

Good health starts with a healthy mouth.¹

Good dental health and routine visits to your dentist can pay off in a bigger way than just having a healthy smile. Conditions in the mouth can, and often do, affect the rest of the body. Dental exams can help recognize as many as 120 medical conditions, making them extremely important to your overall health.

This benefit summary outlines the basics of your Anthem Dental Pediatric Plan, providing you with a quick reference of deductibles, coinsurance, limitations and exclusions when you receive covered services from a participating dental provider. Please refer to the plan certificate for a more complete explanation of the specific services covered by the plan.

**Anthem Dental Pediatric Plan
Individuals and Small Groups**

PEDIATRIC DENTAL BENEFITS AT A GLANCE:

The following benefits are available to pediatric members through age 18. After you have met your annual deductible, Anthem will pay for Dental services at the listed coinsurance amounts up to the Maximum Allowed Charge (MAC) as determined by Anthem for each covered service. However, there may be different levels of coinsurance, depending on whether you choose to receive services from a Participating (In-Network) or a Nonparticipating (Out-of-Network) dentist.

Coverage Year	Calendar Year
Insured Age Limit	End of month in which insured turns age 19
Annual Deductible (per child; applies to all services)	\$50
Waiting Periods	None

DENTAL SERVICES (examples of what is/is not covered by the plan):	IN-NETWORK Anthem pays:	OUT-OF-NETWORK Anthem pays:
Annual Benefit Maximum	No maximum	No maximum
Annual Out-of-Pocket Maximum	\$350 / \$700 per family ²	Not applicable
Diagnostic & Preventive Services, for example: <ul style="list-style-type: none"> • Periodic oral exam • Teeth cleaning • Bitewing X-rays 	100%	70%
Basic Services, for example: <ul style="list-style-type: none"> • Composite (tooth-colored) fillings on anterior (front) teeth • Amalgam (silver-colored) fillings on posterior (back) teeth • Posterior (back) composite fillings covered at amalgam allowance 	60%	50%
Endodontic Services, for example: <ul style="list-style-type: none"> • Root canal 	50%	50%
Periodontal Services, for example: <ul style="list-style-type: none"> • Scaling and root planing 	Not covered	Not covered
Oral Surgery Services	50%	50%
Major Services, for example: <ul style="list-style-type: none"> • Crowns 	50%	50%
Prosthodontic Services, for example: <ul style="list-style-type: none"> • Dentures and bridges 	Not covered	Not covered
Dentally Necessary Orthodontic Services³	50%	50%
Dentally Necessary Orthodontic Lifetime Maximum	No maximum	No maximum

¹According to research, signs and symptoms of as many as 120 medical conditions can be first detected by an examination of the mouth, throat and neck – and earlier detection means earlier treatment. (Source: Oral Diagnosis, Oral Medicine and Treatment Planning, 1994, S. Bricker, R. Langlais, C. Miller.)

²Family out-of-pocket maximum applies if there are two or more children per family only; there is no out-of-pocket maximum for children receiving out-of-network services.

³Child orthodontic coverage begins at age eight. This means that the child must have been banded after age eight in order to receive coverage.

Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist. Why? Because 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 is called “balance billing.”

How Anthem dental decides on maximum allowed amounts

Anthem develops an out-of-network dental fee schedule/rate to determine the maximum allowed cost (MAC) for services provided by an out-of-network dentist. This schedule may be changed or updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data.

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 receive and the dentist who provides the services.

Ted gets a stainless steel crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount. Anthem's maximum allowed charge 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
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider: \$1,200 - \$800 = \$400
- Ted's 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.

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.* With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

* The International Emergency Dental Program is managed by DeCare Dental, an independent company offering dental-management services to Anthem.

Finding a dentist is easy.

To select a dentist by name or location: • Go to anthem.com/mydentalvision • Call Anthem dental Customer Service

TO CONTACT US:

Call	Write
Call the toll-free number on the back of your member ID card to speak 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.	Refer to the back of your member ID card for the address.

Limitations & Exclusions

<p>Limitations – Below is a partial listing of dental plan limitations. Please see your certificate of coverage for a full list.</p> <p><u>Diagnostic and Preventive Services</u> Oral evaluations (exams) Limited to 2 per 12-month period Teeth cleaning (prophylaxis) Limited to one per 12-month period Bitewing X-rays Limited to one series of films per 12-month period Complete series X-rays (panoramic or full-mouth) Limited to one series in any 60-month period Sealants Limited to permanent molars Space maintainers Covered only for premature loss of primary posterior (back) teeth</p> <p><u>Basic Services</u> Fillings Covered once per tooth surface per 24-month period Extractions Basic removal of teeth</p> <p><u>Major/Other Services</u> Stainless steel crowns Covered once per tooth in a 24-month period Root canal therapy Coverage is for permanent teeth only. Surgical extractions Removal of impacted teeth covered only with evidence of pathology</p> <p><u>Dentally Necessary Orthodontic Services</u> Limited to one course of treatment per member per lifetime for dentally necessary orthodontic services only; to be considered dentally necessary orthodontic care, at least one of the following criteria must be present: a. There is spacing between adjacent teeth that interferes with the biting function; b. There is an overbite to the extent that the lower anterior teeth impinge on the roof of the mouth when child bites; c. Positioning of the jaws or teeth impair chewing or biting function; d. On an objective professionally recognized dental orthodontic severity index, the condition scores at a level consistent with the need for orthodontic care; or e. Based on a comparable assessment of items a through d, there is an overall orthodontic problem that interferes with the biting function.</p>	<p>Exclusions – Below is a partial listing of noncovered services. Please see your certificate of coverage for a full list.</p> <p>Services provided before or after the term of this coverage Services received before your effective date or after coverage ends, unless otherwise specified in the dental plan certificate</p> <p>Cosmetic orthodontic services Orthodontic braces, appliances and all related services that are not considered dentally necessary</p> <p>Cosmetic dentistry Services 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</p> <p>Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care; analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care</p> <p>Prosthetic services Such as dentures and bridges</p> <p>Periodontal services Such as scaling and root planing</p>
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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.**

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 Blue Shield.

IMPORTANT NOTE: There are currently no Participating Dentists available in Baca, Chaffee, Cheyenne, Crowley, Dolores, Eagle, Elbert, Gilpin, Grand, Hinsdale, Jackson, Kiowa, Lake, Mineral, Moffat, Ouray, Phillips, Pitkin, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington, and Yuma Counties.

Anthem does not discriminate based on race, color, ethnicity, national origin, religion, age, gender, gender identity, mental or physical disabilities, sexual orientation, genetic information, including pregnancy and expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health condition or health status in the administration of the plan (including enrollment, marketing practices, benefit designs, and benefit determinations).