Your Anthem Benefits



Trends International, LLC Anthem Dental Traditional (group size 51+) Summary of Benefits, Effective January 1, 2015

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, exclusions, qualifications, limitations, terms and provisions of the Dental Certificate.

BENEFITS	MEMBER'S RESPONSIBILITY
Annual Deductible (Single/Family)	\$25/\$75
Annual Maximum	\$1,000
Class PREVENTIVE Services (no deductible)	Covered in Full
Include exams, oral evaluations, x-rays (bitewing and	
complete series), cleaning and scaling, space maintainers	[18] - [18] - [18] - [18] - [18] - [18] - [18] - [18] - [18] - [18] - [18] - [18] - [18] - [18] - [18] - [18]
and other selected diagnostic and preventive services	[요리] 그리고 그 1200년 사람들이 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
(Limits may apply) Please refer to your certificate for	
additional information.	
Class II BASIC SERVICES (deductible applies) Class II A General Services	000
Include politica (emergency) treatment consultations	20%
Include palliative (emergency) treatment, consultations, general anesthesia, intravenous sedation, office visits for	
observation, amalgam and composite restorations and pin	[2015] - H.
retention procedures	
Class II B Specialty Services	20%
Include root canal therapy, apexification/recalcification,	20 /0
therapeutic pulpotomy, oral surgery, simple and surgical	주는 하고 있으면 하다에게 하나 있는 것은 것이 되었다.
tooth extractions, periodontic services, gingivectomy.	
osseous surgery and other selected endodontic, oral surgery	
and periodontal services.	
(Limits may apply) Please refer to your certificate for	[18] 전 경우 10 전 10
additional information.	
Class III MAJOR SERVICES (deductible applies)	500/
Prosthodontic Services	50%
Include onlays, crowns, dentures, bridges and repair of dentures and bridgework, implants and other selected	
prosthodontic services	
Missing Tooth Benefit	Covered
Services for the replacement of teeth (tooth) lost prior to the	OUVERCU
member's effective date of coverage under this plan.	
 Removable prosthodontics (partials or dentures) 	
 Fixed prosthodontics (bridges) for the replacement of 	가 그는 그는 사람들이 얼마가 되는 것을 만든 것이 되었다.
teeth (or tooth)	
A waiting period and/or limits may apply. Please refer to your	내용하다 한테어 발표되었다. 그렇게 그렇게 되고 있는데 하다 하다.
certificate for additional information.	5004 01311 1 1
Class IV ORTHODONTIC (no deductible)	50% Child only to age 19
Orthodontic Services	
Include examination, records, minor treatment of tooth guidance, repositioning (straightening) of the teeth,	가장 전에 있다. 가게되는 사용을 보다 보는 것이 없는 것이 없다.
interceptive or comprehensive orthodontic treatment, post-	12 15 15 15 15 15 15 15
treatment stabilization.	[2] [전문 10] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
A waiting period and/or limits may apply. Please refer to your	H. 이 전투 회사의 시간 바닷컴 보다 보냈다고 하는데 보다 보다.
certificate for additional information	

Authorized group signature	Date
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