

Your Summary of Benefits Dental PPO Plan



Standard Option PPO Dental Plan

For Groups of 2-50 Employees

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.

Emergency dental treatment for the international traveler. As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program administered by DeCare Dental. DeCare Dental is a wholly owned subsidiary of the parent company of Anthem Blue Cross. With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

YOUR DENTAL PLAN AT-A-GLANCE

Annual benefit maximum - calendar year	\$1,000 per insured person
Annual deductible - calendar year (per insured person / family maximum)	\$50 / \$150
Deductible waived for diagnostic and preventive services:	
In-Network	Yes
Out-of-Network	No

Dental Services Following are examples of what is/is not covered by your plan:	In-Network Anthem Pays:	Out-of-Network Anthem Pays:
Diagnostic and Preventive Services, for example: <ul style="list-style-type: none"> Periodic oral evaluation (0120) Prophylaxis (cleaning) Adult (1110) Prophylaxis (cleaning) Child (1120) Bitewing X-rays - four films (0274) Intraoral X-rays - complete series (0210) 	100%	80%
Restorative Services, for example: <ul style="list-style-type: none"> Filling, amalgam, two surfaces (2150) Endodontics, e.g., root canal, molar (3330) Periodontics, e.g., scaling and root planing, per quadrant (4341) Oral surgery, e.g., tooth extraction, simple (7140) Prosthodontics, e.g., crown, porcelain fused to high noble metal (2750) denture, complete, upper or lower (5110/5120) 	80% 50% 50% 50% 50%	80% 50% 50% 50% 50%
Orthodontic Services <ul style="list-style-type: none"> Child Only / Adult and Child Ortho lifetime maximum benefits 	Not covered n/a n/a	Not covered n/a n/a
Waiting Periods (Periodontic and Prosthodontic Services)	12 months	12 months

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.

Choice of Dentists

While your plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why: In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, **out-of-network** dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service - called the "maximum allowed amount" - and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How we decide on maximum allowed amounts

The amounts we pay for dental services are based on a “fee schedule” (for example, the fee schedule may show that we will allow no more than \$50 per filling or \$25 for an office visit). The fee that Anthem pays for each out-of-network service is called the “maximum allowed amount” for that service. The maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rates developed by Anthem*
- Information provided by a third-party vendor that gathers similar costs for dental services
- In-network dentist fee schedule

*These schedules may be updated based on things like reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost, reimbursement and utilization data.

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you get and who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount. Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can balance bill Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800. Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- You pay 50% (coinsurance): \$400
- Balance you owe the provider: $\$1,200 - \$800 = \$400$
- Your total cost: \$400 coinsurance + \$400 provider balance = \$800

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance; because he would not have been balance billed the \$400 difference.

Pre-Authorization

When the anticipated expense for any course of treatment exceeds \$350, you should submit a request for pre-authorization. If you use a participating dentist, your dentist will submit the authorization form for you. If your dentist is not part of the network, you will have to submit a pre-authorization form to your dentist for completion and then send it to us for approval.

Finding a dentist is easy – We have a large network of dentists to choose from

To select a dentist by name or location, do one of the following:

- Go to anthem.com/ca
- Call Dental Customer Service at 888-209-7852

To Contact Us:

Call	Write	Email
Refer to the toll-free number indicated on the back of your plan identification card or call 888-209-7852 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 888-209-7852.	Refer to the back of your plan identification card for the claims submission address. Other correspondence may be sent to: P.O. Box 9066 Oxnard, CA 93031	dentalhelp@anthem.com You may also visit our web site at: anthem.com/ca

LIMITATIONS AND EXCLUSIONS

Limitations – Below is a partial listing of plan limitations. Please see your Certificate of Coverage for a full list.

Diagnostic and Preventive Services

Oral Evaluations (exam). Limited to two per *year*

Prophylaxis (cleaning). Limited to two per *year*

Complete Series X-rays (panoramic or full-mouth). Limited to once every three years.

Restorative Services

Crowns. Limited to once per tooth in a five year period.

Removable Complete (immediate or permanent) and Partial Dentures. Limited to once in five years.

Fixed prosthodontics. Benefits are provided for the replacement of an existing bridge if it is five years old or older and cannot be made serviceable.

Gingivectomy or Gingivoplasty. Limited to once per quadrant in a 36 month period.

Periodontal Scaling and Root Planing. Limited to once per quadrant every 24 months.

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – if Orthodontia is included as a benefit of your plan.

Orthodontia. Limited to one course of treatment during lifetime per eligible insured.

Exclusions – Below is a partial listing of non-covered services. Please see your Certificate of Coverage for a full list.

Services Provided Before or After the Term of This Coverage. Services received before your effective date. Services received after your coverage ends.

Not Medically Necessary. Any services, supplies or treatment which are not medically necessary. **Orthodontics (unless specified as being included as part of your plan benefits).** Orthodontic braces, appliances and all related services.

Cosmetic Dentistry. Any services performed for cosmetic purposes including, but not limited to, external bleaching, bleaching of non-vital discolored teeth, veneers, crowns on teeth not exhibiting pathology, and facings on crowns on posterior teeth.

Prescription Drugs and Medications. Any prescribed drugs, pre-medication or analgesia.

Prosthetics for patients under sixteen years old. Fixed bridges, removable cast partials, cast crowns, with or without veneers, and inlays for patients under sixteen years old.

Extraction. Removal of immature erupting third molars and nonpathologic, asymptomatic third molars (wisdom teeth).

Teeth Lost Prior to this Coverage. Any teeth lost prior to coverage under this plan are not eligible for prosthetic replacement.

Treatment of the Joint of the Jaw and/or Occlusion Services.

Implants - materials implanted into or on bone or soft tissue and all adjunctive services.

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.



Anthem Blue Cross Life and Health Insurance Company
Notice of Language Assistance

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-627-8797. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-627-8797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打1-800-627-8797 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-627-8797. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin. Maaari mong ipabasa sa iyo ang mga dokumento at maaari mong hingin na ipadala ang ilang mga dokumento sa iyo sa Tagalog. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-627-8797. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

무료 통역 서비스. 귀하는 통역 서비스를 받으실 수 있습니다. 한국어로 서류를 낭독해주는 서비스 받으실 수 있으며 한국어로 번역된 서류를 받아보실 수도 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-800-627-8797번으로 문의해 주십시오. 보다 자세한 문의 사항은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Անվճար Լեզվական Օտառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել սալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-800-627-8797 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-627-8797. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-627-8797までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357 までご連絡ください。 Japanese

خدمات مجاني مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-800-627-8797 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-627-8797 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi



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សេវាកម្មភាសាឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នក ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទ
មកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-800-627-8797 ។ សម្រាប់ជំនួយបន្ថែមទៀត
សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على
الرقم 1-800-627-8797. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357 Arabic.

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv
ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-627-8797. Yog xav tau
kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357. Hmong

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