

## Anthem Dental Family

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible <i>(Does not apply to Preventive &amp; Diagnostic Services for In-Network Services)</i>	\$50 per member, up to 3 family members	\$50 per member, up to 3 family members
Out-of-Pocket Maximum <i>for children under age 19 only</i> For one child Two or more children	\$350 \$700	Not Applicable
<b>Diagnostic Services</b>		
Oral Exams <i>twice per year</i>	0% after INET deductible is met	30% after OON deductible is met
X-Rays		
Periapicals <i>four per year</i>		
Bitewing Radiographs <i>once every year</i>		
Panoramic or Complete Series <i>once every three years</i>		
<b>Preventive Services</b>		
Cleanings <i>twice per year</i>	0% after INET deductible is met	30% after OON deductible is met
Periodontal Scaling and Root Planing		
Periodontal Maintenance <i>once every 3 months following periodontic surgery</i>		
Fluoride <i>twice per year, under age 19</i>		
Sealants <i>for children under 19</i>		
<b>Basic Services</b>		
Fillings	40% after INET deductible is met	50% after OON deductible is met
Simple Extractions		
<b>Major Services</b>		
Surgical Extractions	50% after INET deductible is met	40% after OON deductible is met
Endodontic Therapy (i.e. Root Canal Treatment)		
Periodontal Therapy		
Crowns and Cast Restorations		
Prosthodontics (Complete and Partial Dentures; Fixed Bridgework)		
<b>Other Services <i>(for children under age 19)</i></b>		
Medically-Necessary Orthodontic Services	50% after INET deductible is met	50% after OON deductible is met
<b>Waiting Periods and Plan Maximums <i>(for adults aged 19 and older only)</i></b>		
<b>Applicable Waiting Period for Benefit</b>		
Diagnostic and Preventive Services	no waiting period	
Basic Services	6 months	
Major Services	12 months	
<b>Plan Maximum</b>	\$1,000 per adult member age 19 and over (combined In-Network and Out-of-Network Services)	