

**Summary of Benefits**  
**Anthem Dental Essential Choice**



**Judevine Center for Autism - Buyup Plan**  
**Anthem Dental Complete Network**

**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, members can find a network dentist as well as view their claims. Our application is available for both 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>Office Visit Copay</b>	Not Applicable	
<b>Annual Benefit Maximum</b>	\$1,000	\$1,000
<ul style="list-style-type: none"> <li>● Per insured person</li> <li>● Diagnostic &amp; Preventive Services are applied to the Annual Maximum</li> </ul>	Yes	Yes
<b>Annual Maximum Carryover</b>	Covered	Covered
<b>Annual Maximum Carryin</b>	Not Covered	Not Covered
<b>Out-of-Pocket Maximum: Individual</b>	Not Applicable	Not Applicable
<b>Out-of-Pocket Maximum: Family</b>		
<b>Orthodontic Lifetime Benefit Maximum</b>	N/A	N/A
<ul style="list-style-type: none"> <li>● Per eligible insured person</li> </ul>		
<b>Annual Deductible</b>	\$50	\$50
<ul style="list-style-type: none"> <li>● Per insured person</li> <li>● Family maximum</li> </ul>	3X Individual	3X Individual
<b>Deductible Waived for Diagnostic/Preventive Services</b>	Yes	Yes
<b>Out-of-Network Reimbursement:</b>	Not applicable	90th percentile

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Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Periodic oral exam <ul style="list-style-type: none"> <li>○ Limited to 2 per 12 months</li> </ul> </li> <li>• Teeth cleaning (prophylaxis) <ul style="list-style-type: none"> <li>○ Limited to 2 per 12 months; w/periodontal maintenance</li> </ul> </li> <li>• Bitewing X-rays: <ul style="list-style-type: none"> <li>○ Limited to 1 set per 12 months</li> </ul> </li> <li>• Full-mouth or Panoramic X-rays: <ul style="list-style-type: none"> <li>○ Limited to 1 per 36 months</li> </ul> </li> <li>• Fluoride application: <ul style="list-style-type: none"> <li>○ Limited to 2 per 12 months; through age 15</li> </ul> </li> <li>• Sealants <ul style="list-style-type: none"> <li>○ Limited to 1 per 36 months; through age 15</li> </ul> </li> <li>• Space maintainer insertion <ul style="list-style-type: none"> <li>○ Limited to one per tooth space per 60 months; through age 15; posterior teeth</li> </ul> </li> </ul>	100%	80%	No Waiting Period
<b>Basic (Restorative) Services</b> <ul style="list-style-type: none"> <li>• Consultation (second opinion) <ul style="list-style-type: none"> <li>○ Limited to 1 per 12 months</li> </ul> </li> <li>• Amalgam (silver-colored) filling <ul style="list-style-type: none"> <li>○ Limited to 1 per tooth per 24 months</li> </ul> </li> <li>• Composite (tooth-colored) filling <ul style="list-style-type: none"> <li>○ Limited to 1 per tooth per 24 months</li> </ul> </li> <li>• Brush Biopsy (cancer test) <ul style="list-style-type: none"> <li>○ Limited to 1 per 12 months; all ages</li> </ul> </li> </ul>	80%	60%	No Waiting Period
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>• Root Canal and retreatments <ul style="list-style-type: none"> <li>○ Limited to 1 per tooth per lifetime; permanent teeth only</li> </ul> </li> </ul>	50%	50%	No Waiting Period
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>• Apicoectomy and apexification <ul style="list-style-type: none"> <li>○ Limited to 1 per tooth per lifetime; permanent teeth only</li> </ul> </li> </ul>	50%	50%	No Waiting Period
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>• Periodontal Maintenance <ul style="list-style-type: none"> <li>○ Limited to two per 12 months; w/teeth cleaning</li> </ul> </li> <li>• Scaling and root planing <ul style="list-style-type: none"> <li>○ Limited to one per quadrant per 24 months</li> </ul> </li> </ul>	50%	50%	No Waiting Period
<b>Periodontics (Surgical)</b> <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>	50%	50%	No Waiting Period
<b>Extractions (Simple)</b> <ul style="list-style-type: none"> <li>• Simple Extractions <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime</li> </ul> </li> </ul>	80%	60%	No Waiting Period
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>• Surgical Extractions <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime</li> </ul> </li> </ul>	50%	50%	No Waiting Period
<b>Major (Restorative)</b> <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> <li>• Cosmetic teeth whitening <ul style="list-style-type: none"> <li>○ Not Covered</li> </ul> </li> </ul>	50%	50%	12 Month
<b>Temporomandibular Joint Disorder (TMJ)</b> <ul style="list-style-type: none"> <li>• X-rays, splints, and surgical procedures including arthroscopy and orthotic devices <ul style="list-style-type: none"> <li>○ Not Covered</li> </ul> </li> </ul>	Not Covered	Not Covered	N/A
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>• Dentures and bridges <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 60 months</li> </ul> </li> <li>• Dental Implants - Not Covered</li> </ul>	50%	50%	12 Month
<b>Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>• Crown, denture, bridge repairs <ul style="list-style-type: none"> <li>○ Limited to one per 12 months; 6 months after placement</li> </ul> </li> <li>• Denture and bridge adjustments: <ul style="list-style-type: none"> <li>○ Limited to two (per tooth) per 12 months; 6 months after placement</li> </ul> </li> </ul>	50%	50%	12 Month
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>○ None</li> </ul>	0%	0%	N/A

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Additional Services and Programs	Status
<p><b>Anthem Whole Health Connection - Dental®</b></p> <ul style="list-style-type: none"> <li>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)</li> </ul>	Included
<p><b>Accidental Dental Injury Benefit</b></p> <ul style="list-style-type: none"> <li>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</li> </ul>	Included
<p><b>Extension of Benefits</b></p> <ul style="list-style-type: none"> <li>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</li> </ul>	Included
<p><b>International Emergency Dental Program</b></p> <ul style="list-style-type: none"> <li>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)</li> </ul>	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 your 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

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan

Missing tooth clause of 24 months applies for the replacement of congenitally missing teeth or teeth lost prior to the coverage effective date for 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 certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.