

# Summary of Benefits

Anthem Dental Essential Choice PPO



CHEIBA

Anthem Blue Cross and Blue Shield Dental Complete Network

Effective Date: 1/1/2024

## WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

### Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **Mobile Capabilities:** With our latest mobile application, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for Android and Apple phones.

### Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to [anthem.com](http://anthem.com) or call dental customer service at the number listed on the back of your ID card.

### Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

### Need to contact us?

See the back of your ID card for how to call, write or email us.

## Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

	In-Network	Out-of-Network
<b>Coverage Year</b>	Calendar Year	
<b>Annual Benefit Maximum</b>		
• Per insured person		
• Diagnostic & Preventive Services are not applied to the Annual Benefit Maximum	\$2,000	\$2,000
<b>Annual Maximum Carryover</b>	No	No
<b>Orthodontic Lifetime Benefit Maximum</b>		
• Per eligible person	\$1,500	\$1,500
<b>Deductible</b>		
• Per person	\$0	\$50
• Per family		\$150
<b>Deductible Waived for Diagnostic/Preventive Services</b>	N/A	Yes
<b>Out-of-Network Reimbursement</b>	50th percentile	

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic &amp; Preventive Services</b>	100% coinsurance	80% coinsurance	No waiting period
<ul style="list-style-type: none"> <li>• Periodic dental exam <ul style="list-style-type: none"> <li>○ Limited to three per calendar year</li> </ul> </li> <li>• Teeth cleaning (prophylaxis) <ul style="list-style-type: none"> <li>○ Limited to two per calendar year; combined with periodontal maintenance</li> </ul> </li> <li>• Bitewing X-rays <ul style="list-style-type: none"> <li>○ Limited to one set per calendar year</li> </ul> </li> <li>• Full-Mouth or Panoramic X-rays <ul style="list-style-type: none"> <li>○ Limited to one per three years</li> </ul> </li> <li>• Fluoride application <ul style="list-style-type: none"> <li>○ Limited to two per calendar year through age 18</li> </ul> </li> <li>• Sealant application <ul style="list-style-type: none"> <li>○ Limited to one per calendar year through age 18</li> </ul> </li> </ul>			
<b>Basic (Restorative) Services</b>	80% coinsurance	60% coinsurance	No waiting period
<ul style="list-style-type: none"> <li>• Consultation (second opinion) <ul style="list-style-type: none"> <li>○ Limited to one per calendar year; only with X-rays and no other services</li> </ul> </li> <li>• Space maintainer insertion <ul style="list-style-type: none"> <li>○ Limited to one time per tooth per lifetime through age 18</li> </ul> </li> <li>• Amalgam (silver-colored) filling <ul style="list-style-type: none"> <li>○ Limited to one per tooth surface per 24 months</li> </ul> </li> <li>• Composite (tooth-colored) filling <ul style="list-style-type: none"> <li>○ Limited to one per tooth surface per 12 months (fillings on front teeth)</li> <li>○ Limited to one per tooth surface per 24 months (fillings on back teeth)</li> </ul> </li> <li>• Brush biopsy (cancer test) <ul style="list-style-type: none"> <li>○ Covered once per 12 months</li> </ul> </li> </ul>			
<b>Endodontics (Non-Surgical)</b>	80% coinsurance	60% coinsurance	No waiting period
<ul style="list-style-type: none"> <li>• Root Canal and retreatments <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 3 calendar years; permanent teeth only</li> </ul> </li> </ul>			
<b>Endodontics (Surgical)</b>	80% coinsurance	60% coinsurance	No waiting period
<ul style="list-style-type: none"> <li>• Apicoectomy and apexification <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime; permanent teeth only</li> </ul> </li> </ul>			
<b>Periodontics (Non-Surgical)</b>	80% coinsurance	60% coinsurance	No waiting period
<ul style="list-style-type: none"> <li>• Periodontal maintenance <ul style="list-style-type: none"> <li>○ Limited to four times per 12 months, combined with teeth cleanings</li> </ul> </li> <li>• Scaling and root planning <ul style="list-style-type: none"> <li>○ Limited to one time per quadrant per calendar year (when the tooth pocket has a depth of four millimeters or greater)</li> </ul> </li> </ul>			
<b>Periodontics (Surgical)</b>	80% coinsurance	60% coinsurance	No waiting period
<ul style="list-style-type: none"> <li>• Periodontal surgery (osseous, gingivectomy, graft procedures) <ul style="list-style-type: none"> <li>○ Limited to one per quadrant per 36 months</li> </ul> </li> </ul>			
<b>Oral Surgery (Simple)</b>	50% coinsurance	40% coinsurance	No waiting period
<ul style="list-style-type: none"> <li>• Simple extraction</li> </ul>			
<b>Oral Surgery (Complex)</b>	50% coinsurance	40% coinsurance	No waiting period
<ul style="list-style-type: none"> <li>• Surgical extraction</li> </ul>			
<b>Major (Restorative) Services</b>	50% coinsurance	40% coinsurance	No waiting period
<ul style="list-style-type: none"> <li>• Crowns, onlays, veneers <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 60 months</li> </ul> </li> </ul>			
<b>Prosthodontics</b>	50% coinsurance	40% coinsurance	No waiting period
<ul style="list-style-type: none"> <li>• Dentures and bridges <ul style="list-style-type: none"> <li>○ Limited to one per tooth/arch per 60 months</li> </ul> </li> <li>• Implant placement <ul style="list-style-type: none"> <li>○ Limited to one per tooth/arch per 120 months;</li> </ul> </li> <li>• Implant prosthodontics <ul style="list-style-type: none"> <li>○ Limited to one per tooth/arch per 60 months; paid as a non-implant crown, bridge, and/or denture</li> </ul> </li> </ul>			
<b>Repairs/Adjustments</b>	50% coinsurance	40% coinsurance	No waiting period
<ul style="list-style-type: none"> <li>• Crown, denture, and bridge repairs <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 12 months; not covered if within 6 months of placement</li> </ul> </li> <li>• Denture and bridge adjustments <ul style="list-style-type: none"> <li>○ Limited to two per tooth per 12 months; not covered if within 6 months of placement</li> </ul> </li> </ul>			

Dental Services (continued)	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Adult/Child Orthodontic Services</b> o No age limits apply	50% coinsurance	40% coinsurance	No waiting period
<b>Cosmetic Teeth Whitening</b>	Not covered	Not covered	N/A

### Additional Services and Programs

<b>Anthem Whole Health Connection - Dental<sup>SM</sup></b> • For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)	Included
<b>Accidental Dental Injury Benefit</b> • Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply	Included
<b>Extension of Benefits</b> • Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered	Included
<b>International Emergency Dental Program</b> • 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 (if applicable)	Included

### 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 certificate

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

**Cosmetic dentistry** (unless included as part of you dental plan benefits) 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.

**Extractions** of third molars (wisdom teeth) that do not exhibit pathology symptoms or impact the oral health of the member

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There may be a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

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.**

**Network** access plans are available on request at the Member Services number on your member ID card or can be obtained by going to [www.anthem.com/co/networkaccess](http://www.anthem.com/co/networkaccess).