

# Summary of Benefits

## Anthem Dental Essential Choice PPO

Greater Clark County Schools  
High Plan – no waiting periods

Anthem Blue Cross and Blue Shield 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, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for 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](http://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
<b>Coverage Year</b>		Calendar Year
<b>Office Visit Copay</b>		\$0
<b>Annual Benefit Maximum</b>		
• Per insured person		
• Diagnostic & Preventive Services are applied to the Annual Benefit Maximum	\$1,500	\$1,500
<b>Annual Maximum Carryover</b>	No	No
<b>Orthodontic Lifetime Benefit Maximum</b>		
• Per eligible child	\$1,500	\$1,500
<b>Select one Deductible</b>		
• Per insured person	\$50	\$50
• Family maximum	3x single member deductible	3x single member deductible
<b>Deductible Waived for Diagnostic/Preventive Services</b>	Yes	Yes
<b>Out-of-Network Reimbursement</b>		Maximum Allowed Amount

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic &amp; Preventive Services</b> <ul style="list-style-type: none"> <li>• Periodic dental exam <ul style="list-style-type: none"> <li>○ Limited to two per 12 months</li> </ul> </li> <li>• Teeth cleaning (prophylaxis) <ul style="list-style-type: none"> <li>○ Limited to two per 12 months; combined with periodontal maintenance</li> </ul> </li> <li>• Bitewing X-rays <ul style="list-style-type: none"> <li>○ Limited to</li> </ul> </li> <li>• Full-Mouth or Panoramic X-rays <ul style="list-style-type: none"> <li>○ Limited to one per 60 months</li> </ul> </li> <li>• Fluoride application <ul style="list-style-type: none"> <li>○ Limited to one per 12 months through age 18</li> </ul> </li> <li>• Sealant application <ul style="list-style-type: none"> <li>○ Limited to one per 60 months through age 18</li> </ul> </li> </ul>	100% coinsurance	100% coinsurance	No waiting period
<b>Basic (Restorative) Services</b> <ul style="list-style-type: none"> <li>• Consultation (second opinion) <ul style="list-style-type: none"> <li>○ Limited to one per 12 months; only with X-rays and no other services</li> </ul> </li> <li>• Space maintainer insertion <ul style="list-style-type: none"> <li>○ Limited to one per tooth space per lifetime through age 18</li> </ul> </li> <li>• Amalgam (silver-colored) filling <ul style="list-style-type: none"> <li>○ Limited to one per tooth surface per 24 months</li> </ul> </li> <li>• Composite (tooth-colored) filling <ul style="list-style-type: none"> <li>○ Limited to one per tooth surface per 24 months; posterior (back) fillings paid as an amalgam (silver-colored filling)</li> </ul> </li> <li>• Brush biopsy (cancer test) <ul style="list-style-type: none"> <li>○ Limited to one per 12 months; all ages</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>• Root Canal and retreatments <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime; permanent teeth only</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>• Apicoectomy and apexification <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime; permanent teeth only</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>• Periodontal maintenance <ul style="list-style-type: none"> <li>○ Limited to four per 12 months, combined with teeth cleanings</li> </ul> </li> <li>• Scaling and root planning <ul style="list-style-type: none"> <li>○ Limited to one per quadrant per 24 months when the tooth pocket has a depth of four millimeters or greater or greater</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Periodontics (Surgical)</b> <ul style="list-style-type: none"> <li>• Periodontal surgery (osseous, gingivectomy, graft procedures) <ul style="list-style-type: none"> <li>○ Limited to one per quadrant per 36 months</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Oral Surgery (Simple)</b> <ul style="list-style-type: none"> <li>• Simple extraction <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>• Surgical extraction <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Major (Restorative) Services</b> <ul style="list-style-type: none"> <li>• Crowns, onlays, veneers <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 84 months</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>• Dentures and bridges <ul style="list-style-type: none"> <li>○ Limited to one per tooth/arch per 84 months</li> </ul> </li> <li>• Implant placement <ul style="list-style-type: none"> <li>○ Limited to one per tooth/arch per 84 months;</li> </ul> </li> <li>• Implant prosthodontics <ul style="list-style-type: none"> <li>○ Limited to one per tooth/arch per 84 months; paid as a non-implant crown, bridge, and/or denture</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>• Crown, denture, and bridge repairs <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 12 months; not within 6 months of placement</li> </ul> </li> <li>• Denture and bridge adjustments <ul style="list-style-type: none"> <li>○ Limited to two per tooth per 12 months; not within 6 months of placement</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period

Dental Services (continued)	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Adult/Child Orthodontic Services</b> Through age 18	50% coinsurance	50% coinsurance	No waiting period
<b>Temporomandibular Joint Disorder (TMJ)</b> • X-rays, splints, and surgical procedures including arthroscopy and orthotic devices Not covered	Not covered	Not covered	No waiting period
<b>Cosmetic Teeth Whitening</b> ○ Limited to one per tooth (arch) per 12 months	Not covered	Not covered	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			
<b>Anthem Whole Health Connection - Dental<sup>SM</sup></b> • 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	
<b>Accidental Dental Injury Benefit</b> • 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	
<b>Extension of Benefits</b> • 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	
<b>International Emergency Dental Program</b> • 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 may be a waiting period of up to 12 months 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.**