View Vision	Blue View Vision	Not included	Not included	Not included
Vision exam <i>(once every 12 months; includes dilation if necessary)³</i>	\$20 copay when doctor is in your plan ⁵	\$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	\$10 copay when doctor is in your plan ⁵	Not included	Not included	Not included
Eyeglass frames <i>(once every 24 months)³</i>	\$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	\$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	\$130 allowance (when provider is in your plan, plus 20% off the remaining balance) ⁶	Not included	Not included	Not included
Eyeglass lenses <i>(standard plastic; once every 24 months)⁴</i>	\$20 copay ⁸	\$20 copay ⁸	\$20 copay ⁸	\$10 copay ⁸	\$10 copay ⁸	Not included	Not included	Not included
Contact lenses <i>(once every 24 months)⁵</i>	\$80 allowance, plus 15% off remaining balance ¹⁰ \$80 allowance Covered 100% Up to \$55 10% off retail price	\$80 allowance, plus 15% off remaining balance ¹⁰ \$80 allowance Covered 100% Up to \$55 10% off retail price	\$80 allowance, plus 15% off remaining balance ¹⁰ \$80 allowance Covered 100% Up to \$55 10% off retail price	\$80 allowance, plus 15% off remaining balance ¹⁰ \$80 allowance Covered 100% Up to \$55 10% off retail price	\$80 allowance, plus 15% off remaining balance ¹⁰ \$80 allowance Covered 100% Up to \$55 10% off retail price	Not included Not included Not included Not included	Not included Not included Not included Not included	Not included Not included Not included Not included
More Extras								
Member assistance	Not included	Not included	Not included	Not included	Not included	Not included	Not included	Not included
Monthly premium <i>(Dental + vision + more extras = total premium)</i>	\$26	\$46	\$40.50	\$63.40	\$57.90	\$19.48	\$33.98	\$49.06

1 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.
2 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.
3 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.

4 Eyeglass lenses include 1 pair of standard plastic single-vision, bifocal or trifocal lenses.
5 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.

Anthem Extras

How to sign up

Requirements

- You must be age 65 or older.
- Anthem Extras isn't available if you have a Medicare Advantage plan that includes dental and/or vision.

Enrollment

1. Please complete and sign the enrollment application. If you don't have one yet, ask your agent.
2. Send the completed application to your agent or to:

Anthem Blue Cross
PO Box 659982, San Antonio, TX 78265-9100

Payment

- You have the option to pay monthly, quarterly, semi-annual or annual.
- To pay online, go to and choose **Pay My Bill** under the *Tools & Information* section.

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



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.

Standard Package

Limitations

- Oral exams: limited to 2 times per year
- Teeth cleanings 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 to 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

Premium Package and Premium Plus Package

Limitations

- Oral exams: limited to 2 times per year
- Teeth cleanings: limited to 2 times per year singly or in combination with a gum maintenance procedure; a third cleaning or gum maintenance 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 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 retreatment 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 and 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 Standard Dental Only, Senior Premium Dental Only and 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 to 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 one time per 7-year period
- Replacement of crowns, onlays, and laboratory-fabricated restorations if replacement occurs within 7 years of the original placement; benefits not 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 6 months from initial placement
- Temporary and interim prosthetics (temporary crowns, bridges, partials, dentures, etc.); temporary services are considered part of the final services and, therefore, not covered
- Prosthetic (artificial) replacement of teeth lost before you were covered under this policy, unless the prosthetic replacement is for 1 or more eligible natural teeth lost during the term of this coverage

Exclusions

- Replacement of an existing fixed or removable prosthesis for which benefits were paid, if replacement occurs within 7 years of the original placement



Anthem Extras

Support for your entire well-being

We're reimagining what's possible for every moment of health.



**If you have any questions, please call us toll free at:
855-773-0324, Monday through Friday, 8 a.m. to 5:30 p.m. Eastern.**

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

This brochure is intended to be a brief summary of coverage, not a legal contract. The entire provisions of benefits and exclusions are contained in the Agreement; the Agreement has exclusions, limitations, and terms under which the Agreement may be continued in force or discontinued. For costs and complete details of the coverage, call 877-453-5644, Monday through Friday, 8 a.m. to 5:30 p.m. Eastern.

Or write to:

Anthem Blue Cross
PO Box 659982, San Antonio, TX 78265-9100

In the event of a conflict between the Agreement and this description, the terms of the Agreement will prevail. Anthem Blue Cross is not connected with or endorsed by the U.S. government or the federal Medicare program.

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