

**Summary of Benefits**  
**Anthem Dental Essential Choice**  
**Intermittent Workforce Only Anthem**  
**Dental Complete Network**



**WELCOME TO YOUR DENTAL PLAN!**

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

**Powerful and easily accessible member tools.**

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

**Dentists in your plan network.**

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to [anthem.com](http://anthem.com) or call dental customer service at the number listed on the back of your ID card.

**Ready to use your dental benefits?**

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

**Need to contact us?**

See the back of your ID card for who to call, write or email.

**Your dental benefits at a glance**

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

	Participating Dentist	Nonparticipating Dentist
<b>Annual Benefit Maximum</b> · Per insured person Calendar Year	\$1,250	\$1,250
<b>D&amp;P applies to Annual Maximum</b>	Yes	Yes
<b>Annual Maximum Carryover / Carry in</b>	No/No	No/No
<b>Orthodontic Lifetime Benefit Maximum</b> · Per eligible insured person	\$1,000	\$1,000
<b>Annual Deductible (Does not apply to Orthodontic Services)</b> · Per insured person/Family maximum Calendar Year	\$50/No Limit	\$50/No Limit
<b>Deductible Waived for Diagnostic/Preventive Services</b>	Yes	Yes
<b>Nonparticipating Provider Reimbursement:</b>	Prime (MAC)	

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Dental Services	Participating Dentist	Nonparticipating Dentist	Waiting Period
	Anthem Pays:	Anthem Pays:	
<b>Diagnostic and Preventive Services</b> · Periodic oral exam 2 per 12 months · Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance · Bitewing X-rays: 1 set per 12 months · Full-mouth or Panoramic X-rays: 1 per 36 months · Fluoride application: 1 per 12 months; through age 14 · Sealants 1 per 12 months; through age 14	100% Coinsurance	100% Coinsurance	No Waiting Period
<b>Basic Services</b> · Consultation (second opinion) 1 per 12 months · Amalgam (silver-colored) Filling 1 per tooth per 24 months · Composite (tooth-colored) Filling 1 per tooth per 24 months posterior (back) fillings alternated to amalgam benefit (silver-colored filling) · Brush Biopsy (cancer test) Not Covered · Space Maintainers 1 per lifetime through age 14; posterior teeth	80% Coinsurance	80% Coinsurance	3 Month
<b>Endodontics (Non-Surgical)</b> · Root Canal 1 per tooth per lifetime	60% Coinsurance	60% Coinsurance	12 Month
<b>Endodontics (Surgical)</b> · Apicoectomy and apexification 1 per tooth per lifetime	60% Coinsurance	60% Coinsurance	12 Month
<b>Periodontics (Non-Surgical)</b> · Periodontal Maintenance 2 per 12 months; w/teeth cleaning · Scaling and root planing 1 per quadrant per 24 months	60% Coinsurance	60% Coinsurance	12 Month
<b>Periodontics (Surgical)</b> · Periodontal Surgery (osseous, gingivectomy, graft procedures) 1 per quadrant per 36 months	60% Coinsurance	60% Coinsurance	12 Month
<b>Oral Surgery (Simple)</b> · Simple Extractions 1 per tooth per lifetime	80% Coinsurance	80% Coinsurance	3 Month
<b>Oral Surgery (Complex)</b> · Surgical Extractions 1 per tooth per lifetime	80% Coinsurance	80% Coinsurance	3 Month
<b>Major (Restorative) Services</b> · Crowns, onlays, veneers 1 per tooth per 120 months · Cosmetic teeth whitening Not Covered	60% Coinsurance	60% Coinsurance	12 Month
<b>Temporomandibular Joint Disorder (TMJ)</b> · X-rays, splints, and surgical procedures including arthroscopy and orthotic devices Not Covered	Not Covered	Not Covered	N/A
<b>Prosthodontics</b> · Dentures and bridges 1 per tooth per 120 months · Dental Implants Not Covered	60% Coinsurance	60% Coinsurance	12 Month
<b>Prosthodontic Repairs/Adjustments</b> · Crown, denture, bridge repairs 1 per 12 months; 6 months after placement · Denture and bridge adjustments: 2 per 12 months; 6 months after placement	80% Coinsurance	80% Coinsurance	3 Month
<b>Orthodontic Services</b> · Dependent Children Only*	50% Coinsurance	50% Coinsurance	12 Month

\*Child orthodontic runs through age 18. This means that the child must have been banded prior to their 19th birthday in order to receive coverage.

## Additional Services and Programs

### Anthem Whole Health Connection - Dental®

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

### Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

### Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

### International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

## Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

**Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

**Cosmetic dentistry** (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

**Analgesia, analgesic agents, and anxiolysis nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

Missing tooth clause of 24 months applies for the replacement of congenitally missing teeth or teeth lost prior to the coverage effective date for this plan

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

## Summary of Benefits

# Indemnity Plan



This Indemnity Plan provides a lump-sum, cash benefit to help pay for costs that can come with a hospital stay that your health plan doesn't cover. Use your indemnity plan to help pay for out-of-pocket medical costs or daily expenses like rent, food or transportation.

### Key features:

- Cash benefit is paid directly to you in a lump-sum payment.
- Covers hospitalization for maternity from day one with no waiting period.
- No limitations for pre-existing conditions.<sup>1</sup>

### Convenience

We are here to help. When you have an Anthem medical plan through your employer along with the Indemnity Plan, we will remind you to file a claim. In order to receive the email reminder, you must be registered at [anthem.com](http://anthem.com) and enable *plan notifications via email* within your profile. After you receive a qualifying medical treatment, watch for your Medical Claim approval email, which includes a link to the claim form. You can also file a claim by downloading the form at <https://welcometoanthem.com/mybenefits> and following the instructions for submission.

Benefit	Amount	Annual Maximum
Hospital confinement — first-day benefit	\$250	2 Days Per Year
Hospital confinement — daily benefit	\$325	31 Days Per Year
Intensive care unit confinement — daily benefit	\$650	10 Days Per Year
Inpatient Surgical	\$2,000	2 Days Per Year
Doctor's Office Visit	\$65	7 Days Per Year
Outpatient Diagnostic Exam	\$80	3 Days Per Year
Outpatient Surgery	\$500	2 Days Per Year
Emergency Room	\$200	2 Days Per Year
Prescription Drug Benefit	\$40	12 Days Per Year
Pre-existing conditions limitation		None
Maternity benefit waiting period		None

<sup>1</sup> Covered accidents or illness must occur after the effective date of coverage.

Supplemental insurance only.

### Not intended as a substitute or replacement for major medical insurance

This plan is not Minimum Essential Coverage and does not satisfy Employer Shared Responsibility or Individual Mandate provisions of the Affordable Care Act.

Anthem FlexHour Hospital Indemnity plans are underwritten by Anthem Blue Cross Blue Shield.

Group Hospital Indemnity benefits provided by policy form SHI B XX18 P or state equivalent.

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Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® 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. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

# Voluntary Life Insurance



See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

**Optional group term life insurance benefit for you:** \$20,000

**Voluntary accidental death and dismemberment insurance benefit amount for you:** \$20,000

## Voluntary life coverage for your family

You may also choose additional life coverage for your spouse and/or your children in the amount of \$10,000

*Dependent coverage may not exceed 50% of the employee's benefit amount. Child coverage begins on the 15th day following birth and terminates at age 26.*

## Benefits after age 65

You will still have benefits after age 65, though they will reduce as follows:  
35% reduction at age 65; 50% reduction at age 70. *All benefits end at retirement.*

## Living Benefit (accelerated death benefit)

You can ask for a portion of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

## Waiver of premium

We may continue your life insurance coverage until you turn 65 if you become totally disabled and not able to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

## Portability of voluntary life insurance

If you leave employment for reasons other than retirement or disability, this feature allows you to take your voluntary life insurance coverage with you by paying the required premiums. The rates are typically lower than an individual policy.

## Conversion

If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the 1<sup>st</sup> month's premium for the individual policy within 31 days of the last day you were employed.

## Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at [www.resourceadvisor.anthem.com](http://www.resourceadvisor.anthem.com), program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.

## Travel assistance

This value added program gives you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. **All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.**

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The Value Added additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Value Added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Travel Assistance value added services are provided by Generali Global Assistance, Inc. In all cases, Generali Global Assistance, Inc. only suggests a medical professional, medical facility or attorney that gives services to the eligible member. They are not employees or agents of Generali Global Assistance, Inc. or Anthem. You choose the medical advice or legal counsel you want. Generali Global Assistance, Inc. or Anthem is not liable for any medical advice or legal counsel given by the medical professional or attorney. Generali Global Assistance, Inc. also is not liable for the negligence or other wrongful acts or omissions of any of the health or legal care professionals who give these services. The covered member cannot take action against Generali Global Assistance, Inc. or Anthem for its suggestion of or contract with a medical professional or attorney. You must pay back Generali Global Assistance, Inc. for some costs. Generali Global Assistance, Inc. is not affiliated with Anthem and the services provided are not part of the insurance coverage provided by Anthem. The agreement between Generali Global Assistance, Inc. and Anthem is subject to change, which may affect the services offered. Valid only for eligible members. Retirees are not eligible for travel assistance services.

Beneficiary Companion services are provided by Generali Global Assistance, Inc.

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. In GA, Life and Disability products are underwritten by Greater Georgia Life Insurance Company (GGL) using the trade name Anthem Life, independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

6/2020

**Welcome to your Blue View Vision plan!**

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at [anthem.com](http://anthem.com), or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at 1-866-723-0515.

**Out-of-Network** – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$20 copay	Up to \$42 reimbursement	Once every calendar year
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$45 reimbursement	Once every calendar year
<b>Eyeglass Lenses (<i>instead of contact lenses</i>)</b>			
One pair of standard plastic prescription lenses:			
<ul style="list-style-type: none"> <li>• Single vision lenses</li> <li>• Bifocal lenses</li> <li>• Trifocal lenses</li> </ul>	\$20 copay \$20 copay \$20 copay	Up to \$40 reimbursement Up to \$60 reimbursement Up to \$80 reimbursement	Once every calendar year
<b>Eyeglass Lens Enhancements</b>			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none"> <li>• <b>Transitions</b> Lenses (for a child under age 19)</li> <li>• Standard polycarbonate (for a child under age 19)</li> <li>• Factory scratch coating</li> </ul>	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Once every calendar year
<b>Contact Lenses (<i>instead of eyeglass lenses</i>)</b>			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none"> <li>• Elective conventional (non-disposable)</li> </ul> OR	\$80 allowance, then 15% off any remaining balance	Up to \$60 reimbursement	Once every calendar year
<ul style="list-style-type: none"> <li>• Elective disposable</li> </ul> OR	\$80 allowance ( <i>no additional discount</i> )	Up to \$60 reimbursement	
<ul style="list-style-type: none"> <li>• Non-elective (medically necessary)</li> </ul>	Covered in full	Up to \$210 reimbursement	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

**EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)**

**Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Plano sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing.



OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> - at member's option can be performed at time of eye exam		Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>○ <b>Transitions</b> lenses (Adults) \$75</li> <li>○ Standard Polycarbonate (Adults) \$40</li> <li>○ Tint (Solid and Gradient) \$15</li> <li>○ UV Coating \$15</li> <li>○ Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>○ Standard \$55</li> <li>○ Premium Tier 1 \$85</li> <li>○ Premium Tier 2 \$95</li> <li>○ Premium Tier 3 \$110</li> <li>○ Premium Tier 4 \$175</li> </ul> </li> <li>○ Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>○ Standard \$45</li> <li>○ Premium Tier 1 \$57</li> <li>○ Premium Tier 2 \$68</li> <li>○ Premium Tier 3 \$85</li> </ul> </li> <li>○ Other Add-ons 20% off retail price</li> </ul>	
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> <li>○ Complete Pair 40% off retail price</li> <li>○ Eyeglass materials purchased separately 20% off retail price</li> </ul>	
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>○ Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price</li> </ul>	
<b>Contact lens fit and follow-up</b> A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> <li>○ Standard contact lens fitting<sup>3</sup> Up to \$55</li> <li>○ Premium contact lens fitting<sup>4</sup> 10% off retail price</li> </ul>	
<b>Conventional Contact Lenses</b>	<ul style="list-style-type: none"> <li>○ Discount applies to materials only 15% off retail price</li> </ul>	

<sup>1</sup> Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the available coating brands by tier.

<sup>3</sup> Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

<sup>4</sup> Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:



**ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM \***

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just **log in at anthem.com**, select discounts, then Vision, Hearing & Dental.

\* Discounts cannot be used in conjunction with your covered benefits.

**OUT-OF-NETWORK**

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at **anthem.com**, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at **1-866-723-0515** to request a claim form.

**To Fax:** 866-293-7373  
**To Email:** oonclaims@eyewearspecialoffers.com  
**To Mail:** Blue View Vision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

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# Voluntary Group Short-term Disability Insurance



See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

**Short-term disability benefit amount:** \$200 weekly benefit

## How benefits are paid

Payments begin for disabilities resulting from accidents and illnesses as follows:

8th day for accident, 8th day for illness

1<sup>st</sup> day for hospitalization

The maximum benefit period determines how long benefits will be paid. The maximum benefit period is 26 weeks.

## Partial disability benefits

If you are able to return to work part-time, you may still receive a portion of your short-term disability benefit to help fill the gap in your income.

## Maternity benefit

Short-term disability benefits for pregnancy are provided the same as for a disability caused by an illness.

## Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources [www.resourceadvisor.anthem.com](http://www.resourceadvisor.anthem.com), program name "AnthemResourceAdvisor".

To access Resource Advisor call (888) 209-7840.

## Pre-existing conditions

A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 12 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.

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Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The Value Added additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Value Added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificate holders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

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- To find a dentist by name or location, go to [anthem.com](http://anthem.com) or call dental customer service at the number listed on the back of your ID card.

**Ready to use your dental benefits?**

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- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

**Need to contact us?**

See the back of your ID card for who to call, write or email.

**Your dental benefits at a glance**

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

		Participating Dentist	Nonparticipating Dentist
<b>Annual Benefit Maximum</b>	Calendar Year		
· Per insured person		\$750	\$750
<b>D&amp;P applies to Annual Maximum</b>		Yes	Yes
<b>Annual Maximum Carryover / Carry in</b>		No/No	No/No
<b>Orthodontic Lifetime Benefit Maximum</b>			
· Per eligible insured person		N/A	N/A
<b>Annual Deductible</b>	Calendar Year		
· Per insured person/Family maximum		\$50/No Limit	\$50/No Limit
<b>Deductible Waived for Diagnostic/Preventive Services</b>		Yes	Yes
<b>Nonparticipating Provider Reimbursement:</b>		Prime (MAC)	

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Dental Services	Participating Dentist	Nonparticipating Dentist	Waiting Period
	Anthem Pays:	Anthem Pays:	
<b>Diagnostic and Preventive Services</b> · Periodic oral exam 2 per 12 months · Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance · Bitewing X-rays: 1 set per 12 months · Full-mouth or Panoramic X-rays: 1 per 36 months · Fluoride application: 1 per 12 months; through age 14 · Sealants 1 per 12 months; through age 14	100% Coinsurance	100% Coinsurance	No Waiting Period
<b>Basic Services</b> · Consultation (second opinion) 1 per 12 months · Amalgam (silver-colored) Filling 1 per tooth per 24 months · Composite (tooth-colored) Filling 1 per tooth per 24 months posterior (back) fillings alternated to amalgam benefit (silver-colored filling) · Brush Biopsy (cancer test) Not Covered · Space Maintainers 1 per lifetime through age 14; posterior teeth	60% Coinsurance	60% Coinsurance	3 Month
<b>Endodontics (Non-Surgical)</b> · Root Canal 1 per tooth per lifetime	Not Covered	Not Covered	N/A
<b>Endodontics (Surgical)</b> · Apicoectomy and apexification 1 per tooth per lifetime	Not Covered	Not Covered	N/A
<b>Periodontics (Non-Surgical)</b> · Periodontal Maintenance 2 per 12 months; w/teeth cleaning · Scaling and root planing 1 per quadrant per 24 months	Not Covered	Not Covered	N/A
<b>Periodontics (Surgical)</b> · Periodontal Surgery (osseous, gingivectomy, graft procedures) 1 per quadrant per 36 months	Not Covered	Not Covered	N/A
<b>Oral Surgery (Simple)</b> · Simple Extractions 1 per tooth per lifetime	60% Coinsurance	60% Coinsurance	3 Month
<b>Oral Surgery (Complex)</b> · Surgical Extractions 1 per tooth per lifetime	60% Coinsurance	60% Coinsurance	3 Month
<b>Major (Restorative) Services</b> · Crowns, onlays, veneers 1 per tooth per 120 months · Cosmetic teeth whitening Not Covered	Not Covered	Not Covered	N/A
<b>Temporomandibular Joint Disorder (TMJ)</b> · X-rays, splints, and surgical procedures including arthroscopy and orthotic devices Not Covered	Not Covered	Not Covered	N/A
<b>Prosthodontics</b> · Dentures and bridges 1 per tooth per 120 months · Dental Implants Not Covered	Not Covered	Not Covered	N/A
<b>Prosthodontic Repairs/Adjustments</b> · Crown, denture, bridge repairs 1 per 12 months; 6 months after placement · Denture and bridge adjustments: 2 per 12 months; 6 months after placement	60% Coinsurance	60% Coinsurance	3 Month
<b>Orthodontic Services</b> · None	Not Covered	Not Covered	N/A

**Additional Services and Programs**

**Anthem Whole Health Connection - Dental®**

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

**Accidental Dental Injury Benefit**

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

**Extension of Benefits**

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

**International Emergency Dental Program**

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

**Additional Limitations & Exclusions**

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

**Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

**Cosmetic dentistry** (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

**Analgesia, analgesic agents, and anxiolysis nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

Missing tooth clause of 24 months applies for the replacement of congenitally missing teeth or teeth lost prior to the coverage effective date for this plan

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.