



Elevance Comprehensive

\$4,000 CALENDAR YEAR MAXIMUM

This plan covers up to a \$4,000 allowance for covered preventive and comprehensive dental services every calendar year, up to the maximum dental allowance amount. Any amount not used at the end of the calendar year will expire. After plan paid benefits for dental services, members are responsible for the remaining costs.

Members must utilize an in-network provider to receive benefits.

If elected, Member is responsible for all non-covered procedures.

*****Effective 7/1/2024, for states CA, CT, IN, NY, OH and VA, x-ray and narrative are required with claim submission for Implant Service codes D6000-D6199.**

| Member Responsibility |
|----------------------------|
| Preventive Services: 0% |
| Comprehensive Services: 0% |