

DENTAL BENEFITS

Note: Dental coverage under this Subscriber Agreement is limited to diagnostic and preventive care Covered Services and fillings, specified in this section. No benefits are provided for other Dental services.

This section will tell you how your dental benefits work, which Dental Services are covered and which services are not covered. It will tell you what your benefits are, when and how you have (and don't have) a right to these benefits. Please read your Subscriber Agreement completely and carefully. If you have special dental care needs, carefully read those sections that apply to you.

CHOICE OF DENTIST: Nothing contained in this Subscriber Agreement restricts or interferes with your right to select the Dentist of your choice, but your benefits are reduced when you use a Non-Participating Dentist.

Please read the following information; because the type of Dentist you choose will affect your payment responsibility.

Benefits are available in-network: This Anthem BCBS Preferred Provider Organization (PPO) Plan gives you access to care through a network of Dentists, who have a Preventive/Preventive Plus Participating Dentist agreement with us. These in-network Dentists are called Participating Dentists. They contract with us to provide services to you at pre-negotiated discounted fees (called the Maximum Allowable Amount). Covered Expense for a Participating Dentist is based on this Maximum Allowable Amount. Participating Dentists have a Participating Dentist Agreement in effect with us and have agreed to accept the Maximum Allowable Amount as payment in full. Using Participating Dentists assures maximum savings for you. In addition, Participating Dentists who have a Preventive/Preventive Plus Participating Dentist agreement with us will file your claims with us. For a directory of Participating Dentists or more information, visit our website or call as toll free at (800) 440-3619.

Benefits are still available out-of-network: You can still go to out-of-network Dentists (called Non-Participating Dentists) and receive benefits for Covered Services. However, Non-Participating Dentists do not have a Participating Dentist Agreement with us and you will pay a much greater share of the cost when you receive services from them. They may charge you whatever they like, but we will pay benefits only on the amount we say in this Subscriber Agreement that we will allow (Covered Expense) for Non-Participating Dentists. In addition to any Dental Deductible, you will be responsible for any balance of a Dentist's bill which is above the allowed amount (Covered Expense) payable under this Subscriber Agreement for Non-Participating Dentists. Please read the benefit sections carefully to determine those differences.

Nothing contained in this Subscriber Agreement restricts or interferes with your right to select a Non-Participating Dentist. Payments of benefits under this Subscriber Agreement do not regulate the amounts charged by Dentists or attempt to evaluate those services.

Making an appointment with the Dentist: Call the Dentist's office for an appointment and tell them you are insured with us. Have your Identification (ID) card with you when you call because you may be asked for the ID number on the card. If you're going to be late or you can't go to your appointment, call your Dentist's office as soon as possible. Your dental office may charge you a fee if you fail to cancel a scheduled appointment. This charge is not reimbursable by us.

HOW TO SUBMIT A CLAIM

Participating Dentists will submit your claims to us. However if you go to a Non-Participating Dentist either you or your Dentist must claim benefits by sending Anthem BCBS properly completed claim forms itemizing the services or supplies received and the charges. Claim forms that you submit must be received by Anthem BCBS within 2 years from the date the services or supplies are received. Anthem BCBS will not be liable for benefits if a completed claim form is not furnished to Anthem BCBS within this time period. Claim forms must be used; canceled checks, statements, speed bills or receipts are not acceptable.

If you would like to request claim forms or if you have questions about your dental benefits or claim status, you can call us toll free at (800) 440-3619.

Because we care about the quality of the service provided to our customers, your telephone call to us may be randomly recorded to make sure that the people you talk to are friendly and helpful.

If you would like to request claim forms in writing, or to submit your completed claims forms you may do so to the following address:

Anthem BCBS, P.O. Box 9274, Oxnard, CA 93031-9274

DEFINITIONS

To understand your dental benefits, it may be helpful to review these terms:

ACCIDENTAL INJURY: Is physical harm or disability which is the result of a specific, unexpected incident caused by an outside force. The physical harm or disability must have occurred at an identifiable time and place. Accidental Injury does not include illness or infection, except infection of a cut or wound. Damage to teeth due to chewing or biting is not an accidental injury.

BENEFIT SCHEDULE: Is the list of the maximum amounts payable by Anthem BCBS to Non-Participating Dentists for Covered Services. The Benefit Schedule amounts are subject to applicable Dental Deductibles and other benefit limitations.

COVERED EXPENSE: Is the expense you incur for Covered Services. For a Participating Dentist, the Covered Expense is the Maximum Allowable Amount. For a Non-Participating Dentist, the Covered Expense is the lesser of the Dentist's actual charge or our then effective Benefit Schedule. The Benefit Schedule may be subject to periodic review and modification. Covered Expense is incurred on the date the Subscriber receives the service or supply for which the charge is made.

DENTAL DEDUCTIBLE: Means the amount of charges you must pay in a Calendar Year for any Covered Services before certain benefits are available to you under this Subscriber Agreement. Your Dental Deductible is explained in the Covered Services section.

DENTIST: Is one who is licensed to practice dentistry by governmental authority having jurisdiction over the licensure and practice of dentistry.

CALENDAR YEAR MAXIMUM BENEFIT: Is the maximum amount of dental benefits available to you during a Calendar Year. All benefits furnished are subject to this maximum amount. This amount is stated in this section.

NON-PARTICIPATING DENTIST: Is a Dentist who does not have a Preventive/Preventive Plus Participating Dentist Agreement in effect with Anthem at the time services are rendered.

PARTICIPATING DENTIST: Is a Dentist who has a Preventive/Preventive Plus Participating Dentist Agreement in effect with us at the time services are rendered. Participating Dentists have negotiated certain charges as the Maximum Allowable Amount they will charge you for Covered Services.

COVERED SERVICES

A. Dental Deductible

Dental Deductible is the amount of charges you will pay before we begin to pay for Covered Services.

1. Your Calendar Year Dental Deductible for Covered Services is \$50.00. This is a separate Deductible from your medical Deductible. During each Calendar Year, you are responsible for all expense incurred up to the Dental Deductible amount. Only Covered Expense counts toward the Dental Deductible so amounts over Covered Expense a Non-Participating Dentist may charge you won't count. The Dental Deductible does not apply to diagnostic and preventive services when performed by a Participating Dentist.

B. Calendar Year Maximum Benefit

All dental benefits are limited to a maximum payment of \$500.00 for expense incurred by you during a Calendar Year.

C. Payment

Payment is provided as follows for Covered Expense incurred. All payments are subject to any maximum amounts, limitations and exclusions as indicated in this Subscriber Agreement. If a Participating Dentist provides services, any billed amounts above the Maximum Allowable Amount will be a savings to you. Participating Dentists have agreed to accept the Maximum Allowable Amount as payment in full. Non-Participating Dentists have no such policy with Anthem BCBS; therefore, they will bill you for any amounts over the Covered Expense in addition to any Dental Deductible.

BENEFITS WILL BE PROVIDED ONLY FOR SERVICES SPECIFIED IN THE DENTAL BENEFIT SCHEDULE, INCLUDED IN THIS SECTION. NO BENEFITS WILL BE PROVIDED FOR ANY OTHER DENTAL SERVICES.

A Participating Dentist will be paid for Covered Services as follows:

- 100% of the Covered Expense you incur for diagnostic and preventive services (see Benefit Schedule below for a list of Covered Services), Dental Deductible is waived.
- 80% of the Covered Expense you incur in excess of the Dental Deductible for fillings (see Benefit Schedule below for a list of Covered Services).

At a Non-Participating Dentist:

Benefits will be paid as indicated in the following Benefits Schedule (**after the Dental Deductible has been satisfied**). Please note, you may have a greater share of the costs if services are performed by a Non-Participating Dentist.

DENTAL BENEFIT SCHEDULE

Diagnostic and Preventive care

Procedure Code and Brief Description	At a Non-Participating Dentist, the Plan Pays
* D0120	Periodic oral exam \$31
* D0140	Limited oral evaluation-problem focused \$56
* D0150	Comprehensive oral evaluation – new or established \$56
* D0160	Detailed and extensive oral exam-new or established patient \$72
* D0170	Re-evaluation exam-limited, problem focused \$40
* D0180	Comprehensive periodontal exam- new or established patient \$40
**D0210	Full mouth X-rays \$100
D0220	Single (periapical) X-rays – first film \$20
D0230	Single X-rays – additional films \$16
D0240	Single X-rays – Occlusal \$20
D0250	Extraoral-first film \$12
D0260	Extraoral-each additional film \$14
D0270	Bitewing X-ray – single film \$20
D0272	Bitewing X-ray – two films \$29
D0274	Bitewing X-ray – four films \$40
D0277	Vertical bitewing X-rays \$46
**D0290	Posterior-anterior or lateral skull and facial bone survey film \$72
**D0330	Panoramic X-ray \$88
**D0340	Cephalometric film \$72
D1110	Prophylaxis (teeth cleaning adult) (limited to 2 per Calendar Year) \$64
D1120	Prophylaxis (teeth cleaning child-through age 18) (limited to 2 per Calendar Year) \$40
D1201	Prophylaxis (teeth cleaning child-through age 18) with fluoride (limited to 2 per Calendar Year) \$65
D1203	Topical fluoride only (child through age 18) (limited to 2 per Calendar Year) \$25
D1205	Topical fluoride with Prophylaxis (teeth cleaning adult) (limited to 2 per Calendar Year) \$64

* Exams are limited to two (2) per Calendar Year.

** Full mouth X-rays or its equivalent are limited to one (1) set every three (3) years.

Fillings

After the Dental Deductible has been satisfied, benefits will be paid for fillings as specified in the following Benefit Schedule. Please note, you may have a greater share of the costs if services are performed by a Non-Participating Dentist.

Procedure Code and Brief Description	At a Non-Participating Dentist, the Plan Pays
D2140	Amalgam filling – one surface, primary or permanent \$71
D2150	Amalgam filling – two surfaces, primary or permanent \$94
D2160	Amalgam filling – three surfaces, primary or permanent \$106
D2161	Amalgam filling – four or more surfaces, primary or permanent \$125

D2330	Resin-based composite filling – one surface, anterior	\$70
D2331	Resin-based composite filling – two surfaces, anterior	\$102
D2332	Resin-based composite filling – three surfaces anterior	\$144
D2335	Resin-based composite filling – four surfaces incisal	\$160
D2390	Resin-based composite crown, anterior	\$150
***D2391	Resin-based composite filling – one surface, posterior	\$71
***D2392	Resin-based composite filling – two surface, posterior	\$94
***D2393	Resin based composite filling – three surfaces, posterior	\$106
***D2394	Resin based composite filling – four surfaces, posterior	\$125

*** If a tooth or teeth can be restored with amalgam (with the exception of composite resin on anterior teeth) any amount exceeding the cost of that material is not covered if another material is used. Anterior teeth exhibiting pathology eligible for composite restorations are central incisors, lateral incisors, cuspids and facial surface bicuspid.

Dental Exclusions

In addition to other limitations, conditions and exclusions set forth elsewhere in this Subscriber Agreement, no benefits are provided for or in connection with the following. They are considered to be Dental exclusions and limitations, which include, but are not limited to the following:

1. **Excess Amounts:** Any amounts in excess of the maximum amounts stated in the section called Covered Services.
2. **Services For Which You Are Not Legally Obligated To Pay:** Services for which not charge is made to you in absence of insurance coverage.
3. **Services for someone other than the Subscriber:** Any person other than the Subscriber, including but not limited to the Subscriber's dependent's such as spouse, domestic partner, newborn, legal ward, natural and/or adopted child.
4. **Cosmetic Dentistry:** Any services performed for cosmetic purposes (including but not limited to external bleaching, bleaching of non-vital discolored teeth, composite restorations, veneers, crowns on teeth not exhibiting pathology, and facings on crowns on posterior teeth).
5. **Charges for treatment by other than a licensed dentist,** except charges for dental prophylaxis performed by a licensed dental hygienist.
6. **Orthodontic services,** braces, appliances and all related services.
7. **Diagnosis or Treatment of the Joint of the Jaw and/or Occlusion:** Services, supplies or appliances provided in connection with:
 - a. Any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means; or
 - b. Any treatment, including crowns, and/or bridges to change the way the upper and lower teeth meet (occlusion); or
 - c. Treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means including the restoration of vertical dimension because teeth have worn down due to attrition, abrasion, abfraction, erosion or bruxism.
8. **Procedures requiring restorations** (other than those for replacement of structure loss from tooth decay) that are necessary to alter, restore or maintain occlusions. These include but are not limited to:
 - a. Changing the vertical dimension;
 - b. Replacing or stabilizing lost tooth structure by attrition, abrasion, abfraction, erosion, or bruxism;
 - c. Realignment of teeth;
 - d. Gnathological recording;
 - e. Occlusal equilibration;
 - f. Periodontal splinting.
9. **Oral examinations exceeding two visits per Calendar Year.**
10. **Prophylaxis** (teeth cleaning) exceeding two treatments per Calendar Year.
11. **More than one set of full-mouth X-rays or its equivalent in a three year period.**

12. **Fluoride applications:**
 - if you are over eighteen (18) years of age.
 - exceeding two visits per Calendar Year.
13. **Periapical and bite wing X-rays** submitted singly will be combined and paid up to the amount of a full-mouth series and are subject to the full-mouth X-ray limitation. No more than 2 bite wing X-ray series for a standard in a Calendar Year will be covered. No more than 8 films for vertical bite wings in a 36 month period will be covered.
14. **Correction of congenital or development malformation** including but not limited to supernumerary and/or over retained deciduous teeth, cleft palate, maxillary or mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
15. **Fillings** exceeding one per Calendar Year per surface per tooth up to the age of 19 and one every 3 (three) Calendar Years per surface per tooth if you are age 19 and older.
16. **If a tooth or teeth can be restored with amalgam** (with the exception of composite resin on anterior teeth) any amount exceeding the cost of that material is not covered if another material is used. Anterior teeth exhibiting pathology eligible for composite restorations are central incisors, lateral incisors, cuspids and facial surface bicuspid.
17. **Replacement of existing fillings** for any purpose other than restoring active decay.
18. **Transfer of care:** If a Subscriber transfers from the care of one dentist to that of another dentist during the course of treatment or if more than one dentist renders services for one dental procedure, Anthem BCBS shall be liable only for the amount it would have been liable for had one dentist rendered the services.
19. **Prescribed drugs, pre-medication or analgesia (including nitrous oxide) are excluded.**
20. **Oral hygiene instruction.**
21. **Malignancies and Neoplasms:** Services for treatment of malignancies and neoplasms are not Covered Services.
22. **All hospital costs and any additional fees charged by the dentist for hospital treatment.**
23. **Implants:** (Materials implanted into or on bone or soft tissue), or the removal of implants are not benefits under this Subscriber Agreement.
24. **Services of oral surgery,** for example, tooth extractions.
25. **Services for endodontics,** for example, root canals. **Endodontics** means the branch of dentistry dealing with diseases of the tooth pulp.
26. **Services for periodontics,** for example, scaling and root planing. **Periodontics** is the dental specialty of treating periodontal disease.
27. **Services for prosthodontics,** for example crowns. **Prosthodontics** is the branch of dentistry dealing with the construction of artificial appliances for the mouth, especially for the purpose of replacing missing teeth with bridges and dentures.
28. **Space maintainers.** Space maintainers are appliances that are designed to prevent tooth movement.
29. **Sealants.**