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 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

Out-of-Network

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

Dental Services (continued)	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
 Child Orthodontic Services Through age 18 	50% coinsurance	50% coinsurance	No waiting period
Temporomandibular Joint Disorder (TMJ) • X-rays, splints, and surgical procedures including arthroscopy and orthotic devices	Not covered	Not covered	No waiting period

Not covered