

## Anthem Dental Association Option 16 Benefit Sheet

The following Dental Association rates apply to groups with an effective date within the range listed above.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, exclusions, qualifications, limitations, terms and provisions of the Dental Certificate.

BENEFITS	NETWORK/NON-NETWORK (Member's Responsibility)
<b>Annual Deductible</b> (Single/Family)	\$50/\$150
<b>Annual Maximum</b>	\$1,000
<b>Diagnostic/Preventive</b>	
<b>Diagnostic and Preventive Services</b> ( <i>no deductible</i> ) oral evaluations, X-rays, cleanings, space maintainers, other selected diagnostic and preventive services	CIF/CIF
<b>General/Restorative</b>	
<b>General (Adjunctive Services)</b> ( <i>deductible applied</i> ) emergency palliative treatment, consultations, general anesthesia (surgical procedures), I.V. sedation (surgical procedures), office visits for observation, other selected general services	20%/20%
<b>Restorative Services</b> ( <i>deductible applied</i> ) amalgam and composite restorations, pin retention procedures	
<b>Specialty</b>	
<b>Endodontic Services</b> ( <i>deductible applied</i> ) root canal therapy, apexification, therapeutic pulpotomy, other selected endodontic services	20%/20%
<b>Oral Surgery Services</b> ( <i>deductible applied</i> ) simple and surgical tooth extractions, other selected oral surgery services	
<b>Periodontal Services</b> ( <i>deductible applied</i> ) gingivectomy, crown lengthening, osseous surgery, soft tissue grafts, other selected periodontal services	
<b>Prosthodontic</b>	
<b>Prosthodontic Services</b> ( <i>deductible applied</i> ) crowns/onlays, partial and full dentures, other selected prosthodontic services <i>A waiting period may apply. Please refer to your certificate for additional information.</i>	50%/50%
<b>Orthodontic</b>	
<b>Orthodontic Services</b> ( <i>no deductible</i> ) <b>Dependent child to age 19</b> non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth, examination, records, tooth guidance, repositioning (straightening) of the teeth <i>A waiting period may apply. Please refer to your certificate for additional information.</i>	50%/50%/\$1,000

**Notes:** When choosing a Non-network provider, the member is responsible for any balance due after the plan payment, even if the benefit indicates covered in full (which means covered up to the maximum allowable amount).