

Summary of Benefits

Anthem Dental Essential Choice



Bremer Whyte Brown & O'Meara LLP (Alternate PPO)
Anthem 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.
- **More Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both 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 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 who to call, write or email.

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
Annual Benefit Maximum · Per insured person	Calendar Year	\$1,500	\$1,500
D&P applies to Annual Maximum		Yes	Yes
Annual Maximum Carryover / Carry in		No/No	No/No
Orthodontic Lifetime Benefit Maximum · Per eligible insured person		\$1,500	\$1,500
Annual Deductible (Does not apply to Orthodontic Services) · Per insured person/Family maximum	Calendar Year	\$50/3X Individual	\$50/3X Individual
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Out-of-Network Reimbursement:		Prime (MAC)	

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Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services		100% Coinsurance	50% Coinsurance	No Waiting Period
· Periodic oral exam	1 per 6 months			
· Teeth cleaning (prophylaxis)	1 per 6 months; w/periodontal maintenance			
· Bitewing X-rays:	1 set per 12 months			
· Full-mouth or Panoramic X-rays:	1 per 60 months			
· Fluoride application:	1 per 12 months; through age 15			
· Sealants	1 per 36 months; through age 15			
Basic Services		100% Coinsurance	50% Coinsurance	No Waiting Period
· Consultation (second opinion)	1 per 12 months			
· Amalgam (silver-colored) Filling	1 per tooth per 24 months			
· Composite (tooth-colored) Filling	1 per tooth per 24 months			
· posterior (back) fillings alternated to amalgam benefit (silver-colored filling)				
· Brush Biopsy (cancer test)	Covered, 1 per 12 months; all ages			
· Space Maintainers	1 per lifetime through age 15; posterior teeth			
Endodontics (Non-Surgical)		100% Coinsurance	50% Coinsurance	No Waiting Period
· Root Canal	1 per tooth per lifetime			
Endodontics (Surgical)		100% Coinsurance	50% Coinsurance	No Waiting Period
· Apicoectomy and apexification	1 per tooth per lifetime			
Periodontics (Non-Surgical)		100% Coinsurance	50% Coinsurance	No Waiting Period
· Periodontal Maintenance	2 per 12 months; w/teeth cleaning			
· Scaling and root planing	1 per quadrant per 24 months			
Periodontics (Surgical)	1 per quadrant per 36 months	100% Coinsurance	50% Coinsurance	No Waiting Period
· Periodontal Surgery (osseous, gingivectomy, graft procedures)				
Oral Surgery (Simple)		100% Coinsurance	50% Coinsurance	No Waiting Period
· Simple Extractions	1 per tooth per lifetime			
Oral Surgery (Complex)		100% Coinsurance	50% Coinsurance	No Waiting Period
· Surgical Extractions	1 per tooth per lifetime			
Major (Restorative) Services		80% Coinsurance	50% Coinsurance	No Waiting Period
· Crowns, onlays, veneers	1 per tooth per 60 months			
· Cosmetic teeth whitening	Not Covered			
Temporomandibular Joint Disorder (TMJ)		Not Covered	Not Covered	N/A
· X-rays, splints, and surgical procedures	Not Covered			
· including arthroscopy and orthotic devices				
Prosthodontics		80% Coinsurance	50% Coinsurance	No Waiting Period
· Dentures and bridges	1 per tooth per 60 months			
· Dental Implants	Limited to one per tooth per 60 months			
Prosthodontic Repairs/Adjustments		80% Coinsurance	50% Coinsurance	No Waiting Period
· Crown, denture, bridge repairs	1 per 12 months; 6 months after placement			
· Denture and bridge adjustments:	2 per 12 months; 6 months after placement			
Orthodontic Services		50% Coinsurance	50% Coinsurance	No Waiting Periods
· Adults & Dependent Children				

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