Summary of Benefits Anthem Dental Essential Choice



EK Health Services
Anthem Blue Cross Dental Complete Network

Base

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 Blue Cross (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/ca 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 us.

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
Coverage Year	Calenda	ar Year
Annual Benefit Maximum		
Per insured person	\$1,000	\$1,000
Diagnostic & Preventive Services are applied to the Annual Maximum		
Annual Maximum Carryover	No	No
Orthodontic Lifetime Benefit Maximum		
Per eligible person	\$1,000	\$1,000
Annual Deductible		
Per insured person	\$50	\$50
Family maximum	3x single member	3x single member
• Family maximum	deductible	deductible
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement:	90th per	centile

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Limited to one per tooth/arch per 60 months	
Implant prosthodontics	
Limited to one per tooth/arch per 60 months as a non-implant crown, bridge, and/or denture	
	iting Period
Crown, denture, bridge repairs	1 61100
Limited to one 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	

Dental Services (continued)	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Adult/Child Orthodontic Services O No age limits apply	50% coinsurance	50% coinsurance	No waiting periods
Temporomandibular Joint Disorder (TMJ) ■ X-rays, splints, and surgical procedures including arthroscopy and orthotic devices ○ Not Covered	Not Covered	Not Covered	N/A
Cosmetic Teeth Whitening Not covered	Not Covered	Not Covered	N/A

NOTE: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.

Additional Services and Programs	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Anthem Whole Health Connection® - Dental For members with certain health conditions, additional dental benefits are available without a deductible office visit separate particles. Flightly continue are paid at 100% and wen't	Included	Included	No waiting period
deductible, office visit copay, nor 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, office visit copay, member coinsurance, nor waiting periods apply. 	Included	Included	No waiting period
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. 	Included	Included	No waiting period
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, office visit copay, member coinsurance, nor waiting periods and won't reduce the member coverage year annual maximum (if applicable). 	Included	Included	No waiting period
Kids Plus			
 For members through age 12 covered services excluding orthodontia services, receive the corresponding coinsurance up to the coverage year annual maximum (if applicable). No deductibles, office visit copay, nor waiting periods apply. All other benefit limitations and exclusions apply. For additional coverage details, please refer to your policy. 	Not Included	Not Included	Not 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 you 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.

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 policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.