

**Group Name:**

**Specialty Business (group size 2-50)**

**Anthem Dental**

**\*Summary of Benefits**

**Diagnostic and Preventive Services (no deductible)**  
 Covered services include oral evaluations, X-rays, cleanings, space maintainers and other selected diagnostic and preventive services.

**General (Adjustive) Services (deductible applied)**  
 Covered services include emergency palliative treatment, consultations, general anesthesia and I.V. sedation for surgical procedures, office visits for observation, and other selected general services.

**Restorative Services (deductible applied)**  
 Covered services include amalgam and composite restorations and pin retention procedures.

**Radiologic Services (deductible applied)**  
 Covered services include root canal therapy, apicalification, therapeutic pulpotomy and other selected endodontic services.

**Oral Surgery Services (deductible applied)**  
 Covered services include simple and surgical tooth extractions and other selected oral surgery services.

**Periodontal Services (deductible applied)**  
 Covered services include gingivectomy, crown lengthening, osseous surgery, soft tissue grafts and other selected periodontal services.

**Prosthodontic Services (deductible applied)**  
 Covered services include crowns/bridges, partial and full dentures and other selected prosthodontic services.

**Orthodontic Services (no deductible)**  
 Available as an optional benefit applies to 15+ enrolled (10+ enrolled if prior orthodontic coverage). Benefit includes non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth; covered services include examination, records, tooth guidance and repositioning (straightening) of the teeth.

**Anthem Dental Traditional**

Deductible Single/Family	Annual Maximums	Class I		Class II		Class III Major	Class IV Orthodontic Copay/Lifetime Maximum	Class V	
		Preventive	General	Basic B Specialty Services	Prosthodontic			Stand-alone Dental	First-Year Dental
Option 1 <input type="checkbox"/>	\$50/\$100	CIF	50%	50%	50%				
Option 2 <input type="checkbox"/>	\$50/\$100	CIF	20%	20%	50%		40%/\$1,000		
Option 3 <input type="checkbox"/>	\$50/\$100	CIF	20%	20%	50%				
Option 4 <input type="checkbox"/>	\$25/\$50	CIF	20%	20%	50%				
Option 5 <input type="checkbox"/>	\$25/\$50	CIF	20%	20%	50%		40%/\$1,000		

Note: CIF means covered in full up to the maximum allowable amount. However, a member may be responsible for any balance due after the plan payment, including but not limited to, benefits that are covered in full.

**Anthem Dental Traditional Notes**

- Deductibles do not apply to preventive or orthodontics.
- Orthodontic child (to age 19) only. For groups without prior orthodontic coverage, a 12-month waiting period applies.
- For groups without prior prosthodontic coverage, a 12-month waiting period applies.
- Orthodontic lifetime maximum does not apply to the annual maximum.

**Anthem Dental Traditional Summary of Benefits**

**Class I Preventive Services (no deductible)**  
 Covered services include exams, oral evaluations, X-rays (bitewing and complete series), cleaning and sealants, space maintainers and other selected diagnostic and preventive services.

**Class II General Services (deductible applies)**  
 Covered services include palliative (emergency) treatment, consultations, general anesthesia, intravenous sedation, office visits for observation, amalgam and composite restorations and pin retention procedures.

**Class III Specialty Services (deductible applies)**  
 Covered services include root canal therapy, apexification/recalcification, therapeutic pulpotomy, oral surgery, simple and surgical tooth extractions, periodontic services, gingivectomy, osseous surgery and other selected endodontics, oral surgery and periodontal services.

**Class III Prosthodontic Services (deductible applies)**  
 Covered services include onlays, crowns, dentures, bridges and repair of dentures and bridge work, implants and other selected periodontal services.

**Class IV Orthodontic Services (no deductible)**  
 Applies to 15+ enrolled (10+ enrolled if prior orthodontic coverage). Covered services include examination, records, minor treatment of tooth guidance, repositioning (straightening) of the teeth, interceptive or comprehensive orthodontic treatment and post-treatment stabilization.

**Group Name:**

**Specialty Business (group size 2-50)**

**Anthem Dental\***

**\*\*When choosing PPO Flex, check the appropriate option number in the PPO Flex column. PPO Flex means that both Network and Non-network cost shares are paid by the member at the Network level.**

PPO	PPO Flex**	Deductible Single/Family Network and Non-network combined	Annual Maximums Network and Non-network combined	CLASS I		CLASS II		CLASS III		CLASS IV		Check It Yes		
				Preventive	Diagnostic and Restorative Network/ Non-network	General and Restorative Network/ Non-network	Basic	Specialty Services Endodontic, Oral Surgery, and Periodontal Network/Non-network	Major	Prosthodontic Network/Non-network	Orthodontic Network/Non-network Lifetime Maximum	Stand-alone Dental	First-year Dental	
Option 1	Option 10	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 2	Option 11	\$50/\$150	\$750	20%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 3	Option 12	\$75/\$225	\$1,000	20%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 4	Option 13	\$50/\$150	\$1,000	20%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 5	Option 14	\$75/\$225	\$1,000	20%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 6	Option 15	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 7	Option 16	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 8	Option 17	\$50/\$150	\$1,500	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 9	Option 18	\$50/\$150	\$1,500	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 19	Option 35	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 20	Option 36	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 21	Option 37	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 22	Option 38	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 23	Option 39	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 24	Option 40	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 25	Option 41	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 26	Option 42	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 27	Option 43	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 28	Option 44	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 29	Option 45	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 30	Option 46	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 31	Option 47	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 32	Option 48	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 33	Option 49	None	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 34	Option 50	\$50/\$150	\$1,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>
Option 51	Option 52	\$50/\$150	\$2,000	100%/40%	20%/40%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	50%/50%	<input type="checkbox"/>	<input type="checkbox"/>

Note: C/F means covered in full up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment, including but not limited to, bene that are covered in full.

**\*Anthem Dental Notes:**

- Orthodontic child (to age 19) only. For groups without prior orthodontic coverage, a 12-month waiting period applies.
- For groups without prior prosthodontic coverage, a 12-month waiting period applies.
- Deductibles do not apply to diagnostic, preventive or orthodontics.
- Orthodontic lifetime maximum does not apply to the annual maximum.
- Percentages reflect member's responsibility.