

Anthem Dental Pediatric Plan For Individuals and Small Groups

For our employees who elected
medical coverage
for their kids under age 19.



Anthem Dental Prime Network

WELCOME TO ANTHEM DENTAL!

This benefit summary outlines the basics of your Anthem Dental Pediatric Plan, providing you with a quick reference of the Deductibles, Coinsurance, Exclusions and Limitations when you receive covered services from a participating dental provider. Please refer to the Covered Services section of the plan certificate for a more complete explanation of the specific services covered by the plan.

YOUR PEDIATRIC DENTAL BENEFITS AT A GLANCE:

The following benefits are available to pediatric members through age 18. After you have met your Deductible, Anthem will pay for Dental services at the listed coinsurance amounts up to the Maximum Allowed Charge (MAC) for each covered service. Anthem determines the Maximum Allowed Charge payable for each dental procedure. However, there may be different levels of coinsurance, depending upon whether you choose to receive services from a Participating (In-Network) or a Nonparticipating (Out-of-Network) dentist.

Coverage Year	Calendar Year
Insured Age Limit	End of month in which insured turns age 19
Annual Deductible (per insured child)	\$60
Waiting Periods	None

DENTAL SERVICES (examples of what is/is not covered by the plan):	IN-NETWORK Anthem pays:	OUT-OF-NETWORK Anthem pays:
Annual Benefit Maximum	No maximum	No maximum
Annual Out-of-Pocket Maximum (per insured child/all children total)	\$1,000 / \$2,000	No maximum
Diagnostic & Preventive Services, for example: <ul style="list-style-type: none"> • Periodic oral exam • Teeth cleaning • Bitewing X-rays 	100%	100%
Basic Services Fillings, for example: <ul style="list-style-type: none"> • Amalgam (silver-colored) • Anterior (front) composite (tooth-colored) • Posterior (back) composite covered at amalgam allowance 	50%	50%
Endodontic Services, for example: <ul style="list-style-type: none"> • Root canal 	50%	50%
Periodontal Services, for example: <ul style="list-style-type: none"> • Scaling and root planing 	50%	50%
Oral Surgery Services	50%	50%
Major Services, for example: <ul style="list-style-type: none"> • Crowns 	50%	50%
Prosthodontic Services, for example: <ul style="list-style-type: none"> • Dentures • Bridges 	50%	50%
Dentally Necessary Orthodontic Services*	50%	50%
Dentally Necessary Orthodontic Maximum	No maximum	No maximum
Cosmetic Orthodontic Services	Not covered	Not covered

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.**

*Child orthodontic coverage begins at age eight. This means that the child must have been banded after age eight in order to receive coverage.

Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist. Why? Because in-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the “maximum allowed amount” – and the amount they usually charge for a service. When they bill you for this difference, it is called “balance billing.”

How Anthem dental decides on maximum allowed amounts

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount. Anthem's maximum allowed charge for this dental service is \$800. That means there will be a \$400 difference, which the dentist can “balance bill” Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800. Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider: \$1,200 - \$800 = \$400
- Ted's total cost: \$400 coinsurance + \$400 provider balance = \$800

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been “balance billed” the \$400 difference.

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

Finding a dentist is easy.

To select a dentist by name or location:

- Go to anthem.com/ca/mydental
- Call Anthem dental Customer Service at 877-567-1804

In Network uses the Anthem “Prime”
Dental network

TO CONTACT US:

Call	Write
Refer to the toll-free number on the back of your plan ID card to speak 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.	Refer to the back of your plan ID card for the address.

Limitations & Exclusions

<p>Limitations – Below is a partial listing of dental plan limitations. Please see your certificate of coverage for a full list.</p> <p><u>Diagnostic and Preventive Services</u> Oral evaluations (exams) Limited to initial and periodic exams Teeth cleaning (prophylaxis) Limited to two per 12-month period Bitewing X-rays Limited to one series of films per six-month period Complete series X-rays (panoramic or full-mouth) Limited to one series in any 24-month period Sealants Limited to first and second molars Space maintainers Including acrylic and fixed band type</p> <p><u>Basic Services</u> Fillings Replacement of a filling is covered only if it is defective, as evidenced by decay or fracture Extractions Basic removal of teeth</p> <p><u>Major/Other Services</u> Crowns Limited to once per tooth in a 36-month period; only acrylic and stainless steel crowns covered for children through age 11 Fixed prosthodontics – bridges Covered once for members age 16 or older to replace missing permanent front teeth; we will cover up to 5 units of crown or bridgework per arch. Removable prosthodontics – dentures and partials Replacement for partial dentures is not covered within 36 months of initial placement unless it is necessary due to natural tooth loss where addition or replacement of existing partial is not possible or the denture cannot be repaired Root canal therapy Coverage is for permanent teeth only. Periodontal scaling and root planing Limited to five quadrant treatments in any 12-month period Surgical extractions Removal of impacted teeth is covered only when evidence of pathology exists.</p>	<p><u>Dentally Necessary Orthodontic Services</u> To be considered Dentally Necessary Orthodontic Care, the service must be preauthorized by us. Consistent with current California Denti-Cal orthodontia criteria, we will authorize the service if it is necessary to restore the form and function of the oral cavity either as a result of dysfunction resulting from congenital deformities or as a result of injury.</p> <p><u>Exclusions – Below is a partial listing of noncovered services. Please see your certificate of coverage for a full list.</u></p> <p><u>Services provided before or after the term of this coverage</u> Services received before your effective date or after coverage ends, unless otherwise specified in the dental plan certificate <u>Cosmetic orthodontic services</u> Orthodontic braces, appliances and all related services that are not considered dentally necessary <u>Cosmetic dentistry</u> Services 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 <u>Drugs and medications</u> Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care; analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care</p>
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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 Life and Health Insurance Company.