

## Your Summary of Benefits

### State of Indiana – 2021

### Anthem Dental Complete

#### WELCOME TO YOUR DENTAL PLAN!

This 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 employee benefits booklet.

#### Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose one within our large network.

#### Savings beyond your dental plan benefits – you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE	In-Network	Out-of-Network
<b>Annual Benefit Maximum – (Calendar Year)</b> • Per insured person	\$1,500	\$1,500
<b>Annual Maximum Carryover</b>	No	No
<b>Orthodontic Lifetime Benefit Maximum</b> • Per eligible insured person	\$1,500	\$1,500
<b>Annual Deductible – (Calendar Year)</b> • Per insured person • Family maximum	\$50 \$150 family maximum	\$50 \$150 family maximum
<b>Deductible Waived for Diagnostic &amp; Preventive Services and Orthodontic Services</b>	Yes	Yes

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:
<b>Diagnostic and Preventive Services</b> • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays (once in calendar year for all ages) • Intraoral X-rays	100% coinsurance	90% coinsurance
<b>Basic Services</b> • Amalgam (silver-colored) Filling • Front and Back Composite (tooth-colored) Filling • Simple Extractions • Crowns	80% coinsurance	70% coinsurance
<b>Endodontics</b> • Root canal	80% coinsurance	70% coinsurance
<b>Periodontics</b> • Scaling and root planing	80% coinsurance	70% coinsurance
<b>Oral Surgery</b> • Surgical Extractions	80% coinsurance	70% coinsurance
<b>Major Restorative</b> • Onlays and Inlays	60% coinsurance	50% coinsurance
<b>Prosthodontics</b> • Dentures • Bridges • Dental Implants (covered)	60% coinsurance	50% coinsurance
<b>Prosthetic Repairs/Adjustments</b>	80% coinsurance	70% coinsurance
<b>Orthodontic Services</b> • Adults and dependent children*	60% coinsurance	50% coinsurance

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 employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee benefits booklet, the booklet will prevail.

**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, which is an independent company offering dental-management services to Anthem. To learn more about the program, please visit the International Emergency Dental Web site at [www.decaredental.com/internationalDentalProgram.do](http://www.decaredental.com/internationalDentalProgram.do).

**Finding a dentist is easy.**

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

- Go to [anthem.com](http://anthem.com)
- Call Anthem dental customer service at the toll free number at 1-877-814-9709.

**TO CONTACT US:**

Call	Write
Refer to the toll-free number at 1-877-814-9709 to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may be able to assist you with our interactive voice-response system.	Anthem Dental Claims PO Box 1115 Minneapolis MN 55440-1115

Limitations & Exclusions	
<p><b>Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your employee benefits booklet for a full list.</b></p> <p><b><u>Diagnostic and Preventive Services</u></b></p> <p><b>Oral evaluations</b> (exam) Limited to two per Calendar Year</p> <p><b>Teeth cleaning</b> (prophylaxis) Limited to two per Calendar Year</p> <p><b>Intraoral X-rays, single film</b> Limited to four films per 12-month period</p> <p><b>Complete series X-rays</b> (panoramic or full-mouth) Limited to once every three years</p> <p><b>Topical fluoride application</b> Limited to once every 12 months for members through age 13</p> <p><b>Sealants</b> Limited to first and second molars once per lifetime per tooth for members through age 15</p> <p><b>Space Maintainers</b> Limited to extracted primary posterior teeth for members through age 18</p> <p><b><u>Basic and/or Major Services</u></b></p> <p><b>Fillings</b> Limited to once per surface per tooth in any 24 months</p> <p><b>Crowns</b> Limited to once per tooth in a seven-year period</p> <p><b>Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants</b> Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.</p> <p><b>Root canal therapy</b> Limited to once per lifetime per tooth; coverage is for permanent teeth only.</p> <p><b>Periodontal surgery</b> Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater</p> <p><b>Periodontal scaling and root planing</b> Limited to once per quadrant in 36 months, when the tooth pocket has a depth of four millimeters or greater</p> <p><b>Brush biopsy</b> (Not covered)</p>	<p><b>ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – if Orthodontia is included as a benefit of your dental plan</b></p> <p><b>Orthodontia</b> Limited to one course of treatment per member per lifetime</p> <p><b>Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your employee benefits booklet for a full list.</b></p> <p><b>Services provided before or after the term of this coverage</b> Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate</p> <p><b>Orthodontics (unless included as part of your dental plan benefits)</b> Orthodontic braces, appliances and all related services</p> <p><b>Cosmetic dentistry</b> 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><b>Drugs and medications</b> 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 except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.</p> <p><b>Extractions</b> Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member</p>

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 Life and Health Insurance Company.

## 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.

### 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 cost” – and the amount they usually charge for a service. When they bill you for this difference, it's called “balance billing.”

### How Anthem dental decides on maximum allowed costs

For services from an out-of-network dentist, the maximum allowed cost is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

### 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.

Say Ted's dental plan allows him 50% coinsurance for either in- or out-of-network services... Ted chooses to get a crown from an out-of-network dentist who charges \$1,200 for the service and bills Anthem for that amount. If Anthem's maximum allowed cost for this dental service is \$800, this means there will be a \$400 difference. The out-of-network dentist can “balance bill” Ted for that amount.

Ted will also need to pay \$400 coinsurance. Therefore, the total he will pay the out-of-network dentist is \$800. Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed cost: \$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.