

# Summary of Benefits

Anthem Dental Essential Choice PPO

Southern State Community College

Anthem Blue Cross and Blue Shield Dental Complete Network

**WELCOME TO YOUR DENTAL PLAN!**

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic &amp; Preventive Services</b> <ul style="list-style-type: none"> <li>• Periodic dental exam <ul style="list-style-type: none"> <li>○ Limited to two per 12 months</li> </ul> </li> <li>• Teeth cleaning (prophylaxis) <ul style="list-style-type: none"> <li>○ Limited to two per 12 months; combined with periodontal maintenance</li> </ul> </li> <li>• Bitewing X-rays <ul style="list-style-type: none"> <li>○ Limited to one set per 12 months</li> </ul> </li> <li>• Full-Mouth or Panoramic X-rays <ul style="list-style-type: none"> <li>○ Limited to one per 60 months</li> </ul> </li> <li>• Fluoride application <ul style="list-style-type: none"> <li>○ Limited to one per 12 months through age 18</li> </ul> </li> <li>• Sealant application <ul style="list-style-type: none"> <li>○ Limited to one per 60 months through age 18</li> </ul> </li> </ul>	100% coinsurance	100% coinsurance	No waiting period
<b>Basic (Restorative) Services</b> <ul style="list-style-type: none"> <li>• Consultation (second opinion); only with X-rays and no other services <ul style="list-style-type: none"> <li>○ Limited to one per 12 months</li> </ul> </li> <li>• Space maintainer insertion <ul style="list-style-type: none"> <li>○ Limited to one per tooth space per lifetime through age 18</li> </ul> </li> <li>• Amalgam (silver-colored) filling <ul style="list-style-type: none"> <li>○ Limited to one per tooth surface per 24 months</li> </ul> </li> <li>• Composite (tooth-colored) filling <ul style="list-style-type: none"> <li>○ Limited to one per tooth surface per 24 months; posterior (back) fillings not paid as an amalgam (silver-colored filling)</li> </ul> </li> <li>• Brush biopsy (cancer test) <ul style="list-style-type: none"> <li>○ Not covered</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>• Root Canal (permanent teeth only) <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>• Apicoectomy and apexification <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime; permanent teeth only</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>• Periodontal maintenance <ul style="list-style-type: none"> <li>○ Limited to four per 12 months, combined with teeth cleanings</li> </ul> </li> <li>• Scaling and root planning; when the tooth pocket has a depth of four millimeters or greater <ul style="list-style-type: none"> <li>○ Limited to one per quadrant per 24 months</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Periodontics (Surgical)</b> <ul style="list-style-type: none"> <li>• Periodontal surgery (osseous, gingivectomy, graft procedures) <ul style="list-style-type: none"> <li>○ Limited to one per quadrant per 36 months</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Oral Surgery (Simple)</b> <ul style="list-style-type: none"> <li>• Simple extraction <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>• Surgical extraction <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Major (Restorative) Services</b> <ul style="list-style-type: none"> <li>• Crowns, onlays, veneers <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 84 months</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>• Dentures and bridges <ul style="list-style-type: none"> <li>○ Limited to one per tooth/arch per 84 months</li> </ul> </li> <li>• Implant placement <ul style="list-style-type: none"> <li>○ Limited to one per tooth/arch per 84 months</li> </ul> </li> <li>• Implant prosthodontics <ul style="list-style-type: none"> <li>○ Limited to one per tooth/arch per 84 months</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>• Crown, denture, and bridge repairs <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 12 months; not within 6 months of placement</li> </ul> </li> <li>• Denture and bridge adjustments <ul style="list-style-type: none"> <li>○ Limited to two per tooth per 12 months; not within 6 months of placement</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period

Dental Services (continued)	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Child Orthodontic Services</b> <ul style="list-style-type: none"> <li>o Through age 18</li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Temporomandibular Joint Disorder (TMJ)</b> <ul style="list-style-type: none"> <li>• X-rays, splints, and surgical procedures including arthroscopy and orthotic devices</li> <li>o Not covered</li> </ul>	Not covered	Not covered	No waiting period