Summary of Benefits Anthem Dental Essential Choice

Judicial Council of California

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		1
· Per insured person		\$2,500	\$1,500
D&P applies to Annual Maximum		Yes	Yes
Annual Maximum Carryover / Carry in		No/No	No/No
Orthodontic Lifetime Benefit Maximum			
· Per eligible insured person		\$1,500	\$1,500
Annual Deductible (Does not apply to Orthodo	ontic Services)		
 Per insured person/Family maximum 	Calendar Year	\$15/3X Individual	\$25/3X Individual
Deductible Waived for Diagnostic/Preventive	Services	Yes	Yes
Out-of-Network Reimbursement:		80th percentile	

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Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services	100% Coinsurance	100% Coinsurance	No Waiting Period
· Periodic oral exam 2 per 12 mon	hs		
· Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenar	се		
· Bitewing X-rays: 2 sets per 12 mon	hs		
· Full-mouth or Panoramic X-rays: 1 per 60 mon	hs		
· Fluoride application: 1 per 12 months; through age	14		
Basic Services	80% Coinsurance	70% Coinsurance	No Waiting Period
- Consultation (second opinion) 1 per 12 mon	hs		
Amalgam (silver-colored) Filling 1 per tooth per 24 mon	hs		
· Composite (tooth-colored) Filling 1 per tooth per 24 mon	hs		
posterior (back) fillings alternated to amalgam benefit (silver-colored filling)			
· Brush Biopsy (cancer test) Covered, 1 per 12 months; all ag	es		
· Sealants 1 per 36 months; through age	15		
· Space Maintainers 1 per lifetime through age 18; posterior te	eth		
Endodontics (Non-Surgical)	80% Coinsurance	70% Coinsurance	No Waiting Period
· Root Canal and retreatments 1 per tooth per lifeting	ne		
Endodontics (Surgical)	80% Coinsurance	70% Coinsurance	No Waiting Period
· Apicoectomy and apexification 1 per tooth per lifeting	ne		
Periodontics (Non-Surgical)	80% Coinsurance	70% Coinsurance	No Waiting Period
 Periodontal Maintenance 2 per 12 months; w/teeth clean 	ng		
· Scaling and root planing 1 per quadrant per 24 mon	hs		
Periodontics (Surgical) 1 per quadrant per 36 mon	hs 80% Coinsurance	70% Coinsurance	No Waiting Period
· Periodontal Surgery (osseous, gingivectomy, graft procedures)			
Oral Surgery (Simple)	80% Coinsurance	70% Coinsurance	No Waiting Period
- Simple Extractions 1 per tooth per lifeting	ne		
Oral Surgery (Complex)	80% Coinsurance	70% Coinsurance	No Waiting Period
· Surgical Extractions 1 per tooth per lifeting	ne		
Major (Restorative) Services	50% Coinsurance	40% Coinsurance	No Waiting Period
· Crowns, onlays, veneers 1 per tooth per 60 mon	hs		
· Cosmetic teeth whitening Not Cover	ed		
Temporomandibular Joint Disorder (TMJ)	Not Covered	Not Covered	N/A
· X-rays, splints, and surgical procedures Not Cover	ed		
including arthroscopy and orthotic devices			
Prosthodontics	50% Coinsurance	40% Coinsurance	No Waiting Period
· Dentures and bridges 1 per tooth per 60 mon			
· Dental Implants Limited to one per tooth per 60 mon	hs		
Prosthodontic Repairs/Adjustments	50% Coinsurance	40% Coinsurance	No Waiting Period
· Crown, denture, bridge repairs 1 per 12 months; 6 months after placement	ent		
• Denture and bridge adjustments: 2 per 12 months; 6 months after placements	ent		
Orthodontic Services			
·Adults & Dependent Children	50% Coinsurance	50% Coinsurance	No Waiting Periods

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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.

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.

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