

New Whole Health Plans— Enhanced embedded dental and vision plans*

Offering one rate for medical, dental and vision coverage



A health plan that covers your employees' overall health can be hard to find, especially one that combines dental and vision coverage. That's why we have embedded our dental and vision into one enhanced plan that covers both pediatric and adult care.

Our bundled plans help your employees create good habits and identify conditions early to improve their health and lower your costs.

Enhanced embedded dental and vision plan summary

Dental	Adult (age 19 and older)	In network	Out of network	Pediatric (under age 19)	In network	Out of network
	Diagnostic and preventive	100%	100%	100%	Diagnostic and preventive	100%
Basic	80%	80%	80%	Basic dental care	80%	80%
Major	50%	50%	50%	Major	50%	50%
Orthodontia	Not covered			Medically necessary orthodontia	50%	50%
Deductible (Basic and Major only)	\$50 per person			Deductible (Basic, major and orthodontia)	\$50 per person	
Annual maximum	\$1,000				—	
Out-of-network fee schedule	Maximum allowable charge			Out-of-network fee schedule	Maximum allowable charge	
Network name	Prime			Network name	Prime	

Vision	Adult (age 19 and older)		Pediatric (under age 19)	
	Copay for eye exam/eyeglass lenses	\$20		Copay for eye exam/eyeglass lenses
Frame allowance	\$130		Frame copay	\$0 (with Anthem formulary)
Contact lens allowance	\$80		Contact lens copay	\$0 (with Anthem formulary)
Eye exam (frequency)	1 per calendar year (CY)		Eye exam (frequency)	1 per CY
Eyeglass lenses (frequency)	1 every other CY		Eyeglass lenses (frequency)	1 per CY
Frames (frequency)	1 every other CY		Frames (frequency)	1 per CY
Contact Lenses (frequency)	1 every other CY		Contact lenses (frequency)	1 per CY

When you bundle your coverage, you get comprehensive care and convenience at a lower price.



This document is only a brief summary of benefits and services. Our plans have exclusions, limitations and terms under which the Evidence of Coverage may be continued in force or discontinued. For cost and complete details on what's covered and what isn't:

Review the Evidence of Coverage, call your Anthem Blue Cross authorized sales representative and go to anthem.com/ca. All product offerings are subject to regulatory review and approval and are subject to change. Plans offered by Anthem Blue Cross.

*Enhanced embedded apply to select Whole Health plans and are identified by "WH" at the end of the plan name.

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To learn more about our newly designed plans, contact your Anthem Sales representative