



WELCOME TO DENTAL BLUE!
 This benefit summary outlines the basic components of your plan, providing you with a quick reference of your dental plan benefits. For complete coverage details, please refer to the plan certificate.

Mod. Dental Blue® Plan 6 Network 100

Dental coverage you can count on.

Dental Blue lets you visit any licensed dentist or specialist you want—with costs that are normally lower when you choose one within the extensive national network.

Finding a dentist is easy

To select a dentist by name or location, do one of the following:

- Go to anthem.com/ca
- Call Dental Customer Service at 800-627-0004

YOUR DENTAL BLUE PLAN AT-A-GLANCE

Annual Benefit Maximum – Calendar Year	\$2,000 per insured person	
Annual Deductible – Calendar Year (per insured person / family maximum)	\$25/\$75	
Deductible Waived for Diagnostic and Preventive Services:	Yes	
Out of Network Reimbursement Based On:	90th Percentile	
DENTAL SERVICES	IN-NETWORK You pay:	OUT-OF-NETWORK You pay:
Diagnostic and Preventive Services, for example:	10%	10%
<ul style="list-style-type: none"> • Periodic oral evaluation (exam) • Prophylaxis (cleaning) • Bitewing X-rays • Intraoral X-rays 		
Restorative Services, for example:		
Fillings	10%	10%
<ul style="list-style-type: none"> • amalgam (silver colored) or composite (tooth colored) 		
Endodontics	10%	10%
<ul style="list-style-type: none"> • root canal 		
Periodontics	10%	10%
<ul style="list-style-type: none"> • scaling and root planing 		
Oral surgery	10%	10%
<ul style="list-style-type: none"> • tooth extraction 		
Prostodontics	20%	20%
<ul style="list-style-type: none"> • crown • dentures 		
Implants <i>(limited to no more than once for the same tooth position in a 10 year period)</i>	20%	20%
Waiting Periods		
None	n/a	n/a

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. In the event of a discrepancy between the information contained in this benefit summary and that in the dental certificate, the dental certificate will prevail.

GD2305

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 administered by DeCare Dental. DeCare Dental is a wholly owned subsidiary of the parent company of Anthem Blue Cross. With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

Promoting healthy mouths for pregnant and diabetic members. If you are pregnant or living with diabetes, you can receive one additional dental cleaning or periodontal maintenance procedure a year. And we'll also reach out to you with our Future Moms and ConditionCare: Diabetes programs if you are enrolled in the 360° Health® program.

Savings beyond your plan benefits. You get more for the money. You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual maximum, if your plan has waiting periods and if any other contractual limitation applies, such as coinsurance, deductibles, or if frequency limitations have been exceeded. For instance, if a plan covers two cleanings a year, and you receive a third cleaning, you would receive our negotiated rate for the third cleaning.

Choice of dentists

While your plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why: **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's called "balance billing."

How we decide on maximum allowed amounts

For services from an out-of-network dentist, the maximum allowed amount is based on information in a third-party vendor database. The database is made up of charges for American Dental Association (ADA) services that have been gathered from dentists in your ZIP code area. For example: Sue's plan pays for out-of-network dental services at the 90th percentile. This means the amount we pay will be no less than 90% of similar charges gathered from Sue's ZIP code.

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 get and 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 amount 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
- You pay 50% (coinsurance): \$400
- Balance you owe the provider: \$1,200 - \$800 = \$400
- Your 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.

TO CONTACT US:

Call	Write	Email
<p>Refer to the toll-free number indicated on the back of your plan identification card or call 800-627-0004 to speak in-person 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 at 800-627-0004.</p>	<p>Refer to the back of your plan identification card for the claims submission address. Other correspondence may be sent to: PO Box 9201 Oxnard CA 93031-9201</p>	<p>dentalhelp@anthem.com You may also visit our web site at: anthem.com/ca</p>

Limitations & Exclusions

Limitations — Below is a partial listing of plan limitations. Please see your Certificate of Coverage for a full list.

Diagnostic and Preventive Services

Oral Evaluations (exam). Limited to two per year

Prophylaxis (cleaning). Limited to two per year

Bitewing X-rays. Limited to twice per year up to the age of 19, and once per year thereafter.

Intraoral X-rays. Limited to two films per year.

Complete Series X-rays (panoramic or full-mouth). Limited to once every five years.

Restorative Services

Fillings. Limited to once per surface per tooth every 24 months.

Composite restorations on posterior (back) teeth are limited to the same allowance as for amalgam (silver filling). Member must pay the difference in cost.

Crowns. Limited to once per tooth in a five year period.

Removable Prosthodontics. Covered only for insured persons age 16 and over.

Removable Complete (immediate or permanent) and Partial Dentures. Limited to once in five years.

Fixed prosthodontics. Benefits are provided for the replacement of an existing bridge if it is five years old or older and cannot be made serviceable.

Root Canal Therapy. Limited to one initial treatment per tooth during lifetime and one retreatment per tooth during lifetime. Coverage is for permanent teeth only.

Gingivectomy or Gingivoplasty. Limited to once per quadrant in a three year period.

Periodontal Scaling and Root Planing. Limited to once per quadrant every 24 months.

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

Services Provided Before or After the Term of This Coverage. Services received before your effective date, unless otherwise specified in the plan certificate. Services received after your coverage ends, unless otherwise specified in the plan certificate.

Not Medically Necessary. Any services, supplies or treatment which are not medically necessary (see *Definitions* in the plan certificate).

Orthodontics. Orthodontic braces, appliances and all related services.

Cosmetic Dentistry. Any services performed for cosmetic purposes including, but not limited to, external bleaching, bleaching of non-vital discolored teeth, veneers, crowns on teeth not exhibiting pathology, and facings on crowns on posterior teeth unless they are for correction of functional disorders or as a result of an accidental injury occurring while you were covered for dental benefits under this plan.

Prescription Drugs and Medications. Any prescribed drugs, pre-medication or analgesia. Any charge for nitrous oxide or local anesthesia when billed separately from a covered dental procedure.

Extraction. Removal of immature erupting third molars and nonpathologic, asymptomatic third molars (wisdom teeth) if the patient is under the age of sixteen.

Teeth Lost Prior to this Coverage. Any teeth lost prior to coverage under this plan are not eligible for prosthetic replacement unless the prosthetic replacement replaces one or more eligible natural teeth lost during the term of this coverage.

Treatment of the Joint of the Jaw and/or Occlusion Services.

Implants – materials implanted into or on bone or soft tissue and all adjunctive services. However, if implants are provided in connection with a covered prosthetic, we will allow the cost of a standard complete or partial denture, or a bridge, toward the cost of the implants and the prosthetic. Limited to no more than once for the same tooth position in a 10 year period.

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.