

# Summary of Anthem Blue Dental PPO Benefits



## Option 2

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, exclusions, qualifications, limitations, terms and provisions of the Anthem Blue Cross and Blue Shield Dental PPO Certificate. For a covered dental service, this coverage will pay the applicable percentage (shown in the "Coverage Percentage" column) of the Anthem Blue Cross and Blue Shield Dental maximum allowable for that service (up to the Annual Maximum). Please contact customer service to verify your dental coverage.

Covered Benefits	Coverage Percentage (Network and Non-Network Providers)
<b>Annual Deductible</b> (Single/Family)	\$50/\$150 combined for network and non-network providers
<b>Annual Maximum</b>	\$1,250 combined for network and non-network providers
<b>Diagnostic and Preventive Services</b> ( <i>no deductible</i> ) <ul style="list-style-type: none"> <li>• Oral evaluations</li> <li>• X-rays</li> <li>• Cleanings</li> <li>• Space maintainers</li> <li>• Other selected diagnostic and preventive services</li> </ul>	100%
<b>General (Adjunctive) Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>• Emergency palliative treatment</li> <li>• Consultations</li> <li>• General anesthesia (surgical procedures)</li> <li>• I.V. sedation (surgical procedures)</li> <li>• Office visits for observation</li> <li>• Other selected general services</li> </ul>	80%
<b>Restorative Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>• Amalgam and composite restorations</li> <li>• Pin retention procedures</li> </ul>	80%
<b>Endodontic Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>• Root canal therapy</li> <li>• Apexification</li> <li>• Therapeutic pulpotomy</li> <li>• Other selected endodontic services</li> </ul>	80%
<b>Oral Surgery Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>• Simple and surgical tooth extractions</li> <li>• Other selected oral surgery services</li> </ul>	80%
<b>Periodontal Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>• Gingivectomy</li> <li>• Crown lengthening</li> <li>• Osseous surgery</li> <li>• Soft tissue grafts</li> <li>• Other selected periodontal services</li> </ul>	80%
<b>Prosthodontic Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>• Crowns/onlays</li> <li>• Partial and full dentures</li> <li>• Other selected prosthodontic services</li> </ul>	50%

**Anthem Blue Cross and Blue Shield Dental Customer Service: 888-209-7852**

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