



Dental Benefits Comparison Plan Year October 1, 2019 through September 30, 2020

Dental Plan	Coverage Type	Monthly Premium
Anthem Dental	Employee Only	\$40.37
	Dual (Employee Plus One Child or Employee Plus Spouse)	\$67.79
	Employee Plus Family	\$107.85

Plan Provisions	Anthem Dental Complete		
<i>Note: AD refers to After Deductible</i>	In Network	Out of Network	
Dependent Age Limit (coverage ends at the end of the month age limit is reached)	Until Age 26	Until Age 26	
Plan Year Deductible (Member / Family)	\$50 / \$150	\$50 / \$150	
Deductible waived for Preventive	Yes	Yes	
Out of Network Reimbursement	Based on Maximum Allowable Charges (MAC)		
Annual Maximum	\$2,000		
Orthodontic Lifetime Maximum (Dependent children only until age 18)	\$1,500		
Dental Services	In Network Employee Pays	Out of Network Employee Pays	Waiting Period
Diagnostic and Preventive Services	0%	0%	None
Basic Services	20% AD	20% AD	None
Endodontics	20% AD	20% AD	None
Periodontics	20% AD	20% AD	None
Oral Surgery	20% AD	20% AD	None
Major Services	50% AD	50% AD	None
Prosthodontics	50% AD	50% AD	None
Prosthetic Repairs / Adjustments	20% AD	20% AD	None
Orthodontic Services	50%	50%	None

This is a summary of coverage, please refer to your summary plan description for the full scope of coverage.

To find a provider participating in your dental plan network, visit www.anthem.com/mydentalvision.