

**DENTAL – EMPLOYER SPONSORED or VOLUNTARY**

Carrier	Anthem Blue Cross					
Plan Type	PPO					
Plan Name	Silver		Gold – ER Sponsored Only		Platinum – ER Sponsored Only	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Maximum</b>	\$1,500	\$1,500	\$2,000	\$2,000	\$2,500	\$2,500
<b>Annual Deductible</b>	\$50 <sup>1</sup>	\$50 <sup>1</sup>	\$50 <sup>1</sup>	\$50 <sup>1</sup>	\$50 <sup>1</sup>	\$50 <sup>1</sup>
Diagnostic & Preventive Care	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived
Preventive	100%	80%	100%	100%	100%	100%
Basic Services	80%	60%	90%	80%	90%	90%
Major Services	50%	50%	60%	50%	60%	60%
Endodontics & Periodontics	80% <sup>2</sup>	60% <sup>2</sup>	90% <sup>2</sup>	80% <sup>2</sup>	90% <sup>2</sup>	90% <sup>2</sup>
Restorative	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC
<b>Orthodontic Care (optional)</b>						
Coinsurance	Not Covered	Not Covered	50% <sup>3</sup>	50% <sup>3</sup>	50% <sup>3</sup>	50% <sup>3</sup>
Annual Maximum	Not Covered	Not Covered	None	None	None	None
Lifetime Maximum	Not Covered	Not Covered	\$2,000 <sup>3</sup>	\$2,000 <sup>3</sup>	\$2,500 <sup>3</sup>	\$2,500 <sup>3</sup>
<b>Waiting Periods</b>						
Basic	None	None	None	None	None	None
Major	<u>ER SPON:</u> None	<u>ER SPON:</u> None	None	None	None	None
	<u>VOLUN:</u> 12 Months <sup>4</sup>	<u>VOLUN:</u> 12 Months <sup>4</sup>				
Ortho	Not Covered	Not Covered	12 Months	12 Months	12 Months	12 Months
<b>Orthodontic Takeover Credit</b>	Does Not Apply		See Plan Specific EOC			
<b>UCR</b>		Maximum Allowable Charge		90% of U & C		90% of U & C
<b>Annual Carry Over</b>						
Carry Over Amount	\$350		\$400		\$450	
PPO Bonus	\$175		\$200		\$225	
Benefit Threshold	\$700		\$800		\$900	
Maximum Carry Over Amount	\$1,500		\$2,000		\$2,500	
<b>Maximum Carry Over Provision</b>	Members who visit the dentist and use only a portion of their annual maximum benefit in a year are rewarded with additional benefits for the following year. Based on the plan selected, members can earn additional money toward their next year's annual maximum benefit – if they use less than their Benefit Threshold listed above, they can increase their next year's coverage by \$350 on Silver, \$400 on Gold or \$450 on Platinum. Plus they can earn an additional \$175 on Silver, \$200 on Gold or \$225 on Platinum if they only visited network providers.					

1 Limit 3x per family.

2 Including Oral Surgery.

3 Covered adults and dependent children.

4 Waiting period waived for initial enrollees covered under the prior group plan.