

**DENTAL – EMPLOYER SPONSORED OR VOLUNTARY**

Carrier	Anthem Blue Cross					
Plan Type	PPO					
Plan Name	Silver		Gold – ER Sponsored Only		Platinum – ER Sponsored Only	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Maximum	\$1,500	\$1,500	\$2,000	\$2,000	\$2,500	\$2,500
Annual Deductible	\$50 <sup>1</sup>	\$50 <sup>1</sup>	\$50 <sup>1</sup>	\$50 <sup>1</sup>	\$50 <sup>1</sup>	\$50 <sup>1</sup>
Diagnostic & Preventive Care Preventive Basic Services Major Services Endodontics & Periodontics Restorative	Ded. Waived 100% 80% 50% 80% <sup>2</sup> See EOC	Ded. Waived 80% 60% 50% 60% <sup>2</sup> See EOC	Ded. Waived 100% 90% 60% 90% <sup>2</sup> See EOC	Ded. Waived 100% 80% 50% 80% <sup>2</sup> See EOC	Ded. Waived 100% 90% 60% 90% <sup>2</sup> See EOC	Ded. Waived 100% 90% 60% 90% <sup>2</sup> See EOC
Orthodontic Care (optional) Coinurance Annual Maximum Lifetime Maximum	Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered	50% <sup>3</sup> None \$2,000 <sup>3</sup>	50% <sup>3</sup> None \$2,000 <sup>3</sup>	50% <sup>3</sup> None \$2,500 <sup>3</sup>	50% <sup>3</sup> None \$2,500 <sup>3</sup>
Waiting Periods Basic  Major  Ortho	None  ER SPON: None VOLUN: 12 Months <sup>4</sup>  Not Covered	None  ER SPON: None VOLUN: 12 Months <sup>4</sup>  Not Covered	None  None  None	None  None  None	None  None  None	None  None  None
Orthodontic Takeover Credit	Does Not Apply		See Plan Specific EOC			
UCR		Maximum Allowable Charge		90% of U & C		90% of U & C
Annual Carry Over Carry Over Amount PPO Bonus Benefit Threshold Maximum Carry Over Amount	\$350 \$175 \$700 \$1,500		\$400 \$200 \$800 \$2,000		\$450 \$225 \$900 \$2,500	
Maximum Carry Over Provision	Members who visit the dentist and use only a portion of their annual maximum benefit in a year are rewarded with additional benefits for the following year. Based on the plan selected, members can earn additional money toward their next year's annual maximum benefit – if they use less than their Benefit Threshold listed above, they can increase their next year's coverage by \$350 on Silver, \$400 on Gold or \$450 on Platinum. Plus they can earn an additional \$175 on Silver, \$200 on Gold or \$225 on Platinum if they only visited network providers.					

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

1. Limit 3x per family.
2. Including Oral Surgery.
3. Covered adults and dependent children.
4. Waiting period waived for initial enrollees covered under the prior group plan.