

Culpeper County Government Dental Benefit Options

	<i>Dental Indemnity Basic (Low Option)</i>	<i>Dental Indemnity II (High Option)</i>
Benefit Maximum Plan Year	\$1,000 per insured member	\$1,000 per insured member
Deductible	n/a	\$50 per insured member Up to \$150 per family
Diagnostic and Preventive Services	100% of allowable charge	100% of allowable charge
-Periodontic oral evaluation	100% of allowable charge	100% of allowable charge
-Adult prophylaxis (cleaning)	100% of allowable charge	100% of allowable charge
-Child prophylaxis (cleaning)	100% of allowable charge	100% of allowable charge
-Bitewing x-rays - four films	100% of allowable charge	100% of allowable charge
-Intraoral x-rays (complete series)	100% of allowable charge	100% of allowable charge
Restorative Services		
-Filling, composite - all teeth	NOT COVERED	80% of allowable charge
-Tooth extraction, simple	NOT COVERED	80% of allowable charge
-Endodontics, e.g. root canal, molar	NOT COVERED	80% of allowable charge
-Periodontics, e.g. scaling and root planning, per quadrant	NOT COVERED	80% of allowable charge
-Oral surgery, e.g. alveoplasty	NOT COVERED	80% of allowable charge
-Prosthodontics, e.g. crown, porcelain fused to high noble metal, denture, complete, upper or lower	NOT COVERED	50% of allowable charge
Orthodontic Services	NOT COVERED	NOT COVERED

Dental Insurance Rates

	<i>Anthem Basic Indemnity (Low Option)</i>	<i>Anthem Indemnity II (High Option)</i>
	<i>Employee Portion</i>	<i>Employee Portion</i>
<i>Employee</i>	<i>12.91</i>	<i>27.37</i>
<i>Employee + 1 Child</i>	<i>27.12</i>	<i>57.48</i>
<i>Employee + Children</i>	<i>27.12</i>	<i>57.48</i>
<i>Employee + Spouse</i>	<i>24.54</i>	<i>52.01</i>
<i>FAMILY</i>	<i>41.32</i>	<i>87.59</i>