# 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
		III-Network	Out-of-Network
Annual Benefit Maximum	Calendar Year		
· Per insured person		\$500	\$500
D&P applies to Annual Maximum		Yes	Yes
Annual Maximum Carryover / Carry in		No/No	No/No
Orthodontic Lifetime Benefit Maximum			
· Per eligible insured person		\$1,750	\$1,750
Annual Deductible (Does not apply to Orthodonti	c Services)		
<ul> <li>Per insured person/Family maximum</li> </ul>	Calendar Year	\$0/3X Individual	\$0/3X Individual
Deductible Waived for Diagnostic/Preventive Ser	vices	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
Periodic oral exam 2 per 12 montl	าร		
· Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance	ce		
Bitewing X-rays: 2 sets per 12 month	าร		
· Full-mouth or Panoramic X-rays: 1 per 36 montl	าร		
· Fluoride application: 1 per 12 months through age	18		
Basic Services	100% Coinsurance	100% Coinsurance	No Waiting Period
· Consultation (second opinion) 1 per 12 month	าร		
· Amalgam (silver-colored) Filling 1 per tooth per 24 month	าร		
· Composite (tooth-colored) Filling 1 per tooth per 24 month	าร		
posterior (back) fillings alternated to amalgam benefit (silver-colored filling)			
· Brush Biopsy (cancer test)  Not Covere			
· Sealants 1 per 36 months; through age			
· Space Maintainers 1 per lifetime through age 15; posterior tee	th		
Endodontics (Non-Surgical)	100% Coinsurance	100% Coinsurance	No Waiting Period
Root Canal and retreatments 1 per tooth per lifeting	пе		
Endodontics (Surgical)	100% Coinsurance	100% Coinsurance	No Waiting Period
Apicoectomy and apexification 1 per tooth per lifeting	ne		
Periodontics (Non-Surgical)	100% Coinsurance	100% Coinsurance	No Waiting Period
Periodontal Maintenance 2 per 12 months; w/teeth cleanir	ng		
Scaling and root planing 1 per quadrant per 24 month	าร		
Periodontics (Surgical) 1 per quadrant per 36 mont	ns 100% Coinsurance	100% Coinsurance	No Waiting Period
· Periodontal Surgery (osseous, gingivectomy, graft procedures)			
Oral Surgery (Simple)	100% Coinsurance	100% Coinsurance	No Waiting Period
· Simple Extractions 1 per tooth per lifeting	ne		
Oral Surgery (Complex)	100% Coinsurance	100% Coinsurance	No Waiting Period
<ul> <li>Surgical Extractions</li> <li>1 per tooth per lifetin</li> </ul>	пе		
Major (Restorative) Services	100% Coinsurance	100% Coinsurance	No Waiting Period
· Crowns, onlays, veneers 1 per tooth per 60 month	าร		
Cosmetic teeth whitening Not Covere	ed		
Prosthodontics	100% Coinsurance	100% Coinsurance	No Waiting Period
· Dentures and bridges 1 per tooth per 60 month	าร		
· Dental Implants Not Covere	ed		
Prosthodontic Repairs/Adjustments	100% Coinsurance	100% Coinsurance	No Waiting Period
· Crown, denture, bridge repairs 1 per 12 months; 6 months after placeme	nt		
Denture and bridge adjustments: 2 per 12 months; 6 months after placeme	nt		
Orthodontic Services			
·Adults & Dependent Children	50% Coinsurance	50% Coinsurance	No Waiting Periods

<sup>\*</sup>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

There is a waiting period of up to 24 months 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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