Summary of Benefits

Anthem Dental Essential Choice PPO

Commonwealth of Kentucky - Silver Plan

Anthem Blue Cross and Blue Shield 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.
- **Mobile Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both 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 how to call, write or email us.

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
Coverage Year	**Calendar Year**	
Annual Benefit Maximum • Per insured person • Diagnostic & Preventive Services are applied to the Annual Benefit Maximum	**$1,000**	**$1,000**
Annual Maximum Carryover	**No**	**No**
Orthodontic Lifetime Benefit Maximum • Not applicable	**Not applicable**	**Not applicable**
Annual Deductible (Does not apply to Orthodontic Services) • Per insured person • Family maximum	**$50** **Not applicable**	**$50** **Not applicable**
Deductible Waived for Diagnostic/Preventive Services	**Yes**	**Yes**
Out-of-Network Reimbursement	**Maximum Allowed Amount**	

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Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays*:	Waiting Period
Diagnostic & Preventive Services • Periodic dental exam o Limited to two per 12 months • Teeth cleaning (prophylaxis) o Limited to two per 12 months; combined with periodontal maintenance • Bitewing X-rays o Limited to one set per 12 months • Full-Mouth or Panoramic X-rays o Limited to one per 60 months • Fluoride application o Limited to one per 12 months through age 18 • Sealant application o Limited to one per 60 months through age 18	**100% coinsurance**	**100% coinsurance of allowable amount***	**No waiting period**
Basic (Restorative) Services • Consultation (second opinion); only with X-rays and no other services o Limited to one per 12 months • Space maintainer insertion o Limited to one per tooth space per lifetime through age 18 • Amalgam (silver-colored) filling o Limited to one per tooth surface per 24 months • Composite (tooth-colored) filling o Limited to one per tooth surface per 24 months; posterior (back) fillings paid as an amalgam (silver-colored filling) • Brush biopsy (cancer test) o Limited to one per 12 months; all ages	**80% coinsurance**	**80% coinsurance of allowable amount***	**No waiting period**
Endodontics (Non-Surgical) • Root Canal (permanent teeth only) o Limited to one per tooth per lifetime •Apexification o Limited to one per tooth per lifetime	**50% coinsurance**	**50% coinsurance of allowable amount***	**No waiting period**
Endodontics (Surgical) • Apicoectomy o Limited to one per tooth per lifetime	**50% coinsurance**	**50% coinsurance of allowable amount***	**No waiting period**
Periodontics (Non-Surgical) • Periodontal maintenance o Limited to four per 12 months, combined with teeth cleanings • Scaling and root planing; when the tooth pocket has a depth of four millimeters or greater o Limited to one per quadrant per 24 months	**50% coinsurance**	**50% coinsurance of allowable amount***	**No waiting period**
Periodontics (Surgical) • Periodontal surgery (osseous, gingivectomy, graft procedures) o Limited to one per quadrant per 36 months	**50% coinsurance**	**50% coinsurance of allowable amount***	**No waiting period**
Oral Surgery (Simple) • Simple extraction o Limited to one per tooth per lifetime	**80% coinsurance**	**80% coinsurance of allowable amount***	**No waiting period**
Oral Surgery (Complex) • Surgical extraction o Limited to one per tooth per lifetime	**50% coinsurance**	**50% coinsurance of allowable amount***	**No waiting period**
Major (Restorative) Services • Crowns (porcelain), onlays, veneers o Limited to one per tooth per 84 months	**50% coinsurance**	**50% coinsurance of allowable amount***	**No waiting period**
Prosthodontics • Dentures and bridges o Limited to one per 84 months • Implant placement o Limited to one per tooth per 84 months • Implant prosthodontics (paid as a non-implant crown, bridge, and/or denture) o Limited to one per tooth per 84 months	**50% coinsurance**	**50% coinsurance of allowable amount***	**No waiting period**
Repairs • Crown, denture, and bridge repairs o Limited to one per tooth per 12 months; not within 6 months of placement	**50% coinsurance**	**50% coinsurance of allowable amount***	**No waiting period**

*Difference in charged amount and OON allowable amount can result in balance billing.

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Dental Services (continued)	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Adult/Child Orthodontic Services ○ Not covered	**Not covered**	**Not covered**	**Not applicable**
Temporomandibular Joint Disorder (TMJ) • X-rays, splints, and surgical procedures including arthroscopy and orthotic devices ○ Not covered	**Not covered**	**Not covered**	**Not applicable**
Cosmetic Teeth Whitening ○ Not covered	**Not covered**	**Not covered**	**Not applicable**

NOTE: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.

Additional Services and Programs	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Anthem Whole Health Connection - Dental℠ For members with certain health conditions, additional dental benefits are available without a deductible, office visit copay, nor waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable).	Included	Included	No waiting period
Accidental Dental Injury Benefit Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, office visit copay, member coinsurance, nor waiting periods apply.	Included	Included	No waiting period
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.	Included	Included	No waiting period
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, office visit copay, member coinsurance, nor waiting periods and won't reduce the member coverage year annual maximum (if applicable).	Included	Included	No waiting period
Kids Plus For members through age 12, covered services excluding orthodontia services, receive the corresponding coinsurance up to the coverage year annual maximum (if applicable). No deductibles, office visit copay, nor waiting periods apply. All other benefit limitations and exclusions apply. For additional coverage details, please refer to your policy.	Not Included	Not Included	Not 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. There is a 24 month waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under 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 policy. **In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.**

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Get Help in Your Language

Curious to know what all this says? We would be too. Here's the English version:
You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish
Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda**. (TTY/TDD: 711)**

Arabic
يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة(TTY/TDD:711).

Chinese
您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。**(TTY/TDD: 711)**

French
Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. **(TTY/TDD: 711)**

German
Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. **(TTY/TDD: 711)**

Japanese
この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。**(TTY/TDD: 711)**

Kirundi
Ufise uburenganzira bwo gufashwa mu rurimi rwawe ku buntu. Akura umunywanyi abikora Ikaratakarangamuntu yawe kugira ufashwe. **(TTY/TDD: 711)**

Korean
귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. **(TTY/TDD: 711)**

Nepali
तपाईले यो जानकारी तथा सहयोग आफ्नो भाषामा निःशुल्क प्राप्त गर्ने तपाईको अधिकार हो। सहायताको लागि तपाईको ID कार्डमा दिइएको सदस्य सेवा नम्बरमा कल गर्नुहोस्।(TTY/TDD: 711)

Oromo
Odeeffanoo kana fi gargaarsa afaan keetiin kaffaltii malee argachuuf mirga qabda. Gargaarsa argachuuf lakkoofsa bilbilaa tajaajila miseensaa (Member Services) waraqaa enyummaa kee irratti argamu irratti bilbili. **(TTY/TDD: 711)**

Pennsylvania Dutch
Du hoscht die Recht selle Information un Helfe in dei Schprooch mitaus Koscht griege. Ruf die Member Services Nummer uff dei ID Kaarte fer Helfe aa. **(TTY/TDD: 711)**

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. **(TTY/TDD: 711)**

Serbian
Imate pravo da dobijete sve informacije i pomoć na vašem jeziku, i to potpuno besplatno. Pozovite broj Centra za podršku članovima koji se nalazi na vašoj identifikacionoj kartici. **(TTY/TDD: 711)**

Tagalog
May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. **(TTY/TDD: 711)**

Vietnamese
Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. **(TTY/TDD: 711)**

It’s important we treat you fairly
That’s why we follow federal civil rights laws in our health programs and activities. We don’t discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn’t English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.