



Dental Plan provided by Anthem
Customer Service Number: (866) 589-0578
Website: www.anthem.com

The following table is a general overview of your Dental Benefits and Deductible requirements. Please refer to your Summary Plan Description or call customer service for specific benefit details, limitations, and/or exclusions.

| Type of Dental Benefit | Member's Responsibility |
|---|------------------------------------|
| Annual Calendar Year Deductible | \$25 Single \$75 Family |
| Class I Preventive Services (no deductible) Include exams, oral evaluations, x-rays (bitewing and complete series), cleaning and scaling, space maintainers and other selected diagnostic and preventive services <i>(Limits may apply) Please refer to your certificate for additional information.</i> | Covered in Full |
| Class II Basic Services: General Services (deductible applies) Include palliative (emergency) treatment, consultations, general anesthesia, intravenous sedation, office visits for observation, amalgam and composite restorations and pin retention procedures, crowns and onlays | 20% |
| Class II Basic Services: Specialty Services (deductible applies) Include root canal therapy, apexification/recalcification, therapeutic pulpotomy, oral surgery, simple and surgical tooth extractions, periodontic services, gingivectomy, osseous surgery and other selected endodontic, oral surgery and periodontal services. <i>(Limits may apply) Please refer to your certificate for additional information.</i> | 20% |
| Class III Major Services: Prosthodontic Services (deductible applies) Include dentures, bridges and repair of dentures and bridgework, implants and other selected periodontal services | 50% |
| Class III Major Services: Missing Tooth (deductible applies) Services for the replacement of teeth (tooth) lost prior to the member's effective date of coverage under this plan. <ul style="list-style-type: none"> • Removable prosthodontics (partials or dentures) • Fixed prosthodontics (bridges) for the replacement of teeth (or tooth) <i>A waiting period and/or limits may apply. Please refer to your certificate for additional information.</i> | Covered |
| Annual Maximum per member per year | \$2,000 |
| Orthodontia Services * Include examination, records, minor treatment of tooth guidance, repositioning (straightening) of the teeth, interceptive or comprehensive orthodontic treatment, posttreatment stabilization. <i>A waiting period and/or limits may apply. Please refer to your certificate for additional information</i> | 50% |
| Lifetime Maximum per member | \$2,000 |

* Orthodontics is a benefit for eligible dependent children to age 23 and has a separate maximum \$2,000 lifetime per patient for services.