WELCOME TO ANTHEM DENTAL!

This benefit summary outlines the basic components of your plan, providing you with a quick reference of your dental plan benefits. For complete coverage details, please refer to the plan certificate.

Anthem Dental Option 1 Complete Network

Dental coverage you can count on.
Anthem Dental lets you visit any licensed dentist or specialist you want—with costs that are normally lower when you choose one within the extensive network.

Finding a dentist is easy.
To select a dentist by name or location, do one of the following:
• Go to anthem.com
• Call Anthem Dental Customer Service at 800-627-0004

YOUR DENTAL PLAN AT-A-GLANCE

<table>
<thead>
<tr>
<th>DENTAL BENEFITS</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN-NETWORK</td>
<td>No copayment</td>
<td>20%</td>
</tr>
<tr>
<td>OUT-OF-NETWORK</td>
<td>20%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Diagnostic and Preventive Services, for example:
- Periodic oral evaluation (0120)
- Prophylaxis (cleaning) Adult (1110)
- Prophylaxis (cleaning) Child (1120)
- Bitewing X-rays – four films (0274)
- Intraoral X-rays – complete series (0210)

Restorative Services, for example:
- Fillings
  - amalgam, two surfaces (2150)
- Endodontics
  - root canal, molar (3330)
- Periodontics
  - scaling and root planing, per quadrant (4341)
- Oral Surgery
  - tooth extraction, simple (7140)
- Prosthodontics
  - crown, porcelain fused to high noble metal (2750)
  - denture, complete, upper or lower (5110/5120)

Orthodontic Services:
- Age Limit
- Ortho Lifetime Maximum Benefits

Waiting Periods:
- None

Extra support for pregnant and diabetic members. To help proactively manage these conditions, our pregnant and diabetic members may be eligible for additional dental benefits. If you have diabetes or are pregnant, please contact our customer service department to determine if you qualify and to learn more about this important program.

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 the dental certificate. In the event of a discrepancy between the information contained in this benefit summary and that in the dental certificate, the dental certificate will prevail.

COLG-BA14
Savings beyond your plan benefits
In addition to your covered benefits, participating providers have agreed to accept reduced fees on many services that are not covered by your plan, like porcelain veneers and other cosmetic dental procedures – and even for services you may receive during any waiting periods (if applicable) or after you have reached your annual benefit maximum.

In-network and out-of-network
Percentages shown in the benefits chart herein reflect the percentage of the Covered Expense that you will pay.

Participating Providers are dentists who have contracted with us to provide dental care to our members at a negotiated rate. When using a participating dentist, you will only be responsible for your deductible and coinsurance amounts, if applicable. When you receive services in-network from a participating provider, the percentage we pay will, in most cases, be higher than if you were to receive services out-of-network from a non-participating provider.

Non-Participating Providers are dentists who have not contracted with us and therefore may charge their usual fee for services they provide to you. When using a non-participating dentist, you will be responsible for your deductible and coinsurance amounts, if applicable, plus any amount over our Covered Expense, up to the dentist’s billed charges.

TO CONTACT US:

<table>
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<tr>
<th>Call</th>
<th>Write</th>
<th>Email</th>
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<tbody>
<tr>
<td>Refer to the toll-free number indicated on the back of your plan identification card or call (800) 627-0004 to speak in-person with a U.S. based customer service representative during normal business hours. Calling after-hours? We may still be able to assist you with our interactive voice-response system at (800) 627-0004.</td>
<td>Refer to the back of your plan identification card for the claims submission address. Other correspondence may be sent to: PO Box 9274 Oxnard, CA 93031</td>
<td><a href="mailto:dentalhelp@anthem.com">dentalhelp@anthem.com</a> You may also visit our web site at: anthem.com</td>
</tr>
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</table>

Limitations & Exclusions

Limitations — Below is a partial listing of plan limitations. Please see your Certificate of Coverage for a full list.

Diagnostic and Preventive Services
Oral evaluations (exam). Limited to two per Benefit Period
Prophylaxis (cleaning). Limited to two per Benefit Period
Bitewing x-rays. Limited to one set per 12 months under age 18, one set per 24 months age 16 and over.
Intraoral x-rays, single film. Limited to four films per Benefit Period.
Complete series x-rays (panoramic or full-mouth). Limited to once every five years.

Restorative Services – applicable if these services are covered under your plan
 Fillings. Limited to once per surface per tooth every 24 months.
Crowns. Limited to once per tooth in a five year period.
Removable prosthodontics. Covered only for insured persons age 16 and over.
Removable complete (immediate or permanent) and partial dentures. Limited to once in five years.
Fixed prosthodontics. Benefits are provided for the replacement of an existing bridge if it is five years old or older and cannot be made serviceable.
Root canal therapy. Limited to once per lifetime per tooth, including retreatment. Coverage is for permanent teeth only.
Gingivectomy or gingivoplasty. Limited to once per quadrant in any 36 months.
Periodontal scaling and root planing. Limited to once per quadrant every 24 months.

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – if Orthodontia is included as a benefit of your plan
Orthodontia. Limited to one course of treatment per member per lifetime for dependent children under age 19.

Exclusions — Below is a partial listing of non-covered services. Please see your Certificate of Coverage 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 plan certificate.
Orthodontics (unless included as part of your plan benefits). Orthodontic braces, appliances and all related services.
Services or treatments that are not medically necessary.
Cosmetic dentistry. Any services performed for cosmetic purposes including, but not limited to, external bleaching, bleaching of non-vital discolored teeth, veneers, crowns on teeth not exhibiting pathology, and facings on crowns on posterior teeth unless they are for correction of functional disorders or as a result of an accidental injury occurring while you were covered for dental benefits under this plan.
Prescription drugs and medications. Any prescribed drugs, pre-medication or analgesia including charges for nitrous oxide or local anesthesia when billed separately from a covered dental expense.
Extraction. Removal of immature erupting third molars and nonpathologic, asymptomatic third molars (wisdom teeth). Third molar extractions are not covered if the patient is under the age of sixteen.
Teeth lost prior to this coverage. Any teeth lost prior to coverage under this plan are not eligible for prosthetic replacement unless the prosthetic replacement replaces one or more eligible natural teeth lost during the term of this coverage.
Treatment of the joint of the jaw and/or occlusion services.
Impalnts – materials implanted into or on bone or soft tissue and all adjunctive services.
Occlusal guards, occlusal adjustments (complete or limited) and occlusal analysis.

The in-network Dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross and Blue Shield.