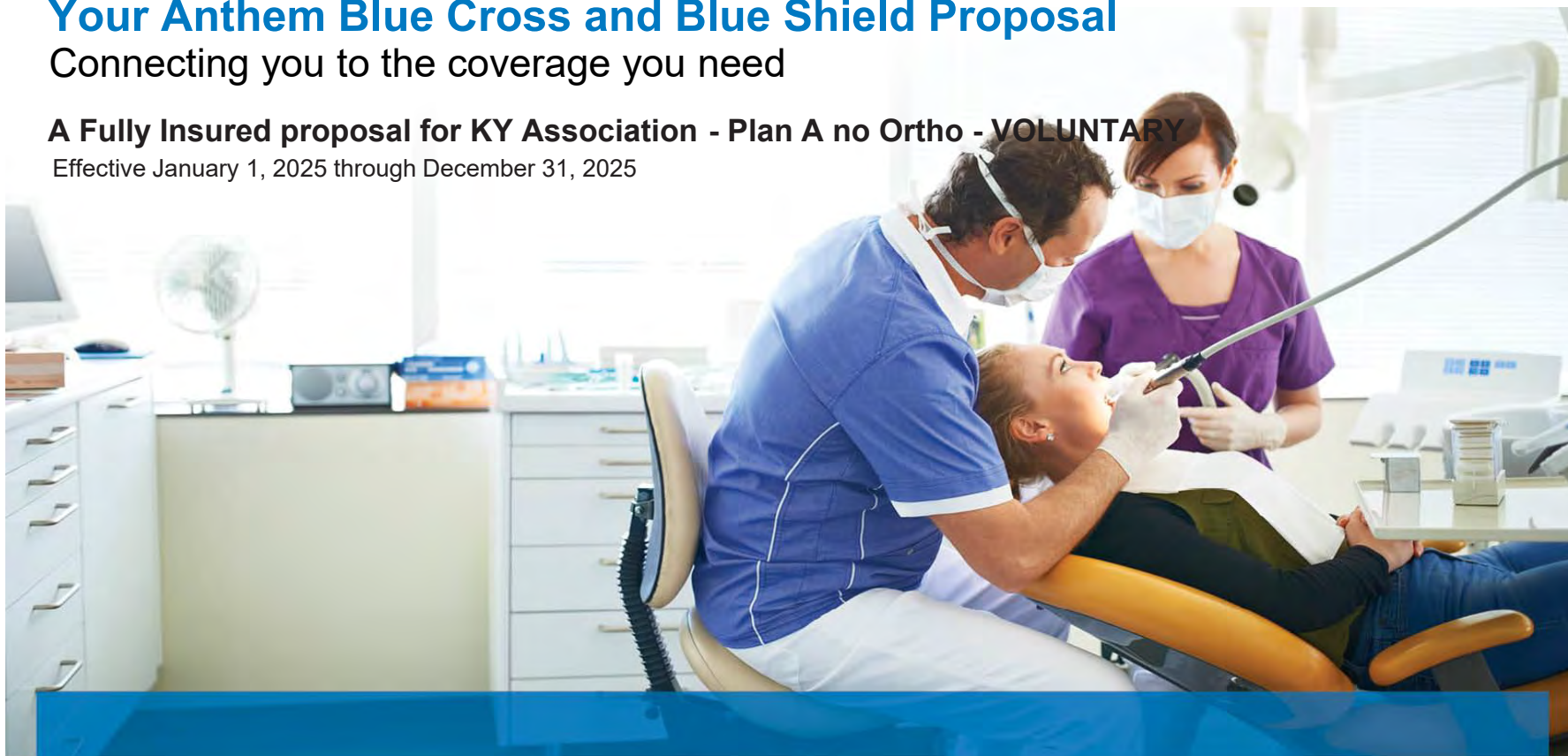


## Your Anthem Blue Cross and Blue Shield Proposal

Connecting you to the coverage you need

**A Fully Insured proposal for KY Association - Plan A no Ortho - VOLUNTARY**

Effective January 1, 2025 through December 31, 2025



**Created on:**

September 14, 2023

# Why choose Anthem for your dental coverage

## Taking care of your teeth helps your whole body

Regular dental care is not only important for maintaining good dental health, but routine exams can detect early warnings signs of serious health problems when they are easier to treat. That means taking care of your teeth and mouth can help protect your overall health, which is vital for the overall health and productivity of your workforce. With Anthem Dental, we make it easier and more affordable for your employees to take care of their teeth and mouths, and help them catch health issues earlier.

## Access, options, and savings all come standard with Anthem Dental

Anthem Dental creates a simplified, personal experience for your employees by combining the capabilities of a traditional dental carrier with best-in-class network access, discounts, and services — all powered by our unique digital platform and artificial intelligence.

## With Anthem Dental, your employees can enjoy:



### Access.

Our dental network is one of the largest in the country, with more than 133,000 unique dentists at more than 464,000 locations.<sup>1</sup> With so many choices, members can find a dentist close to home or work.



### Strong network discounts.

Members save money by visiting one of our network dentists with our 38% average national network discount.<sup>2</sup>



### Innovative benefits solutions.

This includes Teledentistry, Ortho@Home, cosmetic benefits, and accidental dental injury coverage.



### Excellent service and convenient, engaging self-service member tools.

Members can choose to call our dedicated customer service team or use one of our self-service tools, including the Sydney Health app, anthem.com, or Alexa. Members also receive individualized, personal health reminders.



### Enhanced member support.

Members can access our online Dental Cost Estimator, Dental Health Assessment, and Ask a Hygienist tools.

## A focus on whole health: dental + medical coverage

When you buy an Anthem dental and medical plan together, you receive Anthem Whole Health Connection® at no additional cost.

Anthem Whole Health Connection joins your Anthem plans for earlier identification and better management of health conditions, including interventions to help prevent diseases before they develop, by paving the way for communication among dentists and other network providers on the patient's care team, such as primary care doctors and care managers.

### The program provides:

- **One dedicated account team** to simplify administration from enrollment through claims processing.
- **Connected dental and medical clinical programs.** We offer two-way sharing of patients' health information among patients and other network providers on the patient's care team, including primary care doctors and care managers. That means dentists in our network can deliver better care to our members because they review relevant, HIPAA-compliant patient health information online, such as prescription medications and recent medical diagnoses.
- **Health reminders**, also called care alerts, to help employees manage ongoing health problems, including diabetes and heart disease.
- **Automatic identification**, enrollment and notification of additional dental services for members with certain health conditions

## Here for all your coverage needs

Your health and the health of your employees is our first priority. With coverage options including dental, vision, life, disability, and supplemental health (accident, critical illness, hospital indemnity), our ancillary insurance plans drive significant value, helping you cover all your benefit needs, such as network access and discounts, service, and pricing options to fit every budget.

The Anthem Whole Health Connection program drives additional value, by helping improve health outcomes, lower costs, and create a better health care experiences at no added cost.

Choosing the right dental plan is a big decision, but with Anthem Dental, your employees receive the care they need at the price they want. Talk to your producer or Anthem representative, or visit us at [anthem.com/specialty](https://www.anthem.com/specialty), to learn more. We are here to help.



Medical



Pharmacy



Behavioral  
Health



Dental



Vision



Life



Disability



Supplemental  
Health

<sup>1</sup> Network360, May 2020.

<sup>2</sup> Anthem Quarterly Network Metric Report, 2020.

## Fully Insured Rate

KY Association - Plan A no Ortho - VOLUNTARY

Effective Date: January 1, 2025

Domicile State: Kentucky



Deductibles	In-Network	Out-of-Network
Annual Deductible	\$50	\$50
Family Deductible Multiple	3X Individual	3X Individual
Deductible Waived - Diag/Prev	Yes	Yes
<b>Deductible Waived – Orthodontics</b>	N/A	N/A

Cost-Shares	In-Network	Out-of-Network
Diagnostic & Preventive	100% Coinsurance	100% Coinsurance
Basic Restorative	80% Coinsurance	80% Coinsurance
Non Surgical Endodontics	50% Coinsurance	50% Coinsurance
Surgical Endodontics	50% Coinsurance	50% Coinsurance
Non Surgical Periodontics	50% Coinsurance	50% Coinsurance
Surgical Periodontics	50% Coinsurance	50% Coinsurance
Simple Oral Surgery	50% Coinsurance	50% Coinsurance
Complex Oral Surgery	50% Coinsurance	50% Coinsurance
Major Restorative	50% Coinsurance	50% Coinsurance
Prosthetics	50% Coinsurance	50% Coinsurance
Prosthetic Repairs & Adjustments	50% Coinsurance	50% Coinsurance
Orthodontics	Not Covered	Not Covered
Orthodontic Covers	None	None

Maximums	In-Network	Out-of-Network
Annual Maximum	\$1,000	\$1,000
Annual Maximum Carryover/Carry in	Yes/No	Yes/No
Out of Pocket Maximum Individual/Family	Not Applicable	Not Applicable
Lifetime Orthodontic Maximum	N/A	N/A

Tier	Premium Rates
Employee	\$20.70
Employee + Spouse	\$42.22
Employee + Child(ren)	\$47.92
Employee + Family	\$72.85

Quote Details	
Product and Network	Essential Choice and Complete Network
Participation Requirement	Voluntary - min 2 enrolled
SIC	VARIOUS INDUSTRIES
OON Reimbursement	Prime (MAC)
Dependent Age	Children to Age 26
Contract Length	Through 12/31/2024
Posterior Composites	Covered as Composites
Implants	Limited to one per tooth per 84 months
Brush Biopsy	Covered, 1 per 12 months: all ages
Cosmetic Teeth Whitening	Not Covered
TMJ	Not Covered
Sealants	Covered as D&P - 1 per 60 months: through age 18
Full Mouth X-Rays	Covered as D&P - 1 per 60 months
Bitewing X-Rays	Covered as D&P - 1 set per 12 months
Prior Coverage	With Prior Coverage
Waiting Periods - Bas/Maj	6 Month Basic/12 Month Major
Waiting Periods - Ortho	N/A
Waived (Initial Enrollees only)-Bas/Maj/Ortho	Yes / Yes / N/A

Accepted By:

Signature

Date

Title

## Fully Insured Rate

KY Association - Plan A no Ortho - VOLUNTARY

Effective Date: January 1, 2025

Domicile State: Kentucky



### Assumptions:

Note 1:

The above quoted rates are based on information received by Anthem. If at the time of enrollment there is a significant change in any of the information, Anthem reserves the right to withdraw or modify the quoted rates. If actual enrollment varies by more than 10% from the assumed contract counts indicated, Anthem reserves the right to modify the quoted rates.

Note 2:

5.00% broker commission is included in this rate quote.

Note 3:

This Anthem plan assumes no underlying funding of any type including, but not limited to, copays, deductibles and other cost-shares.

Note 4:

Premium discounts may apply if dental coverage is combined with other Anthem lines. Please contact your Anthem sales representative for details. This quote is valid for 60 days.

Note 5:

This proposal is not valid as part of a dual option offering.

### Enrollment Requirements

A minimum of 2 eligible employees must enroll in this plan. If 50% or more of the employees are located outside the employer's state of domicile, acceptance is contingent upon underwriting approval. Dental offices are not eligible for coverage. DHMO is not considered comparable coverage.

Final rates are subject to underwriting approval and verification of all assumptions used in the proposal rating.

Please note: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.

## Summary of Benefits

### Anthem Dental Essential Choice

### KY Association - Plan A no Ortho - VOLUNTARY

### 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.

		In-Network	Out-of-Network
<b>Annual Benefit Maximum</b> · Per insured person	Calendar Year	<b>\$1,000</b>	<b>\$1,000</b>
<b>D&amp;P applies to Annual Maximum</b>		<b>Yes</b>	<b>Yes</b>
<b>Annual Maximum Carryover / Carry in</b>		<b>Yes/No</b>	<b>Yes/No</b>
<b>Orthodontic Lifetime Benefit Maximum</b> · Per eligible insured person		<b>N/A</b>	<b>N/A</b>
<b>Annual Deductible</b> · Per insured person/Family maximum	Calendar Year	<b>\$50/3X Individual</b>	<b>\$50/3X Individual</b>
<b>Deductible Waived for Diagnostic/Preventive Services</b>		<b>Yes</b>	<b>Yes</b>
<b>Out-of-Network Reimbursement:</b>		<b>Prime (MAC)</b>	

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Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>Periodic oral exam 2 per 12 months</li> <li>Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance</li> <li>Bitewing X-rays: 1 set per 12 months</li> <li>Full-mouth or Panoramic X-rays: 1 per 60 months</li> <li>Fluoride application: 1 per 12 months through age 18</li> <li>Sealants 1 per 60 months; through age 18</li> <li>Space Maintainers 1 per lifetime through age 18; posterior teeth</li> </ul>	100% Coinsurance	100% Coinsurance	No Waiting Period
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Consultation (second opinion) 1 per 12 months</li> <li>Amalgam (silver-colored) Filling 1 per tooth per 24 months</li> <li>Composite (tooth-colored) Filling 1 per tooth per 24 months</li> <li>posterior (back) fillings covered as composites</li> <li>Brush Biopsy (cancer test) Covered, 1 per 12 months; all ages</li> </ul>	80% Coinsurance	80% Coinsurance	6 Month
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Root Canal 1 per tooth per lifetime</li> </ul>	50% Coinsurance	50% Coinsurance	6 Month
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>Apicoectomy and apexification 1 per tooth per lifetime</li> </ul>	50% Coinsurance	50% Coinsurance	6 Month
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Periodontal Maintenance 4 per 12 months; w/teeth cleaning</li> <li>Scaling and root planing 1 per quadrant per 24 months</li> </ul>	50% Coinsurance	50% Coinsurance	6 Month
<b>Periodontics (Surgical)</b> 1 per quadrant per 36 months <ul style="list-style-type: none"> <li>Periodontal Surgery (osseous, gingivectomy, graft procedures)</li> </ul>	50% Coinsurance	50% Coinsurance	6 Month
<b>Oral Surgery (Simple)</b> <ul style="list-style-type: none"> <li>Simple Extractions 1 per tooth per lifetime</li> </ul>	50% Coinsurance	50% Coinsurance	6 Month
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>Surgical Extractions 1 per tooth per lifetime</li> </ul>	50% Coinsurance	50% Coinsurance	6 Month
<b>Major (Restorative) Services</b> <ul style="list-style-type: none"> <li>Crowns, onlays, veneers 1 per tooth per 84 months</li> <li>Cosmetic teeth whitening Not Covered</li> </ul>	50% Coinsurance	50% Coinsurance	12 Month
<b>Temporomandibular Joint Disorder (TMJ)</b> <ul style="list-style-type: none"> <li>X-rays, splints, and surgical procedures Not Covered</li> <li>including arthroscopy and orthotic devices</li> </ul>	Not Covered	Not Covered	N/A
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>Dentures and bridges 1 per tooth per 84 months</li> <li>Dental Implants Limited to one per tooth per 84 months</li> </ul>	50% Coinsurance	50% Coinsurance	12 Month
<b>Prosthodontic Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>Crown, denture, bridge repairs 1 per 12 months; 6 months after placement</li> <li>Denture and bridge adjustments: 2 per 12 months; 6 months after placement</li> </ul>	50% Coinsurance	50% Coinsurance	12 Month
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>None</li> </ul>	Not Covered	Not Covered	N/A

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## 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.

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