

Summary of Benefits
Anthem Dental Essential Choice
KY Trust (Center for Non-Profit Excellence)
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.
- **More 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 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 who to call, write or email.

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
Annual Benefit Maximum	Calendar Year		
• Per insured person		\$1,000	\$1,000
D&P applies to Annual Maximum		No	No
Annual Maximum Carryover / Carry in		No/No	No/No
Orthodontic Lifetime Benefit Maximum			
• Per eligible insured person		N/A	N/A
Annual Deductible	Calendar Year		
• Per insured person/Family maximum		\$25/No Limit	\$25/No Limit
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Out-of-Network Reimbursement:		Prime (MAC)	

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Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services • Periodic oral exam 2 per 12 months • Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance • Bitewing X-rays: 1 set per 12 months • Full-mouth or Panoramic X-rays: 1 per 60 months • Fluoride application: 1 per 12 months through age 18 • Sealants 1 per 60 months; through age 18	100% Coinsurance	80% Coinsurance	No Waiting Period
Basic Services • Consultation (second opinion) 1 per 12 months • Space Maintainer 1 per lifetime through age 18; posterior teeth • Amalgam (silver-colored) Filling 1 per tooth per 24 months • Composite (tooth-colored) Filling 1 per tooth per 24 months posterior (back) fillings alternated to amalgam benefit (silver-colored filling) • Brush Biopsy (cancer test) Not Covered	50% Coinsurance	40% Coinsurance	No Waiting Period
Endodontics (Non-Surgical) • Root Canal and retreatments 1 per tooth per lifetime	50% Coinsurance	40% Coinsurance	12 Month
Endodontics (Surgical) • Apicoectomy and apexification 1 per tooth per lifetime	50% Coinsurance	40% Coinsurance	12 Month
Periodontics (Non-Surgical) • Periodontal Maintenance 4 per 12 months; w/teeth cleaning • Scaling and root planing 1 per quadrant per 24 months	50% Coinsurance	40% Coinsurance	12 Month
Periodontics (Surgical) 1 per quadrant per 36 months • Periodontal Surgery (osseous, gingivectomy, graft procedures)	50% Coinsurance	40% Coinsurance	12 Month
Oral Surgery (Simple) • Simple Extractions 1 per tooth per lifetime	50% Coinsurance	40% Coinsurance	12 Month
Oral Surgery (Complex) • Surgical Extractions 1 per tooth per lifetime	50% Coinsurance	40% Coinsurance	12 Month
Major (Restorative) Services & Prosthodontics • Crowns, veneers, dentures, and bridges 1 per tooth per 84 months • Dental implants Not Covered • Cosmetic teeth whitening Not Covered	50% Coinsurance	40% Coinsurance	12 Month
Prosthodontic Repairs/Adjustments • Crown, denture, bridge repairs 1 per 12 months; 6 months after placement • Denture and bridge adjustments: 2 per 12 months; 6 months after placement	50% Coinsurance	40% Coinsurance	12 Month
Orthodontic Services •None	Not Covered	Not Covered	N/A

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Additional Services and Programs

Anthem Whole Health Connection -Dental

- 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)

Accidental Dental Injury Benefit

- 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

Extension of Benefits

- 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

International Emergency Dental 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 (if applicable)

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.

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 is 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 certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.