

SUMMARY OF BENEFITS

The Summary of Benefits is a summary of the Deductibles, Coinsurance and other limits when you receive Covered Services from a Provider. Please refer to the Covered Services section of this Certificate for a more complete explanation of the specific services covered by the Plan. All Covered Services are subject to the conditions, exclusions, limitations, terms and provisions of this Certificate including any attachments or riders.

Coverage Year	Calendar Year - A 12-month period starting January 1 – December 31 at 12:01 A.M., Eastern Time
Dependent Age Limit:	To the end of the month in which the child attains age 26.
Benefit Waiting Period	There are no benefit waiting periods.

Dental Covered Services

After you have satisfied the Deductible, We will pay benefits for Covered Services at the percentage or applicable amount up to the Maximum Allowed Amount for each completed Dental Service. The Maximum Allowed Amount payable for each Dental Procedure is determined by Anthem, and there may be different levels of reimbursement for the Maximum Allowed Amount depending upon whether you elect to receive services from a Participating or a Non-Participating Dentist.

	Participating Dentist	Non-Participating Dentist
Diagnostic and Preventive Services*	100%	100%
Basic Restorative Services	80%	80%
Endodontic Services	80%	80%
Periodontal Services	80%	80%
Oral Surgery Services	80%	80%
Major Restorative Services	80%	80%
Prosthodontic Services	80%	80%
Orthodontic Services*	60%	60%

*(Not subject to the Deductible)

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DENTAL BENEFIT MAXIMUMS

Dental Benefit Maximums (combined for Participating and Non-Participating Dentists)

Coverage Year Maximum	\$2,500.00 per Member
Orthodontic Services Lifetime Maximum	\$1,000.00 per Member

Coverage Year Maximum. Your combined benefits, excluding orthodontics, are subject to the Coverage Year Maximum. We will not pay any benefit in excess of that amount during a Coverage Year.

Orthodontic Services Lifetime Maximum. Your orthodontic benefits are subject to the Orthodontic Services Lifetime Maximum. We will not pay any orthodontic benefits in excess of that amount during a Member's lifetime.

DEDUCTIBLES

Deductible (combined for Participating and Non-Participating Dentist)

Per Member	\$25.00
Per Family	\$50.00

Deductibles. You are responsible for satisfying the Deductibles before We pay for benefits. If 2 family Members satisfy their individual Deductible, the family Deductible will be met. Only charges that are considered a Maximum Allowed Amount will apply toward satisfaction of the Deductibles.