

Dental Benefit Summary

Torrington Public Schools
Group Number L11764

Anthem Dental
Essential Choice

SUMMARY OF BENEFITS

The Summary of Benefits is a summary of the Deductibles, Coinsurance and other limits when you receive Covered Services from a Provider. Please refer to the Covered Services section of this Certificate for a more complete explanation of the specific services covered by the Plan. All Covered Services are subject to the conditions, exclusions, limitations, terms and provisions of this Certificate including any attachments or riders.

Coverage Year	Calendar Year - A 12-month period starting January 1
Dependent Age Limit	To the end of the contract year in which the child attains age 26.
Benefit Waiting Period	There are no Benefit Waiting Periods.

DENTAL BENEFIT MAXIMUMS

Dental Benefit Maximums (combined for Participating and Non-Participating Dentists)

Coverage Year Maximum. Your combined benefits, excluding orthodontics, are subject to the Coverage Year Maximum. We will not pay any benefit in excess of that amount during a Coverage Year.

Orthodontic Services Lifetime Maximum. Your orthodontic benefits are subject to the Orthodontic Services Lifetime Maximum. We will not pay any orthodontic benefits in excess of that amount during a Member's lifetime.

Coverage Year Maximum \$4000.00 per Member

Orthodontic Services Lifetime Maximum \$1000.00 per Member

Accidental Dental Injury Benefit. No Member Coinsurance, and/or Deductible, or Waiting Period will apply to services received as a result of an Accident. Accidental Dental Injury benefits are subject to the Coverage Year Maximum. An Accident is defined as an injury that results in physical damage or injury to sound natural teeth and/or the supporting hard and soft tissues as a result of extraoral blunt forces and not due to chewing or biting forces. Sound natural teeth are those that were in good repair prior to the accident and were stable, in functional occlusion, free from decay, fracture and advanced periodontal disease at the time of the accident. The initial claim for the Accident and all claims related to the Accident must be submitted within 12 months following the date of the Accident.

DEDUCTIBLES

Deductibles do not apply to this plan.

Dental Covered Services

We will pay benefits for Covered Services at the percentage or applicable amount up to the Maximum Allowed Amount for each completed Dental Service. The Maximum Allowed Amount payable for each Dental Procedure is determined by Anthem, and there may be different levels of reimbursement for the Maximum Allowed Amount depending upon whether you elect to receive services from a Participating or a Non-Participating Dentist.

	Participating Dentist	Non-Participating Dentist
Diagnostic and Preventive Services	100%	100%
Basic Restorative Services	100%	100%
Endodontic Services	100%	100%
Non-Surgical Periodontal Services	100%	100%
Surgical Periodontal Services	80%	80%
Oral Surgery Services	60%	60%
Major Restorative Services	60%	60%
Prosthodontic Repairs and Adjustment Services	100%	100%
Prosthodontic Services	60%	60%
Orthodontic Services	60%	60%

ANTHEM DENTAL

FOR CLAIMS AND ELIGIBILITY

Anthem Dental Claims
P.O. Box 1115
Minneapolis, Minnesota 55440-1115
(844) 729-1565

FOR APPEALS

P.O. Box 1122
Minneapolis, Minnesota 55440-1122

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