Summary of Benefits

SISC Dental Health Network Plan powered by Anthem Dental

SISC Dental Health Network

Anthem

Effective Date: 10/1/26

Your dental benefits at a glance:

Benefits*	In-Network	Out-of-Network
Coverage Year	**Calendar Year**	
Office Visit Copay	**$0**	
Annual Deductible per insured person	**$0**	
Annual Benefit Maximum • Diagnostic & Preventive Services are applied to the Annual Benefit Maximum	**$4,000**	**$250**
Annual Implant Maximum • Applies to the Annual Benefit Maximum	**$2,000**	**$0**
Orthodontic Lifetime Benefit Maximum • Per eligible person	**$2,000**	**$2,000**

Dental Services *	In-Network Anthem Pays	Out-of-Network Anthem Pays
Diagnostic & Preventive Services • Exams, cleanings, x-rays	**100 %**	**Not covered**
Basic (Restorative) Services • Fillings, simple tooth extractions, sealants	**100 %**	**Not covered**
Endodontics (Surgical and Non-Surgical) • Root canal and retreatments	**100 %**	**Not covered**
Periodontics (Surgical and Non-Surgical) • Periodontal maintenance, scaling and root planning, periodontal surgery	**100 %**	**Not covered**
Oral Surgery (Simple and Complex) • Simple and surgical extraction	**100 %**	**Not covered**
Major (Restorative) Services • Crowns, onlays, veneers	**100 %**	**Not covered**
Prosthodontics • Dentures, bridges, implants	**50 %**	**Not Covered**
Repairs/Adjustments • Crown, denture, and bridge repairs, Denture and bridge adjustments	**50 %**	**Not Covered**
Orthodontic Maximums	**100%**	**100%**

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)

*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.**

**Reimbursement is based on the Anthem Fee Schedule for In-Network providers and the 90th percentile of FAIR health for Out-of-Network Providers.

Need to contact us? Please call Anthem Dental Customer Service number at 1-844-729-1565

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