

# Your Anthem Benefits

<GROUP NAME>, effective <EFFECTIVE DATE>

## Life and Disability Options Plus Dental Blue<sup>®</sup> and Vision Cost Share Options

Anthem understands one size doesn't fit all when it comes to selecting corporate benefit plans for Life, Disability, Dental and Vision. That's why we strive to make it easy to mix and match options. You choose your employees' deductibles, copayments, and the limits on certain services. Select one option from each of the following categories to customize your life and disability benefits, along with dental and vision benefit plans.

**Anthem Life** – Attach a copy of the current schedule of benefits or other complete description of the benefits desired.

Class	Class Description	Group Term Life/AD&D	Dependent Life Spouse/Child
Example	Managers	check to include	check to include
		<input type="checkbox"/>	<input type="checkbox"/>

(Census must include salaries to quote salary-based life, STD or LTD and must include occupations for LTD.) This benefit summary is intended to be a brief outline of coverage and is not intended to be a legal contract. Please refer to your benefit plan document for details concerning benefits, procedures and exclusions.

**INCLUDE ONE CLASS PER SHEET. FOR GROUPS WITH MULTIPLE CLASSES, USE MULTIPLE SHEETS.**

**Internal users:** For Group Term Life, Optional Life, and Voluntary Short Term Disability, fill out a second sheet with Guaranteed Issue information with sold cases .

Group Term Life/AD&D				
Group Term Life/AD&D. Choose either Salary-based Benefits or Flat Amount Benefits:				
Class #	Salary-based Benefits		Flat Amounts Benefit Choose only one:	Age Reduction Schedule Choose only one:
	Benefit Choose only one:	Salary-based Maximum Benefit* Choose only one:		
	<input type="checkbox"/> 1 times salary <input type="checkbox"/> 2 times salary <input type="checkbox"/> 3 times salary <input type="checkbox"/> 4 times salary <input type="checkbox"/> 5 times salary	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$375,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$225,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$425,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$275,000 <input type="checkbox"/> \$450,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$475,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$325,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$175,000 <input type="checkbox"/> \$350,000 * A lower maximum may be set by underwriting.	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$65,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$85,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$45,000 <input type="checkbox"/> \$95,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$55,000	<input type="checkbox"/> 35% reduction at age 65 50% reduction at age 70 <input type="checkbox"/> 35% reduction at age 70 50% reduction at age 75 <input type="checkbox"/> 50% reduction at age 70 <sup>3</sup> <input type="checkbox"/> 35% reduction at age 65 <sup>3</sup> 60% reduction at age 70 72% reduction at age 75 80% reduction at age 80 <sup>3</sup> <input type="checkbox"/> No reduction, subject to underwriting approval <sup>3</sup>  Benefits terminate at retirement.  <sup>3</sup> Only available for groups of 100+.

Please note: Flat amounts and salary based benefits cannot be offered together in the same class.  
 (Continue)

In most of Missouri: Anthem Blue Cross and Blue Shield is the trade name for RightCHOICE<sup>®</sup> Managed Care, Inc. (RIT), Healthy Alliance<sup>®</sup> Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

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## ***Group Name: Specialty Business (group size 51+)***

### ***Anthem Life***

#### **Group Term Life/AD&D Standard Features:**

**Employer Contribution:** 25-100%

**Classes:** Groups of 51-99: up to 20 classes. Groups of 100+: up to 30 classes

**Rate:** Composite rates per \$1,000

**Rate guarantee:** Two years

**Rounding Rule** (salary based benefits): Round to the next higher \$1,000

**Guaranteed Issue:** Guaranteed issue varies by group

**Waiver of Premium:** Included. Six-month elimination period. Employee must be disabled prior to age 60. Benefit terminates at age 65.

<b>Dependent Life</b>	
<b>Benefit Amount:</b> Employers can elect one option from below, or they can elect to offer multiple options under a class based plan. Each class can only have one option.	
<b>Class #</b>	<b>Spouse/Child</b>
	<input type="checkbox"/> \$20,000/\$10,000
	<input type="checkbox"/> \$15,000/\$7,500
	<input type="checkbox"/> \$10,000/\$5,000
	<input type="checkbox"/> \$5,000/\$2,500
	<input type="checkbox"/> \$2,500/\$1,000

*Please note: Dependent Life is not offered as stand-alone coverage and can only be sold with Group Term Life.*

#### **Dependent Life Standard Features:**

**Employer Contribution:** 0-100%

**Classes:** Groups of 51-99: up to 20 classes. Groups of 100+: up to 30 classes

**Maximum Benefit Amount:** Dependent coverage cannot exceed 50% of employee coverage.

**Rate:** Flat rate per family

**Rate Guarantee:** 2 years

**Guaranteed Issue:** All amounts guaranteed issued

**Group Name:**  
**Specialty Business (group size 51+)**

**Anthem Life**

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**Anthem Life – Attach a copy of the current schedule of benefits or other complete description of the benefits desired.**

Class	Class Description	Optional Life	Optional AD&D	Optional Dependent Life – Spouse	Optional Dependent Life – Child	VAD&D
Example	Managers	check to include	check to include	check to include	check to include	check to include
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Group Name:**  
**Specialty Business (group size 51+)**

Anthem Life

Optional Life/AD&D					
Optional Life/AD&D: Choose EITHER Incremental Benefits or Salary-based Benefits.					
Class #	Incremental Benefits Choose EITHER Increments of \$25,000 or Increments of \$10,000	Salary-based Benefits		Optional AD&D	Age Reduction Schedule (only applies to Optional Life sold stand-alone without Basic Group Term Life):
		Salary-based Benefit; May choose more than one:	Salary-based Maximum Benefit*		
	<input type="checkbox"/> <b>Increments of \$25,000. Maximum Amount:</b> <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$275,000 <sup>3</sup> <input type="checkbox"/> \$400,000 <sup>3</sup> <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$175,000 <sup>3</sup> <input type="checkbox"/> \$300,000 <sup>3</sup> <input type="checkbox"/> \$425,000 <sup>3</sup> <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$200,000 <sup>3</sup> <input type="checkbox"/> \$325,000 <sup>3</sup> <input type="checkbox"/> \$450,000 <sup>3</sup> <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$225,000 <sup>3</sup> <input type="checkbox"/> \$350,000 <sup>3</sup> <input type="checkbox"/> \$475,000 <sup>3</sup> <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$250,000 <sup>3</sup> <input type="checkbox"/> \$375,000 <sup>3</sup> <input type="checkbox"/> \$500,000 <sup>3</sup>  <input type="checkbox"/> <b>Increments of \$10,000. Maximum Amount:</b> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$140,000 <input type="checkbox"/> \$270,000 <sup>3</sup> <input type="checkbox"/> \$400,000 <sup>3</sup> <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$280,000 <sup>3</sup> <input type="checkbox"/> \$410,000 <sup>3</sup> <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$160,000 <sup>3</sup> <input type="checkbox"/> \$290,000 <sup>3</sup> <input type="checkbox"/> \$420,000 <sup>3</sup> <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$170,000 <sup>3</sup> <input type="checkbox"/> \$300,000 <sup>3</sup> <input type="checkbox"/> \$430,000 <sup>3</sup> <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$180,000 <sup>3</sup> <input type="checkbox"/> \$310,000 <sup>3</sup> <input type="checkbox"/> \$440,000 <sup>3</sup> <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$190,000 <sup>3</sup> <input type="checkbox"/> \$320,000 <sup>3</sup> <input type="checkbox"/> \$450,000 <sup>3</sup> <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$200,000 <sup>3</sup> <input type="checkbox"/> \$330,000 <sup>3</sup> <input type="checkbox"/> \$460,000 <sup>3</sup> <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$210,000 <sup>3</sup> <input type="checkbox"/> \$340,000 <sup>3</sup> <input type="checkbox"/> \$470,000 <sup>3</sup> <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$220,000 <sup>3</sup> <input type="checkbox"/> \$350,000 <sup>3</sup> <input type="checkbox"/> \$480,000 <sup>3</sup> <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$230,000 <sup>3</sup> <input type="checkbox"/> \$360,000 <sup>3</sup> <input type="checkbox"/> \$490,000 <sup>3</sup> <input type="checkbox"/> \$110,000 <input type="checkbox"/> \$240,000 <sup>3</sup> <input type="checkbox"/> \$370,000 <sup>3</sup> <input type="checkbox"/> \$500,000 <sup>3</sup> <input type="checkbox"/> \$120,000 <input type="checkbox"/> \$250,000 <sup>3</sup> <input type="checkbox"/> \$380,000 <sup>3</sup> <input type="checkbox"/> \$130,000 <input type="checkbox"/> \$260,000 <sup>3</sup> <input type="checkbox"/> \$390,000 <sup>3</sup>  <sup>3</sup> Only available for groups of 100+. * A lower maximum may be set by underwriting.  \$500,000 maximum for optional Life & Group Term Life combined.	<input type="checkbox"/> 1 X salary <input type="checkbox"/> 2 X salary <input type="checkbox"/> 3 X salary <sup>3</sup> <input type="checkbox"/> 4 X salary <sup>3</sup> <input type="checkbox"/> 5 X salary <sup>3</sup> <sup>3</sup> Only available for groups of 100+.  \$500,000 maximum for optional Life & Group Term Life combined.	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$275,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$325,000 <sup>3</sup> <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$350,000 <sup>3</sup> <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$375,000 <sup>3</sup> <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$400,000 <sup>3</sup> <input type="checkbox"/> \$175,000 <input type="checkbox"/> \$425,000 <sup>3</sup> <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$450,000 <sup>3</sup> <input type="checkbox"/> \$225,000 <input type="checkbox"/> \$475,000 <sup>3</sup> <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <sup>3</sup>  <sup>3</sup> Only available for groups of 100+.  * A lower maximum may be set by underwriting.  \$500,000 maximum for optional Life & Group Term Life combined.	<input type="checkbox"/> Include Optional AD&D. If the employer elects Optional AD&D, it is included for all employees who elect Optional Life and will be equal to the amount of Optional Life the employee elects.	<p><b>* Do not select a Reduction            Schedule if Basic Group Term Life            also applies to this group. The            reduction schedule for Optional Life            will match the reduction schedule            selected for Group Term Life. If the            "no reduction" option is selected for            Group Term Life, then a reduction of            35% at age 65 and 50% at age 70 will            apply to Optional Life.</b></p> <input type="checkbox"/> 35% reduction at age 65 50% reduction at age 70 <input type="checkbox"/> 35% reduction at age 70 50% reduction at age 75 <input type="checkbox"/> 50% reduction at age 70 <sup>3</sup> <input type="checkbox"/> 35% reduction at age 65 <sup>3</sup> 60% reduction at age 70 72% reduction at age 75 80% reduction at age 80 <sup>3</sup>  Benefits terminate at retirement.  <sup>3</sup> Only available for groups of 100+.

Please note: If Group Term Life is offered, the employee must be enrolled in Group Term Life to purchase Optional Life.

# Group Name: Specialty Business (group size 51+)

## Anthem Life

### Optional Life/Optional AD&D Standard Features:

If Optional Life is included with Basic Group Term Life, the maximum combined benefit of Basic Group Term Life and Optional Life allowable is \$500,000.

Employer chooses the maximum amount available. Employee chooses benefit amount from these options, up to the maximum amount available.

**Rate:** Optional Life: age-banded rates. Optional AD&D: composite rates

**Rate Guarantee:** If sold with Basic Life, rate guarantee is Two Years. If sold stand alone, rate guarantee is One Year.

**100% employee paid**

**Participation Requirements:** The greater of 25% or 10 lives.

**Classes:** Groups of 51-99: up to 20 classes. Groups of 100+: up to 30 classes.

**Rounding Rule** (salary based benefits): Round to the next higher \$1,000

**Guaranteed Issue:** Guaranteed issue varies by group

**Portability:** Included

**Waiver of Premium:** Included. Six-month elimination period. Employee must be disabled prior to age 60. Benefit terminates at age 65.

Optional Dependent Life		
<b>Benefit Amount:</b> Employers can elect one option from below, or they can elect to offer multiple options under a class based plan. Each class can only have one option.		
Class #	Optional Spouse – increments of \$5,000. Select Maximum Amount:	Optional Child – increments of \$5,000. Select Maximum Amount:
	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$45,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000

Please note: Optional Dependent Life must be sold with Optional Life. Optional Dependent Life is not offered as stand-alone coverage.

### Optional Dependent Life Standard Features:

**Employer Contribution:** 0-100%

**Classes:** Groups of 51-99: up to 20 classes. Groups of 100+: up to 30 classes

**Maximum Benefit Amount:** Dependent coverage cannot exceed 50% of employee coverage.

Employer chooses the maximum amount available. Employee chooses benefit amount from these options, up to the maximum amount available.

If Group Term Life and Optional Life are sold together, only one option for Dependent Life may be sold, meaning Optional Dependent Life cannot be sold in conjunction with Basic Dependent Life.

**Rate:** Age-banded rates per \$1,000 for spouse and composite rates per \$1,000 for child.

**Rate Guarantee:** Two years

**Guaranteed Issue:** \$25,000

**Portability:** Included for Optional Dependent life only.

Voluntary Accidental Death and Dismemberment (VAD&D)	
<b>Benefit Amount:</b> Benefit amount is chosen by employee. Flat amount benefits available in \$10,000 increments from \$10,000 to \$500,000.	
Class #	VAD&D
	Check to include <input type="checkbox"/>

### Voluntary AD&D Standard Features:

**Employer Contribution:** 0-100%

**Classes:** Groups of 51-99: up to 20 classes. Groups of 100+: up to 30 classes.

**Rate:** Individual and Family rates per \$1,000.

**Rate Guarantee:** One year

**Guaranteed Issue:** All amounts are guaranteed issue.

**Family Plan:** Spouse benefit is 50% of employee amount, child benefit is 10% of employee amount.

Employee elects whether to include Family Plan. Employee may elect either individual coverage or employee + family. Employee must be covered to cover family.

# Group Name: Specialty Business (group size 51+)

## Anthem Life

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**Anthem Life – Attach a copy of the current schedule of benefits or other complete description of the benefits desired.**

Class	Class Description	LTD	VLTD
Example	Managers	check to include	check to include
		<input type="checkbox"/>	<input type="checkbox"/>

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**Internal users: For Group Term Life, Optional Life, and Voluntary Short Term Disability, fill out a second sheet with Guaranteed Issue information with sold cases.**

Long Term Disability						
Class #	Benefit % of Salary (monthly benefit):	Maximum Monthly Benefit:	Benefit Duration:	Elimination Period:	Definition of Disability:	Pre-existing Condition Limitation:
	<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 66.67%	<input type="checkbox"/> \$3,000/month <input type="checkbox"/> \$7,000/month <sup>1</sup> <input type="checkbox"/> \$4,000/month <sup>1</sup> <input type="checkbox"/> \$8,000/month <input type="checkbox"/> \$5,000/month <sup>1</sup> <input type="checkbox"/> \$9,000/month <sup>1</sup> <input type="checkbox"/> \$6,000/month <input type="checkbox"/> \$10,000/month <sup>2</sup> <sup>1</sup> Only available for groups of 100+. <sup>2</sup> Only available if the top five salaries qualify.	<input type="checkbox"/> 2 years/RBD <input type="checkbox"/> 5 years/RBD <input type="checkbox"/> To age 65/RBD <input type="checkbox"/> SSNRA	<input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 120 days <input type="checkbox"/> 180 days	<input type="checkbox"/> 2 year own occupation <input type="checkbox"/> 3 year own occupation <input type="checkbox"/> 5 year own occupation <input type="checkbox"/> To age 65 own occupation	<input type="checkbox"/> 3/6/12 <input type="checkbox"/> 12/6/24 <input type="checkbox"/> 3/12 (Only available for groups of 100+)

### Long Term Disability Standard Features:

**Employer Contribution:** 50-100%

**Classes:** Groups of 51-99: up to 20 classes, with a minimum of 5 employees per class. Groups of 100+: up to 30 classes

**Rate:** Composite rates, per \$100 of monthly covered payroll

**Rate Guarantee:** 2 Years

**Rounding Rule:** Round to the next higher \$1

**Guaranteed Issue:** All amounts guaranteed issue

**Integration:** Family

**Partial Disability:** Yes (includes 12-month work incentive benefit)

**Survivor Benefit:** 3 months

**Mental & Nervous Condition Limitation:** 24 months

**Cost of Living Freeze:** Yes

**Continuity of Coverage:** Yes

**Minimum Monthly Benefit:** Greater of 10% or \$100

**Also includes the following standard riders:** Vocational Rehabilitation, Social Security Assistance, Workplace Modification, Recurrent Disability

**Group Name:**  
**Specialty Business (group size 51+)**

*Anthem Life*

Voluntary Long Term Disability						
Class #	Benefit % of Salary (monthly benefit):	Maximum Monthly Benefit:	Benefit Duration:	Elimination Period:	Definition of Disability:	Pre-existing Condition Limitation:
	<input type="checkbox"/> 50% <input type="checkbox"/> 60%	<input type="checkbox"/> \$6,000/month <input type="checkbox"/> \$9,000/month* <input type="checkbox"/> \$7,000/month* <input type="checkbox"/> \$10,000/month* <input type="checkbox"/> \$8,000/month* <i>*Only available if the top five salaries qualify.</i>	<input type="checkbox"/> 2 years/RBD <input type="checkbox"/> 5 years/RBD <input type="checkbox"/> To age 65/RBD <input type="checkbox"/> SSNRAI	<input type="checkbox"/> 90 days <input type="checkbox"/> 180 days	<input type="checkbox"/> 2 year own occupation <input type="checkbox"/> 3 year own occupation <input type="checkbox"/> 5 year own occupation <input type="checkbox"/> To age 65 own occupation	<input type="checkbox"/> 3/6/12 <input type="checkbox"/> 12/6/24

**Voluntary Long Term Disability Standard Features:**

**100% employee paid**

**Participation:** The greater of 25% or 10 employees

**Classes:** One class per policy

**Rate:** Age-banded rates

**Rate Guarantee:** One Year

**Rounding Rule:** Round to the next higher \$1

**Guaranteed Issue:** All amounts guaranteed, subject to meeting the minimum participation requirements, which is 25 percent of eligible employees.

**Integration:** Family

**Partial Disability:** Yes (includes 12-month work incentive benefit)

**Survivor Benefit:** 3 months

**Mental & Nervous Condition Limitation:** 24 months

**Cost of Living Freeze:** Yes

**Continuity of Coverage:** Yes

**Minimum Monthly Benefit:** Greater of 10% or \$100

**Also includes the following standard riders:** Vocational Rehabilitation, Social Security Assistance, Workplace Modification, Recurrent Disability

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# Group Name:

## Specialty Business (group size 51+)

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Class	Class Description	STD	VSTD
Example	Managers	check to include	check to include
		<input type="checkbox"/>	<input type="checkbox"/>

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Short Term Disability					
Choose either Percentage of Salary Benefits or Flat Amount Benefits					
Class #	Salary-based Benefits			Flat Amounts Benefit (weekly benefit):	Plan Design: Benefits begin day Injury/Benefits begin day Illness/Benefit Duration
	Percentage of Salary Benefits: Benefit % of Salary (weekly benefit):	Percentage of Salary Benefit: Maximum Benefit:	Percentage of Salary Benefits: Rounding rule:		
	<input type="checkbox"/> 60% <input type="checkbox"/> 66.67%	<input type="checkbox"/> \$500/week <input type="checkbox"/> \$750/week <input type="checkbox"/> \$1,000/week <input type="checkbox"/> \$1,250/week <input type="checkbox"/> \$1,500/week	<input type="checkbox"/> round to next \$10 <input type="checkbox"/> round to next \$1	<input type="checkbox"/> \$200/week <input type="checkbox"/> \$250/week	<input type="checkbox"/> 1/8/13 <input type="checkbox"/> 1/8/26 <input type="checkbox"/> 8/8/13 <input type="checkbox"/> 8/8/26 <input type="checkbox"/> 15/15/13 <input type="checkbox"/> 15/15/26 <input type="checkbox"/> 30/30/13 <input type="checkbox"/> 30/30/26  For groups of 100+: <input type="checkbox"/> 1st day hospital coverage

#### Short Term Disability Standard Features:

**Employer Contribution:** 25-100%

**Classes:** Groups of 51-99: up to 20 classes.

Groups of 100+: up to 30 classes

**Rate:** Composite rate per \$10 of weekly benefit

**Rate Guarantee:** 2 Years

**Guaranteed Issue:** All amounts guaranteed issue

**Partial Disability:** Included

**Minimum Weekly Benefit:** \$50.00

**Group Name:**

**Specialty Business (group size 51+)**

**Anthem Life**

Voluntary Short Term Disability				
PERCENTAGE OF SALARY BENEFITS:				
Class #	Benefit % of Salary (weekly benefit):	Maximum Benefit:	Percentage of Salary Benefits: Rounding rule:	Plan Design: Benefits begin day Injury/Benefits begin day Illness/Benefit Duration
	<input type="checkbox"/> 50% <input type="checkbox"/> 60%	<input type="checkbox"/> \$500/week <input type="checkbox"/> \$750/week <input type="checkbox"/> \$1,000/week <input type="checkbox"/> \$1,250/week <input type="checkbox"/> \$1,350/week	<input type="checkbox"/> round to next \$10 <input type="checkbox"/> round to next \$1	<input type="checkbox"/> 1/8/13 <input type="checkbox"/> 1/8/26 <input type="checkbox"/> 8/8/13 <input type="checkbox"/> 8/8/26 <input type="checkbox"/> 15/15/13 <input type="checkbox"/> 15/15/26 <input type="checkbox"/> 30/30/13 <input type="checkbox"/> 30/30/26

**Voluntary Short Term Disability Standard Features:**

**100% Employee Paid**

**Participation:** The greater of 25% or 10 employees

**Classes:** Groups of 51-99: up to 20 classes.

Groups of 100+: up to 30 classes

**Rate:** Composite rate per \$10 of weekly benefit

**Rate Guarantee:** 2 Years

**Guaranteed Issue:**

10-99 employees: SIC Category A, B, C, D: \$750 guaranteed issue.

100+ employees: SIC Category A&B: \$1,000 guaranteed issue,

SIC Category

C&D: \$750 guaranteed issue

**Pre-existing Condition Limitation:** 3/12

**Partial Disability:** Included

Minimum Weekly Benefit: \$50.00

**Group Name:**

**Specialty Business (group size 51+)**

**Blue View Vision<sup>SM</sup> - Exam Plus Plans**

Option	Code	Plan Type	Copay Exam	Copay Eyeglass Lenses	Frequency Limits (months) Exam, Lenses & Frame, or Contact Lenses	Non-Network Reimbursement Schedule	Stand-Alone Vision (Check if Yes)
1 <input type="checkbox"/>	01019695909	Exam Plus	NCS	Discount	12 months – Exam Only	Standard Exam OON	<input type="checkbox"/>
2 <input type="checkbox"/>	01029695909	Exam Plus	\$5.00	Discount	12 months – Exam Only	Standard Exam OON	<input type="checkbox"/>
3 <input type="checkbox"/>	01039695909	Exam Plus	\$10.00	Discount	12 months – Exam Only	Standard Exam OON	<input type="checkbox"/>
4 <input type="checkbox"/>	01049695909	Exam Plus	\$15.00	Discount	12 months – Exam Only	Standard Exam OON	<input type="checkbox"/>
5 <input type="checkbox"/>	01059695909	Exam Plus	\$20.00	Discount	12 months – Exam Only	Standard Exam OON	<input type="checkbox"/>
6 <input type="checkbox"/>	01069695909	Exam Plus	NCS	Discount	24 months – Exam Only	Standard Exam OON	<input type="checkbox"/>
7 <input type="checkbox"/>	01079695909	Exam Plus	\$5.00	Discount	24 months – Exam Only	Standard Exam OON	<input type="checkbox"/>
8 <input type="checkbox"/>	01089695909	Exam Plus	\$10.00	Discount	24 months – Exam Only	Standard Exam OON	<input type="checkbox"/>
9 <input type="checkbox"/>	01099695909	Exam Plus	\$15.00	Discount	24 months – Exam Only	Standard Exam OON	<input type="checkbox"/>
10 <input type="checkbox"/>	01109695909	Exam Plus	\$20.00	Discount	24 months – Exam Only	Standard Exam OON	<input type="checkbox"/>

**Blue View Vision<sup>SM</sup> - Full Service Plans**

Option	Code	Plan Type	Copay Exam	Copay Eyeglass Lenses	Frequency Limits (months) Exam, Lenses & Frame, or Contact Lenses	Non-Network Reimbursement Schedule	Stand-Alone Vision (Check if Yes)
11 <input type="checkbox"/>	01019695891	Full Service	NCS	NCS	12/12/12/12	Standard Schedule is Covered	<input type="checkbox"/>
12 <input type="checkbox"/>	01029695891	Full Service	\$5.00	NCS	12/12/12/12	Standard Schedule is Covered	<input type="checkbox"/>
13 <input type="checkbox"/>	01039695891	Full Service	\$5.00	\$5.00	12/12/12/12	Standard Schedule is Covered	<input type="checkbox"/>
14 <input type="checkbox"/>	01049695891	Full Service	\$5.00	\$10.00	12/12/12/12	Standard Schedule is Covered	<input type="checkbox"/>
15 <input type="checkbox"/>	01059695891	Full Service	\$10.00	NCS	12/12/12/12	Standard Schedule is Covered	<input type="checkbox"/>
16 <input type="checkbox"/>	01069695891	Full Service	\$10.00	\$10.00	12/12/12/12	Standard Schedule is Covered	<input type="checkbox"/>
17 <input type="checkbox"/>	01079695891	Full Service	\$10.00	\$20.00	12/12/12/12	Standard Schedule is Covered	<input type="checkbox"/>
18 <input type="checkbox"/>	01089695891	Full Service	\$15.00	\$15.00	12/12/12/12	Standard Schedule is Covered	<input type="checkbox"/>
19 <input type="checkbox"/>	01099695891	Full Service	\$20.00	\$20.00	12/12/12/12	Standard Schedule is Covered	<input type="checkbox"/>
20 <input type="checkbox"/>	01109695891	Full Service	NCS	NCS	12/12/24/12	Standard Schedule is Covered	<input type="checkbox"/>
21 <input type="checkbox"/>	01119695891	Full Service	\$5.00	NCS	12/12/24/12	Standard Schedule is Covered	<input type="checkbox"/>
22 <input type="checkbox"/>	01129695891	Full Service	\$5.00	\$5.00	12/12/24/12	Standard Schedule is Covered	<input type="checkbox"/>
23 <input type="checkbox"/>	01139695891	Full Service	\$5.00	\$10.00	12/12/24/12	Standard Schedule is Covered	<input type="checkbox"/>
24 <input type="checkbox"/>	01149695891	Full Service	\$10.00	NCS	12/12/24/12	Standard Schedule is Covered	<input type="checkbox"/>
25 <input type="checkbox"/>	01159695891	Full Service	\$10.00	\$10.00	12/12/24/12	Standard Schedule is Covered	<input type="checkbox"/>
26 <input type="checkbox"/>	01169695891	Full Service	\$10.00	\$20.00	12/12/24/12	Standard Schedule is Covered	<input type="checkbox"/>
27 <input type="checkbox"/>	01179695891	Full Service	\$15.00	\$15.00	12/12/24/12	Standard Schedule is Covered	<input type="checkbox"/>
28 <input type="checkbox"/>	01189695891	Full Service	\$20.00	\$20.00	12/12/24/12	Standard Schedule is Covered	<input type="checkbox"/>
29 <input type="checkbox"/>	01199695891	Full Service	NCS	NCS	12/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
30 <input type="checkbox"/>	01209695891	Full Service	\$5.00	NCS	12/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
31 <input type="checkbox"/>	01219695891	Full Service	\$5.00	\$5.00	12/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
32 <input type="checkbox"/>	01229695891	Full Service	\$5.00	\$10.00	12/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
33 <input type="checkbox"/>	01239695891	Full Service	\$10.00	\$0.00	12/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
34 <input type="checkbox"/>	01249695891	Full Service	\$10.00	\$10.00	12/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
35 <input type="checkbox"/>	01259695891	Full Service	\$10.00	\$20.00	12/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
36 <input type="checkbox"/>	01269695891	Full Service	\$15.00	\$15.00	12/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
37 <input type="checkbox"/>	01279695891	Full Service	\$20.00	\$20.00	12/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>

## Group Name:

### Specialty Business (group size 51+)

#### Blue View Vision<sup>SM</sup> - Full Service Plans

Option	Code	Plan Type	Copay Exam	Copay Eyeglass Lenses	Frequency Limits (months) Exam, Lenses & Frame, or Contact Lenses	Non-Network Reimbursement Schedule	Stand-Alone Vision (Check if Yes)
38 <input type="checkbox"/>	01289695891	Full Service	NCS	NCS	24/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
39 <input type="checkbox"/>	01299695891	Full Service	\$5.00	NCS	24/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
40 <input type="checkbox"/>	01309695891	Full Service	\$5.00	\$5.00	24/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
41 <input type="checkbox"/>	01319695891	Full Service	\$5.00	\$10.00	24/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
42 <input type="checkbox"/>	01329695891	Full Service	\$10.00	NCS	24/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
43 <input type="checkbox"/>	01339695891	Full Service	\$10.00	\$10.00	24/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
44 <input type="checkbox"/>	01349695891	Full Service	\$10.00	\$20.00	24/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
45 <input type="checkbox"/>	01359695891	Full Service	\$15.00	\$15.00	24/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>
46 <input type="checkbox"/>	01369695891	Full Service	\$20.00	\$20.00	24/24/24/24	Standard Schedule is Covered	<input type="checkbox"/>

#### Blue View Vision<sup>SM</sup> - Materials Only Plans

Option	Code	Plan Type	Copay Exam	Copay Eyeglass Lenses	Frequency Limits (months) Lenses & Frame, or Contact Lenses	Non-Network Reimbursement Schedule	Stand-Alone Vision (Check if Yes)
47 <input type="checkbox"/>	01019695917	Materials Only	Not Covered	\$15.00	12/12/12	Standard Schedule	<input type="checkbox"/>
48 <input type="checkbox"/>	01029695917	Materials Only	Not Covered	\$20.00	12/12/12	Standard Schedule	<input type="checkbox"/>
49 <input type="checkbox"/>	01039695917	Materials Only	Not Covered	\$15.00	12/24/12	Standard Schedule	<input type="checkbox"/>
50 <input type="checkbox"/>	01049695917	Materials Only	Not Covered	\$20.00	12/24/12	Standard Schedule	<input type="checkbox"/>
51 <input type="checkbox"/>	01059695917	Materials Only	Not Covered	\$15.00	24/24/24	Standard Schedule	<input type="checkbox"/>
52 <input type="checkbox"/>	01069695917	Materials Only	Not Covered	\$20.00	24/24/24	Standard Schedule	<input type="checkbox"/>
53 <input type="checkbox"/>	01079695917	Materials Only	Not Covered	\$10.00	12/12/12	Standard Schedule	<input type="checkbox"/>
54 <input type="checkbox"/>	01089695917	Materials Only	Not Covered	\$10.00	12/24/12	Standard Schedule	<input type="checkbox"/>

Notes: ■ Frame Allowance: \$130 ■ Contact Lens Allowance: \$130 ■ No Cost Share (NCS) means no deductible, copayment or coinsurance up to the maximum allowable amount. However, a member may be responsible for any balance due after the plan payment, including, but not limited to, benefits that reflect No Cost Share.

#### Blue View Vision<sup>SM</sup> - Non-Network Reimbursement Schedule

Procedure/Services	Reimbursement Schedule
Exam	up to \$42
Single vision lenses	up to \$40
Bifocal lenses	up to \$60
Trifocal lenses	up to \$80
Elective contacts	up to \$105
Non-elective contact lenses	up to \$210
Frame	up to \$45

**Group Name:**  
**Specialty Business (group size 51+)**

**Dental Blue®**

Annual Maximum	
Network and Non-network combined	
<input type="checkbox"/>	\$750
<input type="checkbox"/>	\$1,000
<input type="checkbox"/>	\$1,500
<input type="checkbox"/>	\$2,000

Annual Deductible	
Network and Non-network combined	
Single/Family	
<input type="checkbox"/>	\$0/\$0
<input type="checkbox"/>	\$25/\$75
<input type="checkbox"/>	\$50/\$150
<input type="checkbox"/>	\$75/\$225

Prior Years Coverage:  0  1  2+

Prior Years Major Coverage:  0  1  2+

Prior Years Ortho Coverage:  0  1  2+

Network Selection	
<input type="checkbox"/>	100
<input type="checkbox"/>	200
<input type="checkbox"/>	300
<input type="checkbox"/>	Choice Buy – Up 100/300
<input type="checkbox"/>	Complete (See Plan Design Below)*

Out-Of-Network Reimbursement	
<input type="checkbox"/>	Standard
<input type="checkbox"/>	50 <sup>th</sup> Percentile
<input type="checkbox"/>	70 <sup>th</sup> Percentile
<input type="checkbox"/>	75 <sup>th</sup> Percentile
<input type="checkbox"/>	80 <sup>th</sup> Percentile
<input type="checkbox"/>	85 <sup>th</sup> Percentile
<input type="checkbox"/>	90 <sup>th</sup> Percentile
<input type="checkbox"/>	95 <sup>th</sup> Percentile

Diagnostic & Preventive		
	Network	Non-network
<input type="checkbox"/>	NCS	NCS
<input type="checkbox"/>	NCS	20%
<input type="checkbox"/>	10%	10%
<input type="checkbox"/>	10%	30%
<input type="checkbox"/>	20%	20%
<input type="checkbox"/>	20%	40%

Oral Surgery		
	Network	Non-network
<input type="checkbox"/>	None	
<input type="checkbox"/>	NCS	NCS
<input type="checkbox"/>	NCS	20%
<input type="checkbox"/>	10%	10%
<input type="checkbox"/>	10%	20%
<input type="checkbox"/>	20%	20%
<input type="checkbox"/>	20%	40%
<input type="checkbox"/>	40%	40%
<input type="checkbox"/>	40%	50%
<input type="checkbox"/>	50%	50%

Endodontics		
	Network	Non-network
<input type="checkbox"/>	None	
<input type="checkbox"/>	NCS	NCS
<input type="checkbox"/>	NCS	20%
<input type="checkbox"/>	10%	10%
<input type="checkbox"/>	10%	20%
<input type="checkbox"/>	20%	20%
<input type="checkbox"/>	20%	40%
<input type="checkbox"/>	40%	40%
<input type="checkbox"/>	40%	50%
<input type="checkbox"/>	50%	50%

Periodontics		
	Network	Non-network
<input type="checkbox"/>	None	
<input type="checkbox"/>	NCS	NCS
<input type="checkbox"/>	NCS	20%
<input type="checkbox"/>	10%	10%
<input type="checkbox"/>	10%	20%
<input type="checkbox"/>	20%	20%
<input type="checkbox"/>	20%	40%
<input type="checkbox"/>	40%	40%
<input type="checkbox"/>	40%	50%
<input type="checkbox"/>	50%	50%

Minor Restorative		
	Network	Non-network
<input type="checkbox"/>	None	
<input type="checkbox"/>	NCS	NCS
<input type="checkbox"/>	NCS	20%
<input type="checkbox"/>	10%	10%
<input type="checkbox"/>	10%	20%
<input type="checkbox"/>	20%	20%
<input type="checkbox"/>	20%	40%
<input type="checkbox"/>	40%	40%
<input type="checkbox"/>	40%	50%
<input type="checkbox"/>	50%	50%

Prosthodontics		
	Network	Non-network
<input type="checkbox"/>	None	
<input type="checkbox"/>	NCS	NCS
<input type="checkbox"/>	20%	20%
<input type="checkbox"/>	20%	40%
<input type="checkbox"/>	40%	40%
<input type="checkbox"/>	40%	50%
<input type="checkbox"/>	50%	50%

Fluoride Age Limit (Check one only)		
<input type="checkbox"/>	Age 17	<input type="checkbox"/>
<input type="checkbox"/>	Age 18	<input type="checkbox"/>
<input type="checkbox"/>	Age 19 (standard)	<input type="checkbox"/>

Sealant Age Limit (Check one only)	
<input type="checkbox"/>	Age 16 (standard)
<input type="checkbox"/>	Age 17
<input type="checkbox"/>	Age 18
<input type="checkbox"/>	Age 19

Orthodontia	
Network/Non-network	
<input type="checkbox"/>	None
<input type="checkbox"/>	Child to age 19 - 50%/50%
<input type="checkbox"/>	Child to age 19 - 40%/40%
<input type="checkbox"/>	Child and Adult - 50%/50%
<input type="checkbox"/>	Child and Adult - 40%/40%

Orthodontic Benefit Lifetime Maximum	
<input type="checkbox"/>	\$1,000
<input type="checkbox"/>	\$1,500
<input type="checkbox"/>	\$2,000

Missing Tooth Benefit	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Implant Coverage	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Stand Alone Dental	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

X-Rays Covered In:	
<input type="checkbox"/>	Diagnostic & Preventive
<input type="checkbox"/>	Minor Restorative

Deductible Carry Over?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Annual Maximum Carry Over?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Group Name:**  
**Specialty Business (group size 51+)**

**Dental Blue<sup>®</sup>**

Participation (Defaults are bolded)	
Employee	Dependent
	<input type="checkbox"/> 15% - 19%
<input type="checkbox"/> 20% - 34%	<input type="checkbox"/> 20% - 34%
<input type="checkbox"/> 35% - 49%	<input type="checkbox"/> 35% - 49%
<input type="checkbox"/> 50% - 64%	<input type="checkbox"/> 50% - 64%
<input type="checkbox"/> 65% - 74%	<input type="checkbox"/> 65% - 74%
<input type="checkbox"/> <b>75% - 84%</b>	<input type="checkbox"/> <b>75% - 84%</b>
<input type="checkbox"/> 85% - 94%	<input type="checkbox"/> 85% - 94%
<input type="checkbox"/> 95%+	<input type="checkbox"/> 95%+

Complete Plan Design				
Annual Maximum:	\$1,000	Annual Deductible: \$50/\$150	Ortho: 50%/50%	Ortho Max; \$1,000
	Diagnostic/Preventive	Minor Restorative	Endo, OS, & Perio	Prosthetics
Network 100:	NCS/NCS	20%/40%	20%/40%	50%/50%
Network 200:	NCS/NCS	30%/40%	30%/40%	50%/50%
Network 300:	NCS/NCS	40%/40%	40%/40%	50%/50%

**Notes:**

- No Cost Share (NCS) means no deductible, copayment or coinsurance up to the maximum allowable amount. However, a member may be responsible for any balance due after the plan payment, including, but not limited to, benefits that reflect No Cost Share
- Deductibles do not apply to Diagnostic & Preventive and Orthodontic Services.
- Orthodontic Maximum does not apply to the annual maximum.
- Percentages reflect the member's responsibility.
- There are no waiting periods.
- The following is standard for Groups of 51 – 99: Dependents are covered to the end of the calendar year in which the child attains age 19; or to the end of the calendar year in which the child attains age 24 if the child is a full-time student enrolled in a state-accredited college, university, trade or secondary school on a full-time basis.

**Summary of Benefits**

**Diagnostic and Preventive Services** (no deductible)

Covered services include oral examinations, X-rays, cleanings, sealants, fluoride and space maintainers.

**Minor Restorative** (deductible applied)

Covered services include emergency treatment for dental pain, amalgam and composite restorations; and pin retention.

**Oral Surgery** (deductible applied)

Covered services include extractions, removal of impacted teeth and general anesthesia.

**Endodontic Services** (deductible applied)

Covered services include root canal therapy; therapeutic pulpotomy; and direct pulp capping.

**Periodontic Services** (deductible applied)

Covered services include scaling and root planning; gingivectomy; osseous surgery; and soft tissue grafts.

**Prosthodontic Services** (deductible applied)

Covered services include crowns, inlays/onlays; removable complete and partial dentures; post and core; and bridge repair.

**Orthodontic Services** (no deductible)

**Available as an optional benefit.** Benefit includes one course of treatment for non-surgical dental services including examination, records, tooth guidance and repositioning (straightening) of the teeth.

**Missing Tooth Benefit** (deductible applied)

**Available as an optional benefit.** Covered services include removable prosthodontics (partials or dentures) or fixed prosthodontics (bridges) for the replacement of teeth (or tooth) lost prior to the member's effective date.

**Implant Coverage** (deductible applied)

**Available as an optional benefit.** Covered services include placement, supported prosthetics; maintenance, repair and removal.

**Group Name:**  
**Specialty Business (group size 51+)**

**Dental Blue®**

Option Number	Annual Deductible Single/Family (Combined In and Out of Network)	Annual Max	Diagnostic & Preventive	Minor Restorative	Oral Surgery, Endodontic & Periodontal Services	Prosthodontic Services	Orthodontic Services	Orthodontic Max	Network Selection (Check one)	Stand-Alone Dental (Check if Yes)
Option 1 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	20%/40%					100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 2 <input type="checkbox"/>	\$50/\$150	\$750	20%/40%	50%/50%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 3 <input type="checkbox"/>	\$75/\$225	\$1,000	20%/40%	50%/50%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 4 <input type="checkbox"/>	\$50/\$150	\$1,000	20%/40%	50%/50%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 5 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	20%/40%	20%/40%				100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 6 <input type="checkbox"/>	\$75/\$225	\$1,000	20%/20%	50%/50%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 7 <input type="checkbox"/>	\$50/\$150	\$1,000	20%/20%	50%/50%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 8 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/20%	20%/40%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 9 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/NCS	20%/20%	20%/20%				100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 10 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/NCS	20%/20%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 11 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/NCS	20%/40%	20%/40%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 12 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/20%	20%/40%	50%/50%	50%/50%	50%/50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 13 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/NCS	20%/20%	20%/20%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 14 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/20%	20%/40%	20%/40%	50%/50%	50%/50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 15 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/NCS	20%/20%	50%/50%	50%/50%	50%/50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 16 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	20%/40%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 17 <input type="checkbox"/>	\$25/\$75	\$1,000	NCS/NCS	20%/20%	20%/20%	50%/50%	50%/50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 18 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	20%/40%	20%/40%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 19 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/NCS	20%/20%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 20 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/20%	20%/40%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 21 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	20%/40%	50%/50%	50%/50%	50%/50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 22 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/NCS	20%/20%	20%/20%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 23 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/20%	20%/40%	20%/40%	50%/50%	50%/50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 24 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/20%	20%/40%	20%/40%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 25 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/NCS	20%/20%	50%/50%	50%/50%	50%/50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 26 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	20%/20%	50%/50%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 27 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/20%	20%/40%	50%/50%	50%/50%	50%/50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 28 <input type="checkbox"/>	\$50/\$150	\$1,000	NCS/NCS	20%/20%	20%/20%	50%/50%	50%/50%	\$1,000	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 29 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	20%/20%	20%/20%	50%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 30 <input type="checkbox"/>	\$50/\$150	\$2,000	NCS/NCS	10%/20%	10%/20%	40%/50%	50%/50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>

**Group Name:**  
**Specialty Business (group size 51+)**

**Dental Blue®**

Option Number	Annual Deductible Single/Family (Combined In and Out of Network)	Annual Max	Diagnostic & Preventive	Minor Restorative	Oral Surgery, Endodontic & Periodontal Services	Prosthodontic Services	Orthodontic Services	Orthodontic Max	Network Selection (Check one)	Stand-Alone Dental (Check if Yes)
Option 31 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/20%	20%/40%	20%/40%	50%/50%	50%/50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 32 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	20%/20%	50%/50%	50%/50%	50%/50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 33 <input type="checkbox"/>	\$50/\$150	\$2,000	NCS/NCS	10%/10%	10%/10%	40%/40%	50%/50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 34 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	10%/20%	10%/20%	40%/50%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 35 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	20%/20%	20%/20%	50%/50%	50%/50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 36 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	10%/10%	10%/10%	40%/40%			100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 37 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	10%/20%	10%/20%	40%/50%	50%/50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>
Option 38 <input type="checkbox"/>	\$50/\$150	\$1,500	NCS/NCS	10%/10%	10%/10%	40%/40%	50%/50%	\$1,500	100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/>	<input type="checkbox"/>

**Notes:**

- **No Cost Share (NCS)** means no deductible, copayment or coinsurance up to the maximum allowable amount. However, a member may be responsible for any balance due after the plan payment, including, but not limited to, benefits that reflect No Cost Share.
- **Deductibles do not apply to Diagnostic & Preventive and Orthodontic Services.**
- **Orthodontic Maximum does not apply to the annual maximum.**
- **Percentages reflect the member's responsibility.**
- **There are no waiting periods.**
- **Dependents are covered to the end of the calendar year in which the child attains age 19; or to the end of the calendar year in which the child attains age 24 if the child is a full-time students enrolled in a state-accredited college, university, trade or secondary school on a full-time basis.**

**Dental Blue Summary of Benefits**

**Diagnostic and Preventive Services (no deductible)**

Covered services include oral examinations, X-rays, cleanings, sealants, fluoride and space maintainers.

**Minor Restorative (deductible applied)**

Covered services include emergency treatment for dental pain, amalgam and composite restorations, and pin retention.

**Oral Surgery, Endodontic and Periodontic Services (deductible applied)**

Covered services include oral surgery (extractions, removal of impacted teeth, general anesthesia), periodontics (scaling and root planing, gingivectomy; osseous surgery, soft tissue grafts) and endodontics (root canal therapy, therapeutic pulptomy and direct pulp capping).

**Prosthodontic Services (deductible applied)**

Covered services include crowns, inlays/onlays; removable complete and partial dentures; post and core; and bridge repair.

**Orthodontic Services (no deductible)**

Included with certain plan options. Coverage is for dependent children only. Benefit includes non-surgical dental services including examination, records, tooth guidance and repositioning (straightening) of the teeth.

**Group Name:**  
**Specialty Business (group size 51+)**

**Anthem Dental Traditional:**

Annual Maximum	
<input type="checkbox"/>	\$500
<input type="checkbox"/>	\$750
<input type="checkbox"/>	\$1,000
<input type="checkbox"/>	\$1,250
<input type="checkbox"/>	\$1,500
<input type="checkbox"/>	\$2,000
<input type="checkbox"/>	\$2,500

Annual Deductible	
Single/Family	
<input type="checkbox"/>	\$0/\$0
<input type="checkbox"/>	\$25/\$50
<input type="checkbox"/>	\$25/N/A
<input type="checkbox"/>	\$25/\$75
<input type="checkbox"/>	\$50/N/A
<input type="checkbox"/>	\$50/\$100
<input type="checkbox"/>	\$50/\$150
<input type="checkbox"/>	\$75/\$225

1 <sup>st</sup> Year Dental	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

CLASS I	
Preventive	
Diagnostic and Preventive Participating/Non-Participating Providers	
<input type="checkbox"/>	CIF
<input type="checkbox"/>	10%
<input type="checkbox"/>	20%

CLASS II	
Basic A	
General	
<input type="checkbox"/>	CIF
<input type="checkbox"/>	10%
<input type="checkbox"/>	20%
<input type="checkbox"/>	50%

CLASS II	
Basic B	
Specialty	
<input type="checkbox"/>	CIF
<input type="checkbox"/>	10%
<input type="checkbox"/>	20%
<input type="checkbox"/>	50%

CLASS III	
Major	
Prosthodontic	
<input type="checkbox"/>	20%
<input type="checkbox"/>	40%
<input type="checkbox"/>	50%

CLASS IV	
Orthodontic	
<input type="checkbox"/>	None
<input type="checkbox"/>	40% Child only to age 19
<input type="checkbox"/>	50% Child only to age 19
<input type="checkbox"/>	40% Child & Adult to maximum dependent age
<input type="checkbox"/>	50% Child & Adult to maximum dependent age

Orthodontic	
Benefit Lifetime Maximum	
<input type="checkbox"/>	\$500
<input type="checkbox"/>	\$750
<input type="checkbox"/>	\$1,000
<input type="checkbox"/>	\$1,250
<input type="checkbox"/>	\$1,500
<input type="checkbox"/>	\$2,000
<input type="checkbox"/>	\$2,500

Stand Alone Dental	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Provider Allowance	
<input type="checkbox"/>	70 <sup>th</sup> percentile
<input type="checkbox"/>	80 <sup>th</sup> percentile
<input type="checkbox"/>	90 <sup>th</sup> percentile

Missing Tooth Benefit	
<input type="checkbox"/>	Yes

**Notes:**

- *CIF means covered in full. However, a member may be responsible for any balance due after the plan payment, including but not limited to, benefits that are covered in full.*
- *Deductibles do not apply to preventive or orthodontics.*
- *Missing Tooth Benefit provides coverage for procedures associated with teeth missing prior to the effective date.*
- *Orthodontic lifetime maximum does not apply to the annual maximum.*
- *Percentage reflects member's responsibility.*

**Group Name:**  
**Specialty Business (group size 51+)**

**Anthem Dental Traditional Summary of Benefits**

**Class I Preventive Services** *(no deductible)*

Covered services include exams, oral evaluations, X-rays (bitewing and complete series), cleaning and scaling, space maintainers and other selected diagnostic and preventive services.

**Class II General Services** *(deductible applies)*

Covered services include palliative (emergency) treatment, consultations, general anesthesia, intravenous sedation, office visits for observation, amalgam and composite restorations and pin retention procedures.

**Class II Specialty Services** *(deductible applies)*

Covered services include root canal therapy, apexification/recalcification, therapeutic pulpotomy, oral surgery, simple and surgical tooth extractions, periodontic services, gingivectomy, osseous surgery and other selected endodontics, oral surgery and periodontal services.

**Class III Prosthodontic Services** *(deductible applies)*

Covered services include onlays, crowns, dentures, bridges and repair of dentures and bridgework, implants and other selected prosthodontic services.

**Class IV Orthodontia Services** *(no deductible)*

**Available as an optional benefit.** Covered services include examination, records, minor treatment of tooth guidance, repositioning (straightening) of the teeth, interceptive or comprehensive orthodontic treatment and post-treatment stabilization.

**Missing Tooth Benefit** *(deductible applies)*

**Available as an optional benefit.** Covered services include removable prosthodontics (partials or dentures) or fixed prosthodontics (bridges) for the replacement of teeth (or tooth) lost prior to the member's effective date of coverage under this Plan.

**100+ group size only:**

Dependent Eligibility			
End of Calendar Year	End of Month	To Birthday	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age 19 only
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age 19; 21, full-time student
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age 19; 23, full-time student
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Age 19; 24, full-time student</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age 19; 25, full-time student

*Note: Bolded text is the standard Dependent Eligibility.*