# Summary of Benefits Anthem Dental Essential Choice

# ALADS Anthem Dental Complete Network



# 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 them 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.
- More Capabilities: With our latest mobile application, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for 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 dentist 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 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 who to call, write or email.

### 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	
Annual Benefit Maximum	Calendar Year			
<ul> <li>Per insured person</li> </ul>		\$1,250	\$1,250	
D&P applies to Annual Maximum		Yes	Yes	
Annual Maximum Carryover / Carry in		No/No	No/No	
Orthodontic Lifetime Benefit Maximum				
<ul> <li>Per eligible insured person</li> </ul>		\$1,800	\$1,800	
Annual Deductible (Does not apply to Orthodontic S	ervices)			
<ul> <li>Per insured person/Family maximum</li> </ul>	Calendar Year	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family	
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes	
Out-of-Network Reimbursement:		Prime (MAC)		

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Dental Services		In-Network	Out-of-Network	
		Anthem Pays:	Anthem Pays:	Waiting Period
Diagnostic and Preventive Services		100% Coinsurance	100% Coinsurance	No Waiting Period
<ul> <li>Periodic oral exam</li> </ul>	2 per 12 months			
<ul> <li>Teeth cleaning (prophylaxis)</li> </ul>	2 per 12 months; w/periodontal maintenance			
<ul> <li>Bitewing X-rays:</li> </ul>	2 sets per 12 months			
<ul> <li>Full-mouth or Panoramic X-rays:</li> </ul>	1 per 36 months			
Fluoride application:	1 per 12 months through age 18			
Basic Services		90% Coinsurance	85% Coinsurance	No Waiting Period
Consultation (second opinion)	1 per 12 months			
Amalgam (silver-colored) Filling	1 per tooth per 24 months			
Composite (tooth-colored) Filling	1 per tooth per 24 months			
posterior (back) fillings alternated to amalgam benefit (silver-colored filling)				
Brush Biopsy (cancer test)	Not Covered			
· Sealants	1 per 36 months; through age 15			
Space Maintainers	1 per lifetime through age 15; posterior teeth			
Endodontics (Non-Surgical)	· · · · · · · · · · · · · · · · · · ·	90% Coinsurance	85% Coinsurance	No Waiting Period
Root Canal and retreatments	1 per tooth per lifetime			J J J J J J J J J J J J J J J J J J J
Endodontics (Surgical)	· · ·	90% Coinsurance	85% Coinsurance	No Waiting Period
Apicoectomy and apexification	1 per tooth per lifetime			-
Periodontics (Non-Surgical)		60% Coinsurance	50% Coinsurance	No Waiting Period
<ul> <li>Periodontal Maintenance</li> </ul>	2 per 12 months; w/teeth cleaning			
<ul> <li>Scaling and root planing</li> </ul>	1 per quadrant per 24 months			
Periodontics (Surgical)	1 per quadrant per 36 months	60% Coinsurance	50% Coinsurance	No Waiting Period
Periodontal Surgery (osseous, gingivectomy, graft procedures)				
Dral Surgery (Simple)		90% Coinsurance	85% Coinsurance	No Waiting Period
<ul> <li>Simple Extractions</li> </ul>	1 per tooth per lifetime			
Oral Surgery (Complex)		90% Coinsurance	85% Coinsurance	No Waiting Period
<ul> <li>Surgical Extractions</li> </ul>	1 per tooth per lifetime			
Major (Restorative) Services		60% Coinsurance	50% Coinsurance	No Waiting Period
<ul> <li>Crowns, onlays, veneers</li> </ul>	1 per tooth per 60 months			
Cosmetic teeth whitening	Not Covered			
Prosthodontics		60% Coinsurance	50% Coinsurance	No Waiting Period
<ul> <li>Dentures and bridges</li> </ul>	1 per tooth per 60 months			
Dental Implants	Not Covered			
Prosthodontic Repairs/Adjustments		60% Coinsurance	50% Coinsurance	No Waiting Period
<ul> <li>Crown, denture, bridge repairs</li> </ul>	1 per 12 months; 6 months after placement			
<ul> <li>Denture and bridge adjustments:</li> </ul>	2 per 12 months; 6 months after placement			
Orthodontic Services				
Adults & Dependent Children		50% Coinsurance	50% Coinsurance	No Waiting Periods

\*Child orthodontic runs through age 25. This means that the child must have been banded prior to their 26th birthday in order to receive coverage.

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### Additional Services and Programs

### **Anthem Whole Health Connection -Dental**

 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 (if applicable)

## Accidental Dental Injury Benefit

 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

#### **Extension of Benefits**

 Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

### International Emergency Dental Program

 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 (if applicable)

# 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 dentistry** (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 for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There is no waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under 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 certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

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