Dental Blue 300 PPO (Large Group 51+)
DNR/ISEP Effective Date: January 1, 2019

Annual Deductible	
Individual/Family	$ 50 Individual / $ 100 Family
Combined In and Out of Network	
Annual Maximum	$ 3,000
Maximum Carryover Provision	Included
Out of Network Reimbursement	70th Percentile

Services	PPO Dentists (In-network)	Non-PPO (Out-of-network)
Diagnostic and preventive • Oral evaluations, x-rays • Cleanings • Sealants and fluoride • Space maintainers	20%/No deductible	20%/No deductible
Minor restorative • Emergency palliative pain treatment • Amalgam restorations (fillings) • Composite restoration (fillings) • Sedative fillings • Pin retention	20% after deductible	20% after deductible
Oral surgery • Simple extractions • Removal of impacted teeth • General aesthesia	20% after deductible	20% after deductible
Endodontic services • Root Canal Therapy • Therapeutic pulpotomy • Direct pulp capping	20% after deductible	20% after deductible
Periodontal services • Scaling and root planing • Gingivectomy • Osseous surgery • Soft tissue grafts	20% after deductible	20% after deductible
Prosthodontic Services • Crowns • Removable complete and partial dentures • Post and core • Bridge repair • Implants • Missing Teeth	20% after deductible Covered Covered	20% after deductible Covered Covered
Orthodontic Services • Examinations • Records • Tooth guidance • Repositioning (straightening) of the teeth	40%/No deductible	40%/No deductible
Orthodontic Maximum	$3,700	
Orthodontic Age Limit	N/A	

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In most of Missouri: Anthem Blue Cross and Blue Shield is the trade name for RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. Life and disability products are underwritten by Anthem Life Insurance Company (ALIC). RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross and Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare") underwrites or administers the HMO policies; and Compcare and BCBSWI collectively underwrite or administer the POS policies. Life and disability products are underwritten by Anthem Life Insurance Company (AULIC). Independent licensees of the Blue Cross and Blue Shield Association. ®Anthem is a registered trademark. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

Anthem

Choosing a dentist. You have the freedom to visit any dental provider. However, your Dentist choice Network Dentist or Non-Network Dentist can make a difference in the amount you pay. The choice is yours!

Filing a claim. Claims should be submitted to Anthem Dental P.O. Box 9274, Oxnard CA 93031.

No Cost Share (NCS) means no deductible, copayment or coinsurance 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 reflect No Cost Share

Limitations & Exclusions

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 the dental Certificate.

Limitations — Below is a partial listing of some of the limitations. Please see Certificate for full list:

- Oral Evaluations. Limited to two per year.
- Prophylaxis or Periodontal Maintenance Procedure. Limited to two treatments per year, singly or in combination.
- Fluoride treatments. lLimited to two per year for children up to age 19.
- X-rays. Limited to one set of full-mouth x-rays or its equivalent once every five years. Periapical x-rays are limited to 4 films per year.
- Sealants. Limited to children under 16 years of age for permanent unrestored first and second molars. Treatment is limited to two applications per tooth per lifetime.
- Space Maintainers. Limited to once per quadrant per lifetime for children up to age 16. Includes all adjustments within six months of placement.
- Palliative Emergency Treatment. Limited to twice per year.
- Sedative Filling. Limited to once per tooth in any 24-month period.
- Amalgam or Composite Resin Restorations (fillings). Limited to once per surface per tooth every 24 months.
- Periodontal Scaling and Root Planing. Limited to once per quadrant every 24 months.
- Periodontal Surgery. Limited to once per quadrant in any three years.
- Crown Lengthening. Limited to once per tooth per lifetime.
- Root Canal Therapy. Root canal therapy limited to one initial treatment per tooth and one retreatment per tooth – for permanent teeth only.
- General Anesthesia. Covered only when used in conjunction with covered oral surgical procedures.

Exclusions — Below is a partial listing of non-covered services. Please see Certificate for full list:

- Experimental or investigative procedures
- Cosmetic dentistry
- Procedures requiring appliances or restorations to alter, restore or maintain occlusion
- Harmful habit appliances
- Charges for lost or stolen dentures or appliances or for a duplicate prosthetic device or appliance
- Prescribed drugs, pre-medication or analgesia (includes nitrous oxide)
- Charges for the extraction of immature erupting third molars and nonpathologic, asymptomatic third molars
- Malignancies and neoplasms and the removal of tumors, cysts, and foreign bodies
- Charges for tobacco counseling, oral hygiene instruction, dietary planning or behavior management
- Treatment for temporomandibular joint disorder (TMJ)
- Occlusal guards, adjustments
- Hospital costs
- Replacement of teeth missing prior to coverage under this Plan
- Services or treatments that are not medically necessary
- Charges for missed or cancelled appointments
- Prosthodontic services
- Orthodontic services

Note: The Certificate of Coverage may contain variations by state due to specific state regulatory requirements.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature	Date

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