

Specialty Business Group
Effective 01/01/2005 – 06/15/2005

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

Anthem Dental*

Plans	Deductible Single/Family Network and Non-network combined	Annual Maximums Network and Non-network combined	Diagnostic and Preventive Network/ Non-network	General and Restorative Network/ Non-network	Specialty Services Endodontic, Oral Surgery, and Periodontal Network/ Non-network	Prosthodontic Network/ Non-network	Orthodontic Network/ Non-network/ Lifetime Maximum
Option 1 <input type="checkbox"/>	\$50/\$150	\$1,000	CIF/20%	20%/40%			
Option 3 <input type="checkbox"/>	\$75/\$225	\$1,000	20%/40%	50%/50%	50%/50%	50%/50%	
Option 6 <input type="checkbox"/>	\$50/\$150	\$1,000	CIF/20%	20%/40%	20%/40%	50%/50%	
Option 7 <input type="checkbox"/>	\$50/\$150	\$1,000	CIF/20%	20%/40%	20%/40%	50%/50%	50%/50%/\$1,000
Option 10 <input type="checkbox"/>	\$50/\$150	\$1,000	CIF/CIF	20%/20%			
Option 12 <input type="checkbox"/>	\$75/\$225	\$1,000	20%/20%	50%/50%	50%/50%	50%/50%	
Option 15 <input type="checkbox"/>	\$50/\$150	\$1,000	CIF/CIF	20%/20%	20%/20%	50%/50%	
Option 16 <input type="checkbox"/>	\$50/\$150	\$1,000	CIF/CIF	20%/20%	20%/20%	50%/50%	50%/50%/\$1,000

Note: CIF means covered in full. However, 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).

Rates				
Plans	Employee	Employee + Spouse	Employee + Child(ren)	Family
Option 1 <input type="checkbox"/>	\$9.29	\$19.04	\$19.32	\$31.77
Option 3 <input type="checkbox"/>	\$16.26	\$33.33	\$33.82	\$55.61
Option 6 <input type="checkbox"/>	\$22.03	\$45.16	\$45.82	\$75.34
Option 7 <input type="checkbox"/>	\$22.96	\$47.07	\$47.76	\$78.52
Option 10 <input type="checkbox"/>	\$10.14	\$20.79	\$21.09	\$34.68
Option 12 <input type="checkbox"/>	\$16.81	\$34.46	\$34.96	\$57.49
Option 15 <input type="checkbox"/>	\$23.67	\$48.52	\$49.23	\$80.95
Option 16 <input type="checkbox"/>	\$24.66	\$50.55	\$51.29	\$84.34

***Anthem Dental Notes**

- Orthodontic child (to age 19) only. Coverage includes 12-month waiting period (for groups without prior orthodontic coverage and new hires).
- Prosthodontic coverage includes a 12-month waiting period (for groups without prior dental coverage and new hires).
- Deductibles do not apply to diagnostic, preventive or orthodontics.
- Orthodontic lifetime maximum does not apply to the annual maximum.

Anthem Dental Summary of Benefits

Diagnostic and Preventive Services (no deductible)

Covered services include oral evaluations, X-rays, cleanings, space maintainers and other selected diagnostic and preventive services.

General (Adjunctive) Services (deductible applied)

Covered services include emergency palliative treatment, consultations, general anesthesia and I.V. sedation for surgical procedures, office visits for observation, and other selected general services.

Restorative Services (deductible applied)

Covered services include amalgam and composite restorations and pin retention procedures.

Endodontic Services (deductible applied)

Covered services include root canal therapy, apexification, therapeutic pulpotomy and other selected endodontic services.

Oral Surgery Services (deductible applied)

Covered services include simple and surgical tooth extractions and other selected oral surgery services.

Periodontal Services (deductible applied)

Covered services include gingivectomy, crown lengthening, osseous surgery, soft tissue grafts and other selected periodontal services.

Prosthodontic Services (deductible applied)

Covered services include crowns/onlays, partial and full dentures and other selected prosthodontic services.

Orthodontic Services (no deductible)

Available as an optional benefit, applies to 15+ enrolled.

Benefit includes non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth; covered services include examination, records, tooth guidance and repositioning (straightening) of the teeth.

This Summary of Benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.