



Anthem Dental - PPO I - 100/50

In-network	You pay
<p>Diagnostic and preventive care</p> <p><i>Covered twice per calendar year:</i></p> <ul style="list-style-type: none"> • Examination of your teeth • Cleaning your teeth • Painting teeth with fluoride to help prevent cavities (only for covered family members under age 16) <p><i>Covered once per calendar year:</i></p> <ul style="list-style-type: none"> • X-rays of part of the mouth, except x-rays needed to fit braces* • Space maintainers (only for covered family members under age 12) • Dental sealants on first and second permanent molars <p><i>* A full x-ray of the mouth is covered every 36 months and only for enrolled family members age 5 or older.</i></p>	<p>No charge</p>
<p>Primary dental services</p> <ul style="list-style-type: none"> • Amalgam fillings • Composite (tooth-colored) fillings, front teeth only • Care for a toothache • Stainless steel crowns on primary teeth • Oral surgery, including pulling teeth (either a simple extraction or a surgical removal) and anesthesia • Treatment of infected nerve tissue inside a primary tooth • Root canal therapy for permanent teeth (endodontic care) <ul style="list-style-type: none"> • Restorations • Care for cysts, tumors or abscesses in the mouth and care of acute gum infection or sores • Several different types of care for the gum (periodontal care) • Making gum ridges ready for false teeth • Removing diseased portions of bone around the teeth • Bite planes, splints or occlusal adjustments of teeth for temporomandibular joint dysfunction (TMJ) 	<p>Your coverage for primary dental services includes a \$50 deductible. This means that you pay all the costs associated with these services until you have paid \$50 in one calendar year. Once you have paid this amount, you pay 50% of the amount the dental care professionals in our network have agreed to accept for their services.</p>
<p>Using dental care professionals who do not have an agreement with Anthem</p>	
<p>Should you decide to have your dental care provided by a dental professional who is not in the Anthem network, you will pay:</p> <ul style="list-style-type: none"> • 20% of the amount Anthem allows for diagnostic and preventive care • 40% of the amount Anthem allows for primary dental services <p>It's important to remember that dental professionals not in our network can charge whatever they want for their services. If what they charge is more than the fee our network dental professionals have agreed to accept for the same service, the out-of-network professional may bill you for the difference between the two amounts.</p>	
<p>The total amount your plan will pay</p>	
<p>Your Anthem Dental - PPO benefits provide a total of \$750 in coverage for dental care per person each calendar year. All covered care counts toward this benefit maximum, regardless of whether the services are provided by in-network or out-of-network dental professionals.</p>	

This benefits overview insert is only one piece of your entire enrollment package. Exclusions and limitations are in the enrollment brochure.