



Dental Blue 100/200/300 Low Plan

WELCOME TO DENTAL BLUE!

Good news—your Dental plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered and much more!

Group Name: ST. CHARLES SCHOOL DISTRICT (Large Group 51 +)
Effective Date: 1/1/2012

Dental coverage you can count on.

Dental Blue lets you visit any dentist or specialist you want—with lower costs when you choose one within our extensive national network. To find a provider, simply log on to anthem.com.

We're here to help.

If you need help anywhere along the way, you can call the number on the back of your ID card, which is answered by a live, domestic customer service representative. Calling after-hours? We can still assist you with our interactive voice-response hotline.

YOUR DENTAL BLUE PLAN AT-A-GLANCE

Annual Deductible

Individual/Family

Combined In and Out of Network

\$ 50 Individual / \$ 150 Family

Annual Maximum

\$1,000 In Network/\$750 Out of Network

Maximum Carryover Provision

Included

Out of Network Reimbursement

Standard

Services	PPO Dentists (In-network)	Non-PPO (Out-of-network)
Diagnostic and preventive <ul style="list-style-type: none"> Oral evaluations, x-rays, Cleanings Sealants and fluoride, Space maintainers 	NCS/No deductible	30%/No deductible
Minor restorative <ul style="list-style-type: none"> Emergency palliative pain treatment Amalgam restorations (fillings), Composite restoration (fillings) Sedative fillings 	30% after deductible	50% after deductible
Oral surgery <ul style="list-style-type: none"> Simple extractions, Removal of impacted teeth, General anesthesia 	30% after deductible	50% after deductible
Endodontic services <ul style="list-style-type: none"> Root Canal Therapy, Therapeutic pulpotomy, Direct pulp capping 	30% after deductible	50% after deductible
Periodontal services <ul style="list-style-type: none"> Scaling and root planing, Gingivectomy, Osseous surgery, Soft tissue grafts 	30% after deductible	50% after deductible
Prosthetic Services <ul style="list-style-type: none"> Crowns, Removable complete and partial dentures Bridge repair Implants Missing Teeth 	50% after deductible	70% after deductible
Orthodontic Services <ul style="list-style-type: none"> Examinations, Records Tooth guidance, Repositioning (straightening) of the teeth 	50%/No deductible	50%/No deductible
Orthodontic Maximum	\$1,000	
Orthodontic Age Limit	19	

No Cost Share (NCS) means no deductible, copayment or coinsurance up to the maximum allowable amount. However, a member may be responsible for any balance due after the plan payment, including, but not limited to, benefits that reflect No Cost Share.

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International emergency dental program. If you need emergency dental care while traveling internationally, call our international service center right away. Our English speaking customer service representatives can help you find a dentist. And they can even assist with translation services when contacting the dentist's office.

Extra support for pregnant and diabetic members. To help proactively manage these conditions, our pregnant and diabetic members may be eligible for additional dental benefits. If you have diabetes or are pregnant, please contact our customer service department to determine if you qualify and to learn more about this important program.

Limitations & Exclusions

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 the dental Certificate.

Limitations — Below is a partial listing of some of the limitations. Please see Certificate for full list:

- **Oral Evaluations.** Limited to two per year.
- **Prophylaxis or Periodontal Maintenance Procedure.** Limited to two treatments per year, singly or in combination.
- **Fluoride treatments.** Limited to two per year for children up to age 19.
- **X-rays.** Limited to one set of full-mouth x-rays or its equivalent once every five years. Periapical x-rays are limited to 4 films per year.
- **Bitewing X-rays.** Limited to one set of up to 4 films twice per year to age 19 and once per year thereafter.
- **Sealants.** Limited to children under 16 years of age for permanent unrestored first and second molars. Treatment is limited to two applications per tooth per lifetime.
- **Space Maintainers.** Limited to once per quadrant per lifetime for children up to age 16. Includes all adjustments within six months of placement.
- **Palliative Emergency Treatment.** Limited to twice per year.
- **Sedative Filling.** Limited to once per tooth in any 24-month period.
- **Amalgam or Composite Resin Restorations (fillings).** Limited to once per surface per tooth every 24 months.
- **Periodontal Scaling and Root Planing.** Limited to once per quadrant every 24 months.
- **Periodontal Surgery.** Limited to once per quadrant in any three years.
- **Crown Lengthening.** Limited to once per tooth per lifetime.
- **Root Canal Therapy.** Root canal therapy limited to one initial treatment per tooth and one retreatment per tooth – for permanent teeth only.
- **General Anesthesia.** Covered only when used in conjunction with covered oral surgical procedures.

Exclusions — Below is a partial listing of non-covered services. Please see Certificate for full list:

- Experimental or investigative procedures
- Cosmetic dentistry
- Procedures requiring appliances or restorations to alter, restore or maintain occlusion
- Harmful habit appliances
- Charges for lost or stolen dentures or appliances or for a duplicate prosthetic device or appliance
- Prescribed drugs, pre-medication or analgesia (includes nitrous oxide)
- Charges for the extraction of immature erupting third molars and nonpathologic, asymptomatic third molars
- Malignancies and neoplasms and the removal of tumors, cysts, and foreign bodies
- Charges for tobacco counseling, oral hygiene instruction, dietary planning or behavior management
- Treatment for temporomandibular joint disorder (TMJ)
- Occlusal guards, adjustments
- Hospital costs
- Replacement of teeth missing prior to coverage under this Plan
- Services or treatments that are not medically necessary
- Charges for missed or cancelled appointments
- Prosthodontic services unless specifically included under Covered Services
- Orthodontic services unless specifically included under Covered Services

Note: The Certificate of Coverage may contain variations by state due to specific state regulatory requirements.

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