



Small Group Standard Option PPO Dental Plan

This is an overview of coverage. Please review the Exclusions and Limitations prior to applying for coverage. A comprehensive description of coverage, benefits, and limitations is contained in the Certificate of Coverage.

Helping you stay healthy all year long

Anthem Blue Cross Small Group Standard Option PPO Dental Plan

All amounts listed are the member's responsibility to pay and are for covered expenses only.

FEATURES	IN-NETWORK	OUT-OF-NETWORK ¹
Annual Maximum Benefits	\$1,000 per member in- and out-of-network combined	
Annual Deductible	\$50 per member 3-member family maximum*	
Preventive Services		
Office visits and cleaning: twice per year Fluoride and sealant applications Space maintainer insertion	Not subject to deductible No charge	20% of covered expense plus 100% of charges in excess of covered expense after deductible
Diagnostic Services		
Oral examinations, consultations, and X-rays to determine a particular dental condition Full-mouth X-rays: limit of one set or its equivalent in a three-year period	Not subject to deductible No charge	20% of covered expense plus 100% of charges in excess of covered expense after deductible
Restorative Services		
Fillings	20% of negotiated fee after deductible	20% of covered expense plus 100% of charges in excess of covered expense after deductible
Major Services		
Oral surgery: tooth extractions Endodontics: root canal therapy Periodontics: scaling to cure/prevent gum disease covered expense Prosthodontics: removable (dentures) and fixed (crowns, bridges, and inlays) 12-month waiting period for periodontics and prosthodontics	50% of negotiated fee after deductible	50% of covered expense plus 100% of charges in excess of covered expense after deductible
Orthodontic Services	Not covered	Not covered

* Waived in-network for preventive and diagnostic services. See Certificate of Coverage for benefit frequency limitations.

Using Your Standard Option PPO Dental Plan

Anthem Blue Cross is committed to helping you maintain a high level of dental health. Early diagnosis and preventive care are vital in maintaining good dental hygiene and regular dental care contributes to your overall fitness and well-being. All our dental plans emphasize routine examination so that minor dental problems can be treated before more extensive problems develop. By taking advantage of your plan's benefits, you ensure your long-term dental health.

Once enrolled in the Standard Option PPO dental plan, you can go to any dentist or dental specialist in our provider network to receive the plan's highest reimbursement levels. With nearly 11,000 providers across California, our extensive network may include your present dentist. You can also go to a provider outside of the network and still receive generous reimbursement for covered services. When you choose a dentist from outside the network, your out-of-pocket costs may be higher.

Additional plan features providing you more convenience and value include:

- No filing of claim forms required for network providers
- Direct access to dental specialists
- Emergency out-of-area coverage
- Information about HealthyExtensions discounts of 10-50 percent on health and wellness products and services

The Standard Option Fee-for-Service Plan will be substituted in counties where access to preferred providers is limited. Please contact your group administrator or agent for the most current information.

¹ Covered expenses on the Standard Option PPO plan are based upon a dental limited fee schedule. Members are responsible for costs in excess of covered expenses in addition to their copays and deductibles.