

DENTAL – EMPLOYER SPONSORED or VOLUNTARY

Carrier	Anthem Blue Cross					
Plan Type	PPO					
Plan Name	Silver		Gold – ER Sponsored Only		Platinum – ER Sponsored Only	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Maximum	\$1,500	\$1,500	\$2,000	\$2,000	\$2,500	\$2,500
Annual Deductible	\$50 ¹	\$50 ¹	\$50 ¹	\$50 ¹	\$50 ¹	\$50 ¹
Diagnostic & Preventive Care	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived
Preventive	100%	80%	100%	100%	100%	100%
Basic Services	80%	60%	90%	80%	90%	90%
Major Services	50%	50%	60%	50%	60%	60%
Endodontics & Periodontics	80% ²	60% ²	90% ²	80% ²	90% ²	90% ²
Restorative	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC
Orthodontic Care (optional)						
Coinsurance	Not Covered	Not Covered	50% ³	50% ³	50% ³	50% ³
Annual Maximum	Not Covered	Not Covered	None	None	None	None
Lifetime Maximum	Not Covered	Not Covered	\$2,000 ³	\$2,000 ³	\$2,500 ³	\$2,500 ³
Waiting Periods						
Basic	None	None	None	None	None	None
Major	<u>ER SPON:</u> None	<u>ER SPON:</u> None	None	None	None	None
	<u>VOLUN:</u> 12 Months ⁴	<u>VOLUN:</u> 12 Months ⁴				
Ortho	Not Covered	Not Covered	None	None	None	None
Orthodontic Takeover Credit	Does Not Apply		See Plan Specific EOC			
UCR		Maximum Allowable Charge		90% of U & C		90% of U & C
Annual Carry Over						
Carry Over Amount		\$350		\$400		\$450
PPO Bonus		\$175		\$200		\$225
Benefit Threshold		\$700		\$800		\$900
Maximum Carry Over Amount		\$1,500		\$2,000		\$2,500
Maximum Carry Over Provision	Members who visit the dentist and use only a portion of their annual maximum benefit in a year are rewarded with additional benefits for the following year. Based on the plan selected, members can earn additional money toward their next year's annual maximum benefit – if they use less than their Benefit Threshold listed above, they can increase their next year's coverage by \$350 on Silver, \$400 on Gold or \$450 on Platinum. Plus they can earn an additional \$175 on Silver, \$200 on Gold or \$225 on Platinum if they only visited network providers.					

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

- 1 Limit 3x per family.
- 2 Including Oral Surgery.
- 3 Covered adults and dependent children.
- 4 Waiting period waived for initial enrollees covered under the prior group plan.