Anthem

FLEX DENTAL PLAN NEWTOWN BOE

Description of Benefits	***You Pay:***
Annual Deductible *(individual/family)*	$50/$150
Annual Maximum *per member per calendar year*	$1,000
Lifetime Orthodontic Maximum *per member*	$1,000
DIAGNOSTIC & PREVENTIVE SERVICES • Initial evaluation • Periodic evaluations • X-rays and Bitewings • Cleanings, twice a year • Fluoride treatment under age 19 • Sealants up to age 14 • Space maintainers under age 19 • Emergency palliative treatment • Oral Exams	20% No Deductible
BASIC SERVICES • Fillings (Amalgam, Silicate Acrylic) • Simple and surgical extractions • Oral surgery • Periodontics Maintenance • Endodontics including but not limited to root canal therapy • Repair Removable Dentures • Recement Crown • Recement Bridge • Repair Bridge • Anesthesia	20%, after deductible
MAJOR SERVICES • Repair and relining of dentures • Crowns • Inlays • On lays • Gold restorations, incl. inlays, on lays and foil fillings • Prosthodontics including but not limited to bridgework, partial and full dentures • Post and core • Full and Partial Dentures • Implants; including any appliances and or crowns and the surgical insertion or removal of the implants	50% after deductible
ORTHODONTIC SERVICES *(child or adult)* • Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth • Examination • Records • Tooth guidance • Repositioning (straightening) of the teeth	50% after deductible

Accessing Benefits:

Participating Benefits: When a member receives care from one of our participating Dentists, he or she simply presents his or her identification card showing dental coverage. The dentist bills us directly for all covered services. For dental care provided by a Participating Dentist, we will pay the lesser of Dentist's usual charge or maximum allowable amount as determined by Anthem BCBS. The participating Dentist will accept Anthem BCBS's payment in full and make no additional charge to the member, except as otherwise specified in the member's certificate of coverage.
Non-Participating Benefits: Anthem BCBS will pay the maximum allowable amount as determined by Anthem BCBS. The member is responsible for any difference between the amount paid by Anthem BCBS and the fee charged by the Dentist.

Dental claims should be submitted to Anthem BCBS Dental, P.O. Box 547, North Haven CT 06473.

PRINCIPAL LIMITATIONS AND EXCLUSIONS

Services received from a dental or medical department maintained by an employer, a mutual benefit association, labor union, trustee or other similar person or group; Services for which the member incurs no Dentists' Charge or which are services of a type ordinarily performed by a physician, or charges which would not have been made if insurance was not available; Services with respect to congenital malformations; Services, treatment or supplies furnished by or at the direction of any government, state or political subdivision; Any items not specifically listed in this Policy; Lost or stolen dentures or denture duplication; Gold foil restorations;

Temporary services and appliances; such as crown or tooth preparations and temporary fillings, crowns, bridges and dentures; Application of sealants, regardless of reason; Services as determined by the company, that are rendered in a manner contrary to normal dental practice. A complete list of exclusions appears in the Certificate of Coverage.

This is not a legal policy or contract. It is only a general description of your benefits. If there are discrepancies between the Certificate of Coverage and this summary, the Certificate of Coverage shall control.

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