

Anthem Dental Indemnity Basic (Low Option)

Anthem Dental Indemnity Basic

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines the basic components of your plan, providing you with a quick reference of your dental plan benefits. For complete coverage details, please refer to the plan certificate.

Effective Date 10/01/2011

Dental coverage you can count on.

You may visit any licensed dentist or specialist—with costs that are normally lower when you choose one within the extensive network.

— TO LOCATE A DENTAL PROVIDER —

Log on to anthem.com and click Find a Doctor.

Choose Virginia in the State Directory section. From the first drop-down menu, select Anthem Dental. From the second drop down menu, select Dental Providers. Select the first option when you are asked where your dental claims office is located and then click next. Enter your location preference.

Your Dental Plan At-A-Glance

Annual Benefit Maximum per Plan Year: \$1,000 per each insured member

Annual Deductible per Plan Year:

In-network *n/a*

Out-of-network *n/a*

Deductible Waived for Diagnostic & Preventive Services:

In-network *n/a*

Out-of-network *n/a*

Dental Services	In-Network	Out-of-Network
Following are examples of what is/is not covered by your plan	Anthem Pays	Anthem Pays
Diagnostic and Preventive Services, for example: <ul style="list-style-type: none"> •Periodic oral evaluation (CDT Code 0120) •Prophylaxis (cleaning) Adult (1110) •Prophylaxis (cleaning) Child (1120) •Bitewing X-rays-four films (0274) •Intraoral X-rays-complete series (0210) 	100% of allowable charge	100% of allowable charge
Restorative Services, for example: <ul style="list-style-type: none"> •Filling, composite-all teeth (2150) •Tooth extraction, simple (7140) •Endodontics, e.g., root canal, molar (3330) •Periodontics, e.g., scaling and root planning, per quadrant (4341) •Oral Surgery, e.g., alveoplasty (7130) •Prosthodontics, e.g., crown, porcelain fused to high noble metal (2750 denture, complete, upper or lower (5110/5120) 	<p style="text-align: center;">None</p> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p>	<p style="text-align: center;">None</p> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p>
Orthodontic Services <ul style="list-style-type: none"> •Child Only Coverage/Adult and Child Coverage •Ortho Lifetime Maximum Benefits 	<p style="text-align: center;">None</p> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p>	<p style="text-align: center;">None</p> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p>

<i>Waiting Periods</i>		
Minor Restorative	<i>None</i>	None
Endodontic Services	<i>None</i>	None
Periodontic Services	<i>None</i>	None
Oral Surgery Services	<i>None</i>	None
Prosthodontic Services	<i>None</i>	None
Orthodontic Services	<i>None</i>	None

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 the dental certificate. In the event of a discrepancy between the information contained in this benefit summary and that in the dental certificate, the dental certificate will prevail. VAIND 8/09

In-network and out-of-network

Participating Providers are dentists who have contracted with us to provide dental care to our members at a negotiated rate. Participating dentists have agreed to accept a negotiated rate as payment in full for covered services. The negotiated rate is usually lower than the participating dentist’s normal charge. By choosing a participating dentist, you will be responsible for any applicable deductible and coinsurance amounts, however you will not be responsible for amounts in excess of the negotiated rate for covered services.

Non-Participating Providers are dentists who have not contracted with us and therefore may charge their usual fee for services they provide to you. When you go “out-of-network” and see a non-participating provider, you will be responsible for any applicable deductible and coinsurance amounts, plus any charges in excess of the allowable charge. This means that if the non-participating dentist charges more than the allowable charge accepted by a participating dentist, the non-participating dentist may bill you for the difference.

Predetermination of Benefits

Prior review is recommended for any treatment plan that is expected to cost more than \$300. Treatment plans approved in advance are not a guarantee of payment if, for example, new information is submitted with the claim indicating that a less costly method of treatment would have been appropriate.

TO CONTACT US:

Call	Write	Email
Refer to the toll-free number indicated on the back of your plan identification card or call (800) 453-3622 to speak in-person with a customer service representative	Refer to the back of your plan identification card for the claims submission address. Other correspondence may be sent to: PO Box 9274 Oxnard, CA 93031	dentalhelp@anthem.com You may also visit our web site at: anthem.com

Limitations & Exclusions

<p>Limitations — Below is a partial listing of plan limitations. Please see your Certificate of Coverage for a full list.</p> <p><u>Diagnostic and Preventive Services</u></p> <p>Oral Evaluations (exam). Limited to two per plan year</p> <p>Prophylaxis (cleaning). Limited to two per plan year</p> <p>Bitewing X-rays. Limited to one series (two or four films) per plan year, but not within the same plan year as a full-mouth x-ray series.</p> <p>Complete Series X-rays (panoramic or full-mouth). Limited to once every 36 months for ages five or older.</p> <p><u>Restorative Services</u></p> <p>Fillings. Limited to once per surface per tooth every 12 months. Benefits for resin (tooth-colored) restorations on posterior teeth are limited to the benefits which would have been payable had amalgam (silver-colored) restorations been used.</p> <p>Root Canal Therapy. Limited to one treatment per permanent tooth in any 36 month period.</p>	<p>Exclusions — Below is a partial listing of non-covered services. Please see your Certificate of Coverage for a full list.</p> <p>Services Provided Before or After the Term of This Coverage. Services received before your effective date. Services received after your coverage ends.</p> <p>Not Medically Necessary. Any services, supplies or treatments which are determined to be not medically necessary.</p> <p>Cosmetic Dentistry. Any services performed solely for the purpose of improving a person's appearance.</p> <p>Prescription Drugs and Medications. Any prescribed drugs, pre-medication or analgesia, including oral or inhalation sedation.</p> <p>TMJ surgeries or procedures related to TMJ.</p>
---	--

<p>Gingivectomy or Gingivoplasty. Limited to once per quadrant in a 36 month period.</p> <p>Periodontal Scaling and Root Planing. Limited to once per quadrant every 24 months.</p> <p>ADDITIONAL LIMITATIONS FOR MAJOR RESTORATIVE SERVICES – <i>if these benefits are included in your plan.</i></p> <p>Crowns and Bridges. Benefits for crowns or bridges which consist of high noble metals are limited to the benefits which would have been payable had noble metals been used. Benefits for bridges are limited to the benefits which would have been payable had partial dentures been used if medically appropriate.</p> <p>ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – <i>if Orthodontia is included as a benefit of your plan.</i></p> <p>Orthodontia. Limited to one course of treatment up to a period of 36 months per insured person per lifetime and only for children under age 19.</p>	<p>Occlusal Guards / Mouth Guards for Bruxism (teeth grinding).</p> <p>Dental implants and associated services in conjunction with implants.</p> <p>Orthodontics – <i>unless orthodontia benefits are included under your Anthem Dental Plan,</i> no benefits will be provided for orthodontic braces, appliances or any related services.</p>
---	---

The in-network Dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross and Blue Shield.



Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. (serving Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123.). Independent licensee of the Blue Cross and Blue Shield Association. ®ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.