

# Summary of Anthem Blue Dental PPO Plus Benefits



## Option 1

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). If your dental coverage includes the optional benefits of orthodontics, a page describing the optional benefit will be attached to this Summary of Benefits. Please contact customer service to verify your dental coverage.

Covered Benefits	Coverage Percentage (Network and Non-Network Providers)
<b>Annual Deductible</b> (Single/Family)	\$25/\$75 combined for network and non-network providers
<b>Annual Maximum</b>	\$1,500 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%
<b>Orthodontic Services</b> ( <i>no deductible</i> ) Dependent children until the end of year in which child reaches age 19 <ul style="list-style-type: none"> <li>• Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth</li> <li>• Examination</li> <li>• Records</li> <li>• Tooth guidance</li> <li>• Repositioning (straightening) of the teeth</li> </ul>	Optional Coverage  <i>If this benefit is part of your plan, an Orthodontic Services Addendum will be attached to this Summary of Benefits.</i>

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

# Summary of Anthem Blue Dental PPO Benefits for Optional Coverage



## *Orthodontic Services* **\$1,500**

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Covered Benefits	Coverage Percentage (Network and Non-Network Providers)
<b>Lifetime Orthodontia Maximum</b>	\$1,500 combined for network and non-network providers
<b>Orthodontic Services</b> Dependent Children until the end of the year in which the child reaches age 19. <ul style="list-style-type: none"> <li>• Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth</li> <li>• Examination</li> <li>• Records</li> <li>• Tooth guidance</li> <li>• Repositioning (straightening) of the teeth</li> </ul>	50% coinsurance

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