

# Summary of Benefits

## Self-Insured Schools of CA – SISC Dental Health Network



Anthem Dental Essential Choice PPO \$4000  
Anthem Blue Cross Dental

Effective Date: 10/1/19

### Your dental benefits at a glance:

Benefits*	In-Network	Out-of-Network
Coverage Year		Calendar Year
Office Visit Copay		\$0
Annual Deductible per insured person		\$0
Annual Benefit Maximum	\$4,000	\$250
• Diagnostic & Preventive Services are applied to the Annual Benefit Maximum		
Annual Implant Maximum	\$2,000	\$0
• Applies to the Annual Benefit Maximum		
Orthodontic Lifetime Benefit Maximum	\$2,000	\$2,000
• Per eligible person		
Dental Services *	In-Network Anthem Pays:	Out-of-Network Anthem Pays:
Diagnostic & Preventive Services	100% coinsurance	0% coinsurance
• Exams, cleanings, x-rays		
Basic (Restorative) Services	100% coinsurance	0% coinsurance
• Fillings, simple tooth extractions, sealants		
Endodontics (Surgical and Non-Surgical)	100% coinsurance	0% coinsurance
• Root canal and retreatments		
Periodontics (Surgical and Non-Surgical)	100% coinsurance	0% coinsurance
• Periodontal maintenance, scaling and root planning, periodontal Surgery		
Oral Surgery (Simple and Complex)	100% coinsurance	0% coinsurance
• Simple and surgical extraction		
Major (Restorative) Services	100% coinsurance	0% coinsurance
• Crowns, onlays, veneers		
Prosthodontics	50% coinsurance	0% coinsurance
• Dentures, bridges, implants		
Repairs/Adjustments	50% coinsurance	0% coinsurance
• Crown, denture, and bridge repairs		
• Denture and bridge adjustments		
Adult/Child Orthodontic Services	100% coinsurance	100% coinsurance
o No age limits apply		
Additional Services and Programs		
<b>Anthem Whole Health Connection - Dental<sup>SM</sup></b> - For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)		
<b>Accidental Dental Injury Benefit</b> - Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply		
<b>Extension of Benefits</b> - Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered		
<b>International Emergency Dental Program-</b> - Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)		

\*This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.

\*\*Reimbursement is based on the Anthem Fee Schedule for In-Network providers and the 90<sup>th</sup> percentile of FAIR health for Out-of-Network Providers.

**Need to contact us? Please call Anthem Dental Customer Service number at 1-844-729-1565**