

## Summary of Benefits

### Anthem Dental Essential Choice



### CareSTL Health - Buy-Up Plan-Amendment-Crowns in BASIC

#### Anthem Dental Complete Network

## WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

### Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **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.
- **More 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](http://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 any deductible or copay that is part of your plan

### Need to contact us?

See the back of your ID card for who to call, write or email.

### Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

		In-Network	Out-of-Network
<b>Annual Benefit Maximum</b> • Per insured person	Calendar Year	<b>\$3,000</b>	<b>\$3,000</b>
<b>D&amp;P applies to Annual Maximum</b>		<b>Yes</b>	<b>Yes</b>
<b>Annual Maximum Carryover / Carry in</b>		<b>No/No</b>	<b>No/No</b>
<b>Orthodontic Lifetime Benefit Maximum</b> • Per eligible insured person		<b>\$1,000</b>	<b>\$1,000</b>
<b>Annual Deductible (Does not apply to Orthodontic Services)</b> • Per insured person/Family maximum	Calendar Year	<b>\$50/3X Individual</b>	<b>\$50/3X Individual</b>
<b>Deductible Waived for Diagnostic/Preventive Services</b>		<b>Yes</b>	<b>Yes</b>
<b>Out-of-Network Reimbursement:</b>		<b>90th percentile</b>	

In most of Missouri, Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC) and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Dental Services	In-Network		
	Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>Periodic oral exam 2 per 12 months</li> <li>Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance</li> <li>Bitewing X-rays: 2 sets per 12 months</li> <li>Full-mouth or Panoramic X-rays: 1 per 36 months</li> <li>Fluoride application: 1 per 12 months; through age 15</li> <li>Space Maintainers 1 per 60 months; through age 15; posterior teeth</li> </ul>	100% Coinsurance	100% Coinsurance	No Waiting Period
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Consultation (second opinion) 1 per 12 months</li> <li>Amalgam (silver-colored) Filling 1 per tooth per 24 months</li> <li>Composite (tooth-colored) Filling 1 per tooth per 24 months posterior (back) fillings alternated to amalgam benefit (silver-colored filling)</li> <li>Brush Biopsy (cancer test) Not Covered</li> <li>Sealants 1 per 36 months; through age 15</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Root Canal 1 per tooth per 24 months</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>Apicoectomy and apexification 1 per tooth per 24 months</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Periodontal Maintenance 2 per 12 months; w/teeth cleaning</li> <li>Scaling and root planing 1 per quadrant per 24 months</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Surgical)</b> <ul style="list-style-type: none"> <li>Periodontal Surgery (osseous, gingivectomy, graft procedures) 1 per quadrant per 36 months</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Simple)</b> <ul style="list-style-type: none"> <li>Simple Extractions 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>Surgical Extractions 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Basic (Restorative) Services</b> <ul style="list-style-type: none"> <li>Crowns, onlays, veneers 1 per tooth per 60 months</li> <li>Cosmetic teeth whitening Not Covered</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Temporomandibular Joint Disorder (TMJ)</b> <ul style="list-style-type: none"> <li>X-rays, splints, and surgical procedures Not Covered including arthroscopy and orthotic devices</li> </ul>	Not Covered	Not Covered	N/A
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>Dentures and bridges 1 per tooth per 60 months</li> <li>Dental Implants Limited to one per tooth per 60 months</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontic Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>Crown, denture, bridge repairs 1 per 12 months; 6 months after placement</li> <li>Denture and bridge adjustments: 2 per 12 months; 6 months after placement</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>Adults &amp; Dependent Children</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Periods

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## Additional Services and Programs

### Anthem Whole Health Connection - Dental®

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

### Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

### Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

### International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

## Additional Limitations & Exclusions

**Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.**

**Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

**Cosmetic dentistry** (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

**Analgesia, analgesic agents, and anxiolysis nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

Missing tooth clause of 24 months applies for the replacement of congenitally missing teeth or teeth lost prior to the coverage effective date for this plan

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

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