

**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.

**Gold PPO 100/90/60  
Active 50/1500 80th  
E&P Basic Ortho (2RJS)**

**Dental coverage you can count on**

Your Anthem dental plan lets you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose one within our extensive network.

**Savings beyond your dental plan benefits – you get more for your money.**

You pay our negotiated rate for covered services from in-network dentists even if you exceed your yearly benefit maximum.

**YOUR DENTAL PLAN AT A GLANCE**

Yearly Benefit Maximum – Calendar Year	\$1,500 per insured	
Yearly Deductible – Calendar Year (per insured person/family maximum)	\$50/\$150	
Deductible Waived for Diagnostic and Preventive Services	Yes	
Out-of-Network Reimbursement	80 <sup>th</sup> Percentile of FAIR Health	
<b>DENTAL SERVICES</b> Following are examples of what is/is not covered by your dental plan:	<b>IN-NETWORK</b> Anthem pays:	<b>OUT-OF-NETWORK</b> Anthem pays:
<b>Diagnostic and Preventive Services, for example:</b>	100%	100%
<ul style="list-style-type: none"> <li>● Periodic oral evaluation (exam)</li> <li>● Prophylaxis (cleaning)</li> <li>● Bitewing X-rays</li> <li>● Periapical X-rays</li> <li>● Topical fluoride</li> <li>● Sealants</li> </ul>		
<b>Basic Services, for example:</b>	90%	80%
<b>Fillings</b> <ul style="list-style-type: none"> <li>● Amalgam (silver colored) or composite (tooth colored)</li> </ul> <b>Endodontics</b> <ul style="list-style-type: none"> <li>● Root canal</li> </ul> <b>Periodontics</b> <ul style="list-style-type: none"> <li>● Scaling and root planing</li> </ul> <b>Oral Surgery</b>		
<b>Major Services, for example:</b>	60%	50%
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>● Crown</li> <li>● Dentures</li> <li>● Dental implants</li> </ul>		
<b>Orthodontic Services</b>	50%	50%
<ul style="list-style-type: none"> <li>● Coverage for children only/adult and children*</li> <li>● Orthodontic lifetime maximum benefits</li> </ul>	Children only \$1,500	Children only \$1,500
<b>Waiting Periods</b>	None	None

### 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

Anthem develops an out-of-network dental fee schedule/rate to determine the maximum allowed amount for services provided by an out-of-network dentist. This schedule may be changed or updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data.

#### 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 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 website at [www.decare.com/internationalDentalProgram.do](http://www.decare.com/internationalDentalProgram.do).

#### Promoting healthy mouths for members who are pregnant or living with diabetes

If you are pregnant or living with diabetes, you can receive one additional dental cleaning or periodontal maintenance procedure per year.

#### Finding a dentist is easy.

To select a dentist by name or location, do one of the following:

- Go to [anthem.com/ca](http://anthem.com/ca) or the website listed on the back of your ID card.
- Call Anthem dental Customer Service at the number listed on the back of your plan ID card.

#### TO CONTACT US:

Call	Write	Email
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.	Look to the back of your member ID card for the address.	Go to <a href="http://anthem.com/ca">anthem.com/ca</a> or the website listed on the back of your ID card.

## Limitations & Exclusions

<p>Limitations – Below is a partial listing of dental plan limitations. Please see your Certificate of Coverage for a full list.</p> <p><b><u>Diagnostic and Preventive Services</u></b>  <b>Oral evaluations</b> (exam) Limited to two per Calendar Year  <b>Teeth cleaning</b> (prophylaxis) Limited to two per Calendar Year  <b>Bitewing X-rays</b> 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  <b>Periapical X-rays, single film</b> Limited to four films per 12-month period  <b>Complete series X-rays</b> (panoramic or full-mouth) Limited to once every 60 months  <b>Topical fluoride application</b> Limited to once every 12 months for members through age 18  <b>Sealants</b> Limited to first and second molars once every 24 months per tooth for members through age 15</p> <p><b><u>Basic Services</u></b>  <b>Fillings</b> Limited to once per surface per tooth in any 24 months  <b>Space Maintainers</b> Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16  <b>Crowns</b> Limited to once per tooth in a seven-year period  <b>Fixed and removable prosthodontics – dentures, partials, bridges, tooth implants</b> 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.  <b>Root canal therapy</b> Limited to once per lifetime per tooth; coverage is for permanent teeth only.  <b>Periodontal surgery</b> 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  <b>Periodontal scaling and root planing</b> Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater</p> <p><b>ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – if Orthodontia is included as a benefit of your dental plan</b>  <b>Orthodontia</b> Limited to one course of treatment per member per lifetime</p>	<p>Exclusions – Below is a partial listing of noncovered services. Please see your Certificate of Coverage for a full list.</p> <p><b>Services provided before or after the term of this coverage</b> Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate</p> <p><b>Orthodontics (unless included as part of your dental plan benefits)</b> Orthodontic braces, appliances and all related services</p> <p><b>Cosmetic dentistry</b> Services 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</p> <p><b>Drugs and medications</b> Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care  Analggesia, 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.</p> <p><b>Extractions</b> Surgical removal of asymptomatic, nonpathologic third molars</p>
--	---

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 Life and Health Insurance Company.

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.