



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 Enhanced 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
- Call Anthem dental Customer Service at 866-956-8607

YOUR DENTAL PLAN AT-A-GLANCE

Annual Benefit Maximum – Calendar Year

\$1,500 per insured

Annual Deductible – Calendar Year
(per insured person / family maximum)

\$25/\$75

Deductible Waived for Diagnostic and Preventive Services

Yes

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
- Topical fluoride
- Sealants

Basic Services, for example:

Fillings

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

Space Maintainers

Endodontics

- root canal

Periodontics

- scaling and root planing

Oral Surgery

Major Services, for example:

Prosthodontics

- crown
- dentures
- implants

Orthodontic Services

- Coverage for Child Only / Adult and Child
- Ortho Lifetime Maximum Benefits

Waiting Periods

None

IN-NETWORK Anthem pays:

100%

90%

60%

Not covered

n/a

n/a

n/a

OUT-OF-NETWORK Anthem pays:

100%

80%

50%

Not covered

n/a

n/a

n/a

Additional preventive benefits for pregnant and diabetic members. Go to www.anthem.com/mydentalvision or call customer service to obtain an application for these benefits.

In-network and out-of-network

Percentages shown in the benefits chart herein reflect the percentage of the Covered Expense that we 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:

Call	Write
Refer to the toll-free number indicated on the back of your plan identification card or call (866) 956-8607 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 (866) 956-8607.	Refer to the back of your plan identification card for the address.

Limitations & Exclusions

<p>Limitations — Below is a partial listing of plan limitations. Please see your Certificate of Coverage for a full list.</p> <p><u>Diagnostic and Preventive Services</u></p> <p>Oral evaluations (exam). Limited to two per Calendar Year.</p> <p>Prophylaxis (cleaning). Limited to two per Calendar Year.</p> <p>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.</p> <p>Intraoral x-rays, single film. Limited to four films per 12-month period.</p> <p>Complete series x-rays (panoramic or full-mouth). Limited to once every 60 months.</p> <p>Topical fluoride application. Limited to once every 12 months for members through age 18.</p> <p>Sealants. Limited to first and second molars once every 24 months per tooth for members through age 15.</p> <p><u>Basic Services</u></p> <p>Fillings. Limited to once per surface per tooth in any 24 months.</p> <p>Space Maintainers. Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16.</p> <p>Crowns. Limited to once per tooth in a seven year period.</p> <p>Fixed and removable prosthodontics – dentures, partials, bridges, tooth 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.</p> <p>Root canal therapy. Limited to once per lifetime per tooth. Coverage is for permanent teeth only.</p> <p>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 5 millimeters or greater.</p> <p>Periodontal scaling and root planing. Limited to once per quadrant in 36 months when the tooth pocket has a depth of 4 millimeters or greater.</p>	<p>ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – <i>if Orthodontia is included as a benefit of your plan.</i></p> <p>Orthodontia. Limited to one course of treatment per member per lifetime.</p> <p>Exclusions — Below is a partial listing of non-covered services. Please see your Certificate of Coverage for a full list.</p> <p>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.</p> <p>Orthodontics (unless included as part of your plan benefits). Orthodontic braces, appliances and all related services.</p> <p>Cosmetic dentistry. Any services performed for cosmetic purposes including, but not limited to, external bleaching, bleaching of non-vital discolored teeth, veneers.</p> <p>Drugs and medications. Intravenous conscious sedation, IV sedation and general anesthesia when performed with non-surgical dental care.</p> <p>Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines, or drugs for non-surgical 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>Extraction. Surgical removal of asymptomatic, non-pathologic third molars.</p>
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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.

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.

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