Summary of Benefits

Anthem Dental Essential Choice PPO

Plan D

Regional Employer/Employee Partnership for Benefits (REEP)

Anthem Blue Cross 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.
- **Mobile Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both 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 how to call, write or email us.

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
Coverage Year	**Calendar Year**	
Annual Benefit Maximum • Per insured person • Diagnostic & Preventive Services are applied to the Annual Benefit Maximum	**$2,000**	**$2,000**
Annual Maximum Carryover	**No**	**No**
Orthodontic Lifetime Benefit Maximum • Per eligible person	**$2,000**	**$2,000**
Annual Deductible • Per insured person • Family maximum	**$0** **$0**	**$0** **$0**
Deductible Waived for Diagnostic/Preventive Services	**Yes**	**Yes**
Out-of-Network Reimbursement	**80th percentile**	

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Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic & Preventive Services • Periodic dental exam o Limited to two per calendar year • Teeth cleaning (prophylaxis) o Limited to four per calendar year; combined with periodontal maintenance • Bitewing X-rays o Limited to once per 6 months <18 or once per 12 months >18 • Full-Mouth or Panoramic X-rays o Limited to one per 36 months • Fluoride application o Limited to one per 12 months through age 18 • Sealant application o Limited to one per 60 months through age 13	**100% coinsurance**	**100% coinsurance**	**No waiting period**
Basic (Restorative) Services • Consultation (second opinion); only with X-rays and no other services o Not covered • Space maintainer insertion covered at Diagnostic/Preventive level o Limited to one per tooth space per lifetime through age 18 • Amalgam (silver-colored) filling o Limited to one per tooth surface per 24 months • Composite (tooth-colored) filling o Limited to one per tooth surface per 24 months Posterior (back) fillings paid as an amalgam (silver-colored filling) • Brush biopsy (cancer test) o Not covered	**90% coinsurance**	**80% coinsurance**	**No waiting period**
Endodontics (Non-Surgical) • Root Canal (permanent teeth only) o Limited to one per tooth per 24 months	**90% coinsurance**	**80% coinsurance**	**No waiting period**
Endodontics (Surgical) • Apexification o Limited to permanent teeth only	**90% coinsurance**	**80% coinsurance**	**No waiting period**
Periodontics (Non-Surgical) • Periodontal maintenance o Limited to four per calendar year, combined with teeth cleanings • Scaling and root planning; when the tooth pocket has a depth of four millimeters or greater o Limited to one per quadrant per 24 months	**90% coinsurance**	**80% coinsurance**	**No waiting period**
Periodontics (Surgical) • Periodontal surgery (osseous, gingivectomy, graft procedures) o Limited to one per quadrant per 36 months	**90% coinsurance**	**80% coinsurance**	**No waiting period**
Oral Surgery (Simple) • Simple extraction o Limited to one per tooth per lifetime	**90% coinsurance**	**80% coinsurance**	**No waiting period**
Oral Surgery (Complex) • Surgical extraction o Limited to one per tooth per lifetime	**90% coinsurance**	**80% coinsurance**	**No waiting period**
Major (Restorative) Services • Crowns, Onlays, Veneers o Limited to one per tooth per 60 months • Occlusal Guard o Limited to one per 24 months	**60% coinsurance**	**50% coinsurance**	**No waiting period**
Prosthodontics • Dentures and Bridges o Limited to one per tooth/arch per 60 months • Implant placement o Limited to one per tooth/arch per 60 months • Implant prosthodontics o Limited to one per tooth/arch per 60 months; not paid as a non-implant crown, bridge, and/or denture	**60% coinsurance**	**50% coinsurance**	**No waiting period**
Repairs/Adjustments • Crown repairs o Limited to one per tooth per 12 months • Denture, Partial and Bridge repairs o Limited to one per tooth per 6 months; not within 6 months of placement • Denture adjustments o Limited to two per tooth per 12 months; not within 6 months of placement • Partial and Bridge adjustments o Limited to two per tooth per 24 months; not within 6 months of placement	**90% coinsurance**	**80% coinsurance**	**No waiting period**

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Dental Services (continued)	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Adult/Child Orthodontic Services ○ No age limits apply	**50% coinsurance**	**50% coinsurance**	**No waiting period**
Temporomandibular Joint Disorder (TMJ) • X-rays, splints, and surgical procedures including arthroscopy and orthotic devices ○ Covered	**90% coinsurance**	**80% coinsurance**	**No waiting period**
Cosmetic Teeth Whitening ○ Limited to one per tooth (arch) per 12 months	**60% coinsurance**	**50% coinsurance**	**No waiting period**

NOTE: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.

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)	Included
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	Included
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	Included
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)	Included

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 you 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 policy. **In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.**

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