

Adams County/Ohio Valley Schools

Anthem Dental Complete Network
Effective Date: 10/1/2013



Service & Description	In Network Anthem Pays:	Out of Network Anthem Pays:
Calendar Year Plan Maximum Per person	\$1,500	
Deductible Per person/per family (calendar year) No deductible for diagnostic and preventive services or orthodontics	\$25/\$50	
Diagnostic & Preventive Services Exams & cleanings, x-rays, fluoride treatments, sealants	100%	100% of maximum allowable fee
Basic Services Emergency treatment for relief of pain, amalgam restorations (silver fillings) and composite resin restorations (white fillings)	80%	80% of maximum allowable fee
Endodontics Pulpotomies on primary teeth for dependent children, root canal therapy on permanent teeth	80%	80% of maximum allowable fee
Periodontics Surgical/Nonsurgical periodontics	80%	80% of maximum allowable fee
Oral Surgery Surgical/Nonsurgical extractions, all other oral surgery	80%	80% of maximum allowable fee
Major Restorative Crowns, inlays, onlays	60%	60% of maximum allowable fee
Prosthetic Repairs and Adjustments Denture adjustments and repairs, bridge repair	60%	60% of maximum allowable fee
Prosthetics Dentures (full and partial), bridges, implants	60%	60% of maximum allowable fee
Orthodontics Treatment for the prevention/correction of malocclusion, available for dependent children and adults	60%	60% of maximum allowable fee
Lifetime Ortho Maximum Per Eligible child/Adult	\$1,000	
Additional Preventive Benefits for Pregnant and Diabetic Members	Go to www.anthem.com/mydentalvision or call customer service to obtain an application for these benefits.	

This is a summary of benefits only and does not guarantee coverage.

For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

LIMITATIONS & EXCLUSIONS

Limitations—Below is a partial listing of plan limitations. Please see your Certificate of Coverage for a full list

Diagnostic and Preventive Services

Oral evaluations (exam). Limited to two per Calendar Year.

Prophylaxis (cleaning). Limited to two per Calendar Year.

Bitewing x-rays. Limited to one series of films per 12 months for members through age 17, one set per 24 months for members age 18 and older.

Intraoral x-rays, single film. Limited to four films per 12-month period.

Complete series x-rays (panoramic or full-mouth). Limited to once every 60 months.

Restorative Services – applicable if these services are covered under your plan

Fillings. Limited to once per surface per tooth in any 24 months.

Composite restorations on posterior (back) teeth are limited to the same allowance as for amalgam (silver filling). Member must pay the difference in cost.

Crowns. Limited to once per tooth in a seven year period.

Fixed and removable prosthodontics – dentures, partials, bridges, tooth implants Covered once in any seven year period. Benefits are provided for the replacement of an existing bridge, denture, partial or implant for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.

Root canal therapy. Limited to once per lifetime per tooth. Coverage is for permanent teeth only.

Periodontal surgery. Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is 5 millimeters or greater.

Periodontal scaling and root planing. Limited to once in 36 months when the tooth pocket has a depth of 4 millimeters or greater.

Additional Limitation for Orthodontic Services if Orthodontia is included as a benefit of your plan.

Orthodontia. Limited to one course of treatment per member per lifetime.

24 Month Missing Tooth Clause

Exclusions — Below is a partial listing of non-covered services. Please see your Certificate of Coverage 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 plan certificate.

Orthodontics (unless included as part of your plan benefits).

Orthodontic braces, appliances and all related services.

Cosmetic dentistry. Any services performed for cosmetic purposes including, but not limited to, external bleaching, bleaching of non-vital discolored teeth, veneers.

Drugs and medications. Intravenous conscious sedation, IV sedation and general anesthesia when performed with non-surgical dental care.

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

Extraction. Surgical removal of asymptomatic, non-pathologic third molars.

Implants. Materials implanted into or on bone or soft tissue and all adjunctive services.

NETWORK & CONTACT INFORMATION

Finding a Dentist: Go online to www.anthem.com/mydentalvision or Call Anthem Dental Customer Service at **877-604-2156**.

Participating Providers are dentists who have contracted with us to provide dental care to our members at a negotiated rate. When using a participating dentist, you will only be responsible for your deductible and coinsurance amounts, if applicable. When you receive services in-network from a participating provider, the percentage we pay will, in most cases, be higher than if you were to receive services out-of-network from a non-participating provider.

Non-Participating Providers are dentists who have not contracted with us and therefore may charge their usual fee for services they provide to you. When using a non-participating dentist, you will be responsible for your deductible and coinsurance amounts, if applicable, plus any amount over our Covered Expense, up to the dentist's billed charges. While the percentage we pay is the same whether you receive dental services in-network or out-of-network, you may end up paying more out-of-pocket when you visit a non-participating provider.

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 and Blue Shield

CALL	WRITE
Refer to the toll-free number indicated on the back of your plan identification card or Call (877) 604-2156 to speak in-person with a U.S. based customer service representative during normal business hours. Calling after-hours? We may still be able to assist you with our interactive voice-response system at (877) 604-2156 .	Refer to the back of your plan Identification card for the address.