

**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 Complete Voluntary Active Plan

### 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/mydentalvision](http://anthem.com/mydentalvision).
- Call Anthem dental customer service at the toll-free number listed on your member ID card.

## YOUR DENTAL PLAN AT A GLANCE

Annual Benefit Maximum – Calendar Year	\$1,000 per insured with Annual Maximum Carryover
Annual Deductible – Calendar Year (per insured person / family maximum)	\$50/\$150
Deductible Waived for Diagnostic and Preventive Services	Yes
Out-of-Network Reimbursement	90th percentile of FAIR Health

### DENTAL SERVICES

Following are examples of what is/is not covered by your plan:

#### Diagnostic and Preventive Services, for example:

- Periodic oral evaluation (exam)
- Prophylaxis (cleaning)
- Bitewing X-rays
- Intraoral X-rays

#### Basic Services, for example:

##### Fillings

- Amalgam (silver colored) or composite (tooth colored)

#### Major Services, for example:

##### Endodontics

- Root canal

##### Periodontics

- Scaling and root planing

##### Oral Surgery

##### Prosthodontics

- Crown
- Dentures
- Implants

#### Orthodontic Services

- Coverage for
- Ortho Lifetime Maximum Benefits

#### Waiting Periods (waived if proof of prior comparable coverage)

#### IN-NETWORK Anthem pays:

100%

80%

50%

Not covered

n/a

n/a

12 months

#### OUT-OF-NETWORK Anthem pays:

80%

60%

50%

Not covered

n/a

n/a

12 months

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 difference between the information contained in this benefit summary and that in the dental certificate, the dental certificate will prevail.

\*Group must have 10 or more enrollees to qualify for Orthodontic coverage; Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents beyond age 19, they can continue to receive coverage, but they must have been banded before age 19. Dependents are covered to the end of the month in which the child attains age 26.

## Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

**Here's why:** In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

## How Anthem dental decides on maximum allowed amounts

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

## Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount. Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800. Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): **\$400**
- Balance Ted owes the provider:  $\$1,200 - \$800 = \$400$
- Ted's total cost: **\$400** coinsurance + **\$400** provider balance = **\$800**

In the example, if Ted had gone to an in-network dentist, his cost would be only **\$400** for the coinsurance because he would not have been "balance billed" the \$400 difference.

## Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.\* With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

\* The International Emergency Dental Program is managed by DeCare Dental, an independent company offering dental-management services to Anthem Blue Cross and Blue Shield. To learn more about the program, please visit the International Emergency Dental Web site at [www.decare.com/internationalDentalProgram.do](http://www.decare.com/internationalDentalProgram.do).

## Promoting healthy mouths for members who are pregnant or diabetic

If you are pregnant or living with diabetes, you can receive one additional dental cleaning or periodontal maintenance procedure per year. To learn more about this program and obtain an extra cleaning benefit form, please visit [www.anthem.com/mydentalvision](http://www.anthem.com/mydentalvision).

## TO CONTACT US:

Call	Write
Call the toll-free number on the back of your member ID card to speak 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.	Refer to the back of your member ID card for the address.

## 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 Calendar Year

**Prophylaxis** (cleaning) Limited to two per Calendar Year

**Bitewing X-rays** Limited to one series of films per 12 months for members through age 17, one set per 24 months for members age 18 and older

**Intraoral X-rays, single film** Limited to four films per 12-month period

**Complete series X-rays** (panoramic or full-mouth) Limited to once every 60 months

### Restorative Services

**Fillings** Limited to once per surface per tooth in any 24 months

**Composite restorations** on posterior (back) teeth are covered and reimbursed based on the composite fee allowance.

**Crowns** Limited to once per tooth in a seven-year period

**Fixed and removable prosthodontics – dentures, partials, bridges, implants**

Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.

**Root canal therapy** Limited to once per lifetime per tooth; coverage is for permanent teeth only.

**Periodontal surgery** Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater.

**Periodontal scaling and root planing** Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater.

### **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

**Exclusions —** Below is a partial listing of noncovered 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

**Cosmetic dentistry** Any services performed for cosmetic purposes including, but not limited to, external bleaching, bleaching of nonvital discolored teeth, veneers

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

Analgesia, analgesic agents, 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

**Extractions** Surgical removal of asymptomatic, nonpathologic third molars

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.