

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)
Annual Deductible (Single/Family)	\$25/\$75 combined for network and non-network providers
Annual Maximum	\$1,500 combined for network and non-network providers
Diagnostic and Preventive Services (<i>no deductible</i>) <ul style="list-style-type: none"> • Oral evaluations • X-rays • Cleanings • Space maintainers • Other selected diagnostic and preventive services 	100%
General (Adjunctive) Services (<i>deductible applies</i>) <ul style="list-style-type: none"> • Emergency palliative treatment • Consultations • General anesthesia (surgical procedures) • I.V. sedation (surgical procedures) • Office visits for observation • Other selected general services 	80%
Restorative Services (<i>deductible applies</i>) <ul style="list-style-type: none"> • Amalgam and composite restorations • Pin retention procedures 	80%
Endodontic Services (<i>deductible applies</i>) <ul style="list-style-type: none"> • Root canal therapy • Apexification • Therapeutic pulpotomy • Other selected endodontic services 	80%
Oral Surgery Services (<i>deductible applies</i>) <ul style="list-style-type: none"> • Simple and surgical tooth extractions • Other selected oral surgery services 	80%
Periodontal Services (<i>deductible applies</i>) <ul style="list-style-type: none"> • Gingivectomy • Crown lengthening • Osseous surgery • Soft tissue grafts • Other selected periodontal services 	80%
Prosthodontic Services (<i>deductible applies</i>) <ul style="list-style-type: none"> • Crowns/onlays • Partial and full dentures • Other selected prosthodontic services 	50%
Orthodontic Services (<i>no deductible</i>) Dependent children until the end of year in which child reaches age 19 <ul style="list-style-type: none"> • Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth • Examination • Records • Tooth guidance • Repositioning (straightening) of the teeth 	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