

Anthem Dental Classic

Complete Dental Program

Dental Complete Program - Group #344727

Effective Date: July 1, 2015

Service & Description	In Network Anthem Pays:	Out of Network Anthem Pays:
Diagnostic & Preventative Services Exams & cleanings, x-rays, fluoride treatments, sealants	100%	80% of Maximum allowable fee
Basic Services Emergency treatment for relief of pain, amalgam restorations (silver fillings) and composite resin restorations (white fillings)	80%	60% of Maximum allowable fee
Endodontics Pulpotomies on primary teeth for dependent children, root canal therapy on permanent teeth	80%	60% of Maximum allowable fee
Periodontics Surgical/Nonsurgical periodontics	80%	60% of Maximum allowable fee
Oral Surgery Surgical/Nonsurgical extractions, all other oral surgery	80%	60% of Maximum allowable fee
Major Restorative Crowns	50%	50% of Maximum allowable fee
Prosthetic Repairs and Adjustments Denture adjustments and repairs, bridge repair	50%	50% of Maximum allowable fee
Prosthetics Dentures (full and partial), bridges, implants	50%	50% of Maximum allowable fee
Orthodontics Treatment for prevention/correction of malocclusion	50%	50% of Maximum allowable fee
Deductible Per Person/per family per calendar year No deductible for diagnostic and preventative services or orthodontics	\$50/\$150	
Calendar Year Plan Maximum Per person	\$1,000	
Lifetime Ortho Maximum Per eligible child	\$1,500	

Please note:

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

Limitations and Exclusions

<p>Diagnostic and Preventative Services</p> <ul style="list-style-type: none"> • Oral evaluations (exam). Limited to two per Calendar Year. • Prophylaxis (cleaning). Limited to two per Calendar Year. • Bitewing x-rays. Limited to one series of films per Calendar Year for all ages. • Intraoral x-rays, single film. Limited to four films per 12-month period. • Complete series x-rays (panoramic or full-mouth). Limited to once every 36 months. <p>Restorative Services - <i>applicable if these services are covered under your plan</i></p> <ul style="list-style-type: none"> • Fillings. Limited to once per surface per tooth in any 24 months. • Crowns. Limited to once per tooth in a seven year period. • Fixed and removable prosthodontics - dentures, partials, bridges, covered once in any five year period. Benefits are provided for the replacement of an existing bridge, denture, partial for members age 16 or older if the appliance is five years old or older and cannot be made serviceable. • Root canal therapy. Limited to once per lifetime per tooth. Coverage is for permanent teeth only. • Periodontal surgery. Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is 5 millimeters or greater. 	<p>Additional Limitations for Orthodontic Services - <i>if Orthodontia is included as a benefit of your plan.</i></p> <ul style="list-style-type: none"> • Orthodontia. Limited to one course of treatment per member per lifetime. <p>Exclusions - <i>Below is a partial listing of non-covered services. Please see your Certificate of Coverage for a full list.</i></p> <ul style="list-style-type: none"> • 24 month Missing Tooth Clause • Service 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 plan certificate. • Orthodontics (unless included as part of your plan benefits). Orthodontic braces, appliances and all related services. • Cosmetic dentistry. Any services performed for cosmetic purposes included, but not limited to, external bleaching, bleaching of non-vital discolored teeth, veneers. • Drugs and medications. Intravenous conscious sedation, IV sedation and general anesthesia when performed with non-surgical dental care. Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines, or drugs for non-surgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services. • Extractions. Surgical removal of asymptomatic, non-pathologic third molars.
---	---

Network & Contact Information

Finding a Dentist: Go online to anthem.com or Call Anthem Dental Customer Service at (866) 956-8607.

Participating Providers are dentists who have contracted with us to provide dental care to our members at a negotiated rate. When using a participating dentist, you will only be responsible for your deductible and coinsurance amounts, if applicable. When you receive services in-network from a participating provider, the percentage we pay will, in most cases, be higher than if you were to receive services out-of-network from a non-participating provider.

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 using a non-participating dentist, you will be responsible for your deductible and coinsurance amounts, if applicable, plus any amount over our Covered Expense, up to dentist's billed charges.

The in-network Dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgement. They are not agents or employees of Anthem BlueCross BlueShield.

<i>Call</i>	<i>Write</i>
Refer to the toll-free number indicated on the back your plan identification card or Call (866)956-8607 to speak in-person with a U.S. based customer service representative during normal business hours. Calling after-hours? We may still be able to assist you with our interactive voice-response system at (866)956-8607.	Refer to the back of your plan identification card for the address.

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.

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.