

Summary of Benefits Anthem Dental Family Value Plan for Individuals and Families



Our dental plan can help you save money and stay healthy

Regular dental checkups are important for many reasons, from keeping your teeth and gums healthy to preventing serious (and costly) dental problems. They can even help find early warning signs of overall health conditions, such as diabetes and heart disease.



Need more reasons why going to the dentist regularly is so important?

- 90% of diseases that affect the body can show signs and symptoms in the mouth¹
- 47% of adults have gum disease²

1 Academy of General Dentistry. *Know Your Teeth: Warning Signs in the Mouth can Save Lives* (January 2012); knowyourteeth.com.

2 Centers for Disease Control and Prevention. *Periodontal Disease* (accessed September 2019); cdc.gov.

Your dental plan is easy to use

Your dental plan helps you get the dental care you need to stay healthy and gives you the flexibility to choose any dentist. Keep in mind that when you go to a dentist in your plan, you'll pay less out of your pocket for care. That's because dentists in our Dental Prime network have agreed to accept certain rates from us for the services they provide to our members. If you go to a dentist who's not in your plan, your out-of-pocket costs may be higher because those dentists could bill you for the difference between what they charge and what your plan pays them.

When you visit a dentist in our plan, you won't have to pay any out-of-pocket costs for routine cleanings and other preventive services.

To find out more or to enroll in a plan, go to [anthembluecross.com](https://www.anthembluecross.com).

Get around-the-clock help online

You'll be able to use a variety of tools that can answer your dental questions and help you find a dentist in your plan.

- Ask a Hygienist:** Email your questions to our team of dental professionals, and you'll get an answer in about one business day.
- Dental Health Risk Assessment:** This easy-to-use online tool can help you understand what causes tooth decay, gum disease and cancer of the mouth — and how to help prevent them.
- Mobile capabilities:** Our new mobile app, Sydney, is available for Android and Apple phones and can help you find a dentist near you.
- Dental Care Cost Estimator:** Get an idea of what you'll pay for common dental procedures when you visit a dentist in your plan.

And when you're ready to use your dental benefits?

Just follow these steps:

- Choose a dentist. Remember, you'll save money if you choose a dentist in your plan.
- Make an appointment.
- Show the office staff your member ID card.
- Pay the part of the costs you may owe as part of your deductible or coinsurance.

A whole-health approach to care

It's important for us to focus on our members' whole health to help them get and stay healthy, and improve their experience when they need care. Through our Anthem Whole Health Connection® program, we're able to connect our medical and dental plans when members have both types of coverage with us.

One of the tools we use to help our members is the Dental Patient Health History. It provides electronic patient health profiles, including medical diagnoses and prescriptions, to health care professionals in our plans. This information gives a more complete picture of a patient's health and helps dentists and primary care physicians diagnose and treat their patients.

Adult dental PPO benefits at a glance (age 19 and older)

	In-Network	Out-of-Network
Coverage Year		Calendar Year
Annual Benefit Maximum		\$750
<ul style="list-style-type: none"> The maximum benefit the plan will pay for services during the year for each adult enrollee. 		
Annual Deductible		\$50
<ul style="list-style-type: none"> Per adult enrollee (applies to all services) 		
Deductible Waived for Diagnostic/Preventive Services		No
Out-of-Network Reimbursement		Maximum Allowed Amount

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic & Preventive Services	100%	50%	No Waiting Period
<ul style="list-style-type: none"> Periodic dental exam <ul style="list-style-type: none"> Limited to two per calendar year Teeth cleaning (prophylaxis) <ul style="list-style-type: none"> Limited to two per calendar year Bitewing X-rays <ul style="list-style-type: none"> Limited to one set per 24 months Full-Mouth or Panoramic X-rays <ul style="list-style-type: none"> Limited to one per 60 months 			
Basic (Restorative) Services	50%	50%	6 Month Waiting Period
<ul style="list-style-type: none"> Amalgam (silver-colored) fillings <ul style="list-style-type: none"> Limited to one per tooth surface per 24 months Composite (tooth-colored) fillings on anterior (front) teeth <ul style="list-style-type: none"> Limited to one per tooth surface per 24 months Simple extraction <ul style="list-style-type: none"> Limited to one per tooth per lifetime Brush biopsy (cancer test) <ul style="list-style-type: none"> Limited to one per 36 months for ages 20 through 39; one per 12 months if 40 or over 			
Endodontics (Non-Surgical)	Not covered	Not covered	Not applicable
<ul style="list-style-type: none"> Root Canal <ul style="list-style-type: none"> Limited to one per tooth per lifetime 			
Periodontics (Non-Surgical)	Not covered	Not covered	Not applicable
<ul style="list-style-type: none"> Scaling and root planning <ul style="list-style-type: none"> Limited to one per 3 years Periodontal maintenance <ul style="list-style-type: none"> Any combination of periodontal maintenance and dental cleanings covered two per calendar year 			
Periodontics (Surgical)	Not covered	Not covered	Not applicable
<ul style="list-style-type: none"> Periodontal surgery (osseous, gingivectomy, graft procedures) <ul style="list-style-type: none"> Limited to once per 3 years - permanent teeth only 			
Oral Surgery (Complex)	Not covered	Not covered	Not applicable
<ul style="list-style-type: none"> Surgical extraction <ul style="list-style-type: none"> Limited to one per tooth per lifetime; third molars covered only with symptoms of oral pathology 			
Major (Restorative)	Not covered	Not covered	Not applicable
<ul style="list-style-type: none"> Crowns and onlays <ul style="list-style-type: none"> Limited to one per tooth per 84 months 			
Prosthodontics	Not covered	Not covered	Not applicable
<ul style="list-style-type: none"> Dentures and bridges <ul style="list-style-type: none"> Limited to once per 84 months 			
Repairs/Adjustments	Not covered	Not covered	Not applicable
<ul style="list-style-type: none"> Denture and bridge repairs Denture and bridge adjustments 			
Orthodontic Services	Not covered	Not covered	Not applicable

Children's dental PPO benefits at a glance (up to age 19)

	In-Network	Out-of-Network	
Coverage Year	Calendar Year		
Pediatric Age Limit	End of month in which insured turns age 19		
Annual Out-of-Pocket Maximum (applies to In-Network services only)	\$375 per child up to \$750 per family		
<ul style="list-style-type: none"> Per child / Family maximum (2+ children) 			
Annual Deductible	\$25		
<ul style="list-style-type: none"> Per child (applies to all services) 			
Deductible Waived for Diagnostic/Preventive Services	No		
Out-of-Network Reimbursement	Maximum Allowed Amount		
Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Emergency Dental Care	100%	100%	No Waiting Period
Preventive Dental Care	75%	75%	No Waiting Period
<ul style="list-style-type: none"> Teeth cleaning (prophylaxis) <ul style="list-style-type: none"> Limited to two per calendar year Fluoride application <ul style="list-style-type: none"> Limited to two per calendar year Sealant application Space maintainer insertion 			
Routine Dental Care	75%	75%	No Waiting Period
<ul style="list-style-type: none"> Periodic dental exam <ul style="list-style-type: none"> Limited to two per calendar year Bitewing X-rays <ul style="list-style-type: none"> Limited to two per calendar year Full-Mouth or Panoramic X-rays <ul style="list-style-type: none"> Limited to one per 3 years Amalgam (silver-colored) filling and Composite (tooth-colored) filling Simple extraction 			
Endodontics (Non-Surgical)	50%	50%	No Waiting Period
<ul style="list-style-type: none"> Root Canal 			
Endodontics (Surgical)	50%	50%	No Waiting Period
<ul style="list-style-type: none"> Apicoectomy and apexification 			
Periodontics (Non-Surgical)	50%	50%	No Waiting Period
<ul style="list-style-type: none"> Scaling and root planing Periodontal maintenance 			
Periodontics (Surgical)	50%	50%	No Waiting Period
<ul style="list-style-type: none"> Periodontal surgery (osseous, gingivectomy, graft procedures) 			
Oral Surgery (Complex)	75%	75%	No Waiting Period
<ul style="list-style-type: none"> Surgical extraction 			
Major (Restorative)	75%	75%	No Waiting Period
<ul style="list-style-type: none"> Crowns Prefabricated stainless steel or ceramic crowns 			
Prosthodontics	50%	50%	No Waiting Period
<ul style="list-style-type: none"> Dentures <ul style="list-style-type: none"> Covered for ages 15+ Bridges 			
Repairs/Adjustments	50%	50%	No Waiting Period
<ul style="list-style-type: none"> Crown, denture, and bridge repairs Denture and bridge adjustments 			
Dentally Necessary Orthodontic Services	50%	50%	No Waiting Period
Cosmetic Orthodontic Services	Not covered	Not covered	Not applicable

After you have met your deductible, Anthem will pay for dental services at the listed coinsurance amounts up to the “maximum allowed amount” payable for each covered dental procedure as determined by Anthem. However, there may be different levels of coinsurance, depending on whether you choose to receive services from a participating (in-network) or a nonparticipating (out-of-network) dentist.

International Emergency Dental Program

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program. This program provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum.

Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan policy

Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

Cosmetic provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your policy. **In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.**

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross.

Anthem does not discriminate based on race, color, ethnicity, national origin, religion, age, gender, gender identity, mental or physical disabilities, sexual orientation, genetic information, including pregnancy and expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health condition or health status in the administration of the plan (including enrollment, marketing practices, benefit designs, and benefit determinations).

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸੇਵਾ ਸੰਖਿਆ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoot'í t'áá ni nizaad k'ehjí níká a'doowoł t'áá jík'e. Naaltsoos bee atah nílínígíí bee néé'ho'dólingo nanítínígíí bécsh bee hane'í bikáá' ááj' hodiílnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.