Anthem REST EASY | SMALL BUSINESS

Georgia | 2020

Dental Essential Choice PPO plans (2-50 employees)

All plans include International Emergency Dental Program, Ask a Hygienist and SpecialOffers.

	Value	Classic		Enhanced		Voluntary	
	Passive	Passive	Active	Passive	Active	Passive	Active
Annual benefit maximum	$500	$1,000 / $1,500 / $2,000 / Unlimited		$1,000 / $1,500 / $2,000 / Unlimited		$1,000 / $1,500	
Annual deductible[1] (individual, family)	$50, $150	$50, $150		$50, $150		$50, $150	
Diagnostic and preventive services[1] (INN, OON)	100%, 100%	100%, 100%	100%, 80%	100%, 100%		100%, 100%	100%, 80%
Basic services (INN, OON)	80%, 80%	80%, 80%	80%, 60%	90%, 90%	90%, 80%	80%, 80%	80%, 60%
Major services (INN, OON)	Not covered	50%, 50%		60%, 60%	60%, 50%	50%, 50%	
Endodontic, periodontal and oral surgery services	Basic / Not covered	Basic / Major		Basic / Major		Basic / Major	
Orthodontia services[2]	Not covered	Not covered / 50%		Not covered / 50%		Not covered / 50%	
Orthodontia coverage	Not covered	Not covered / Children only		Not covered / Children only / Adults and children		Not covered / Children only	
Orthodontia lifetime maximum	Not applicable	Not applicable / $1,000 / $1,500		Not applicable / $1,000 / $1,500		Not applicable / $1,000	
Waiting periods[3] (major services and orthodontia)	None	None		None		12 months	
Non-network reimbursement	90th / MAC	90th / MAC		90th / MAC		90th / MAC	
Dental network	Dental Complete	Dental Complete		Dental Complete		Dental Complete	
Annual maximum carryover[4]	Included	Included / Not included		Included / Not included		Included	
Posterior composites	Included	Included		Included		Included	
Dental implants	Not included	Included		Included		Included	
Anthem Whole Health Connection	Included	Included		Included		Included	
Accidental dental injury benefit[5]	Included	Included		Included		Included	
Extension of benefits	Included	Included		Included		Included	

INN = In-network or Network
OON = Out-of-network or Non-network
MAC = Maximum allowable charge
1 Deductible is waived for diagnostic and preventive services.
2 Optional benefit. Available for groups of 5+ employees enrolled.
3 12-month waiting period waived only for initial enrollees with prior comparable group coverage.
4 Annual maximum carryover benefit isn't included with unlimited annual maximum plans.
5 No deductible, no coinsurance or waiting periods apply. Accumulates to the annual maximum.

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Exclusions and Limitations

Request a copy of the Certificate of Coverage for comprehensive details on covered services, exclusions and limitations. These exclusions and limitations will apply to all members enrolled in any of the products described in this guide unless otherwise noted.

Plan benefits and limitations

Benefits listed for overview purposes. 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 the Certificate of Coverage.

Diagnostic and preventive services

- Periodic dental exam and cleaning – limited to two per 12 months
- Bitewing X-rays – limited to one per 12 months
- Full-mouth or panoramic x-rays – limited to one per 60 months
- Fluoride application – limited to one per 12 months through age 18
- Sealant application – limited to one per 60 months through age 18

Basic (restorative) services

- Consultation (second opinion) and brush biopsy – limited to one per 12 months
- Space maintainer insertion – limited to one per tooth space per lifetime through age 18
- Amalgam fillings and composite fillings (includes posterior) – limited to one per tooth surface per 24 months

Endodontics

- Root canals, retreatments, apicoectomies and apexifications – limited to one per tooth per lifetime; permanent teeth only

Periodontics

- Periodontal maintenance – limited to four per 12 months
- Scaling and root planning – limited to one per quadrant per 24 months when the tooth pocket has a depth of four millimeters or greater
- Periodontal surgery (osseous, gingivectomy, graft procedures) – limited to one per quadrant per 36 months

Oral surgery

- Simple and surgical extractions – limited to one per tooth per lifetime

Major services

- Crowns, onlays, veneers, dentures, bridges and implants – limited to one per tooth per 84 months
- Crown, denture, and bridge repairs and adjustments – limited to one per tooth per 12 months; not within 6 months of placement. Plan member receives the benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the treatment cost. Missing tooth clause of 24 months applies for the replacement of congenitally missing teeth or teeth lost prior to the coverage effective date for this plan.

Annual maximum carryover

- An annual opportunity for members to carry-over a portion of their annual maximum from one year to the next if their annual dental claims are less than the amount specified in their plan. Network Boost is a feature available to carry-over an additional portion of a member's annual maximum from one year to the next when all dental claims are performed by participating network dentists.

Non-network

- Claim payments are based on the amount charged by the dentist or our maximum allowed amount, whichever is less. If a dentist not in our network charges more than our maximum allowed amount, the patient is responsible for the difference. Dentists in our network agree not to charge more than their contractual agreement with us.

Additional limitations and exclusions

Below is a partial listing of non-covered services under these dental plans. Please see the group policy for a full list.

- Services provided before or after the term of this coverage – Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate
- Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services
- Cosmetic dentistry provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist
- Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care
- Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services
- Waiting periods apply for Major services and Orthodontic services for all Voluntary plans
- Dependent child coverage limited to children under 26