

# Summary of Benefits

Anthem Dental Essential Choice PPO  
Bronze Plan for Individuals and Families



Anthem Blue Cross

## 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 you 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.
- **Mobile 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 dentists 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 how to call, write or email us.

## 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>Coverage Year</b>		Calendar Year
<b>Annual Benefit Maximum</b>		\$1,000
<ul style="list-style-type: none"><li>• Per insured person</li><li>• Diagnostic &amp; Preventive Services are applied to the Annual Benefit Maximum</li></ul>		
<b>Annual Maximum Carryover</b>	Covered	Covered
<b>Orthodontic Lifetime Benefit Maximum</b>	Not Covered	Not Covered
<ul style="list-style-type: none"><li>• Not Covered</li></ul>		
<b>Annual Deductible</b>	\$50	\$50
<ul style="list-style-type: none"><li>• Per insured person</li><li>• Family maximum</li></ul>	\$150	\$150
<b>Deductible Waived for Diagnostic/Preventive Services</b>	Yes	No
<b>Out-of-Network Reimbursement</b>	Not applicable	Maximum Allowed Amount

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic &amp; Preventive Services</b>	100%	80%	No Waiting Period
<ul style="list-style-type: none"> <li>• Periodic dental exam <ul style="list-style-type: none"> <li>○ Limited to two per 12 months</li> </ul> </li> <li>• Teeth cleaning (prophylaxis) <ul style="list-style-type: none"> <li>○ Limited to two per 12 months</li> </ul> </li> <li>• Bitewing X-rays <ul style="list-style-type: none"> <li>○ Limited to one set per 12 months</li> </ul> </li> <li>• Full-Mouth or Panoramic X-rays <ul style="list-style-type: none"> <li>○ Limited to one per 60 months</li> </ul> </li> <li>• Fluoride application <ul style="list-style-type: none"> <li>○ Limited to one per 12 months through age 18</li> </ul> </li> <li>• Sealant application <ul style="list-style-type: none"> <li>○ Limited to one per 60 months through age 18</li> </ul> </li> </ul>			
<b>Basic (Restorative) Services</b>	50%	50%	3 Month Waiting Period
<ul style="list-style-type: none"> <li>• Consultation (second opinion) <ul style="list-style-type: none"> <li>○ Limited to one per 12 months; only with X-rays and not allowed on the same day as other services</li> </ul> </li> <li>• Space maintainer insertion <ul style="list-style-type: none"> <li>○ Limited to one per tooth space per lifetime through age 18; posterior teeth only</li> </ul> </li> <li>• Amalgam (silver-colored) filling <ul style="list-style-type: none"> <li>○ Limited to one per tooth surface per 24 months</li> </ul> </li> <li>• Composite (tooth-colored) filling <ul style="list-style-type: none"> <li>○ Limited to one per tooth surface per 24 months</li> </ul> </li> <li>• Brush biopsy (cancer test) <ul style="list-style-type: none"> <li>○ Limited to one per 12 months; all ages</li> </ul> </li> </ul>			
<b>Endodontics (Non-Surgical)</b>	Not Covered	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>• Root Canal and retreatments <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime; permanent teeth only</li> </ul> </li> </ul>			
<b>Endodontics (Surgical)</b>	Not Covered	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>• Apicoectomy and apexification <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime; permanent teeth only</li> </ul> </li> </ul>			
<b>Periodontics (Non-Surgical)</b>			
<ul style="list-style-type: none"> <li>• Periodontal maintenance <ul style="list-style-type: none"> <li>○ Limited to two per 12 months</li> </ul> </li> <li>• Scaling and root planing <ul style="list-style-type: none"> <li>○ Limited to one per quadrant/area per 36 months</li> </ul> </li> </ul>	50%	50%	No Waiting Period
	50%	50%	3 Month Waiting Period
<b>Periodontics (Surgical)</b>	Not Covered	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>• Periodontal surgery (osseous, gingivectomy, graft procedures) <ul style="list-style-type: none"> <li>○ Limited to one per quadrant/area per 36 months</li> </ul> </li> </ul>			
<b>Extractions (Simple)</b>	50%	50%	3 Month Waiting Period
<ul style="list-style-type: none"> <li>• Simple extraction <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime</li> </ul> </li> </ul>			
<b>Oral Surgery (Complex)</b>	Not Covered	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>• Surgical extraction <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime</li> </ul> </li> </ul>			
<b>Major (Restorative)</b>	Not Covered	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>• Crowns, onlays, veneers <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 84 months</li> </ul> </li> <li>• Cosmetic teeth whitening (external bleaching) <ul style="list-style-type: none"> <li>○ At home or in office, one per tooth per 12 months up to \$250 benefit limit per lifetime</li> </ul> </li> </ul>			
<b>Prosthodontics</b>	Not Covered	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>• Dentures and bridges <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 84 months</li> </ul> </li> <li>• Implants - Not covered <ul style="list-style-type: none"> <li>○ Limited to one per tooth/arch per 84 months</li> </ul> </li> </ul>			
<b>Repairs/Adjustments</b>	Not Covered	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>• Crown, denture, and bridge repairs <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 12 months; not within 6 months of placement</li> </ul> </li> <li>• Denture and bridge adjustments <ul style="list-style-type: none"> <li>○ Limited to two per( tooth) per 12 months; not within 6 months of placement</li> </ul> </li> </ul>			
<b>Orthodontic Services</b>	Not Covered	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>○ Not Covered</li> </ul>			

## Maximum Carryover

The maximum carryover feature allows some unused benefit dollars in one coverage year to be carried over into the next year. In order to take advantage of the maximum carryover feature, members need to submit at least one claim during the year. At the end of the year, if the total claims paid for the member do not exceed \$400; then the member qualifies for up to \$100 to be added to their Carryover Account for use the next year. An additional \$100 bonus may be added to their Carryover Account if they obtained services from an In-Network provider (up to a total of \$200). The member will receive these amounts each year they meet the qualifications noted above until their account reaches a limit of \$1,000.

Claims Threshold (to qualify)	Carryover Amount (each year)	In-Network Bonus (each year)	Total Potential Carryover Amount	Carryover Account Limit
\$400	\$100	\$100	\$200	\$1,000

## Additional Services and Programs

### Anthem Whole Health Connection - Dental®

Included

- 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

### Accidental Dental Injury Benefit

Included

- 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

### International Emergency Dental Program

Included

- 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

## 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** (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** apply for Basic Services, Major Services and Orthodontic Services unless otherwise noted.

**Missing tooth clause** of 12 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 policy. **In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.**