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Outline of Coverage – Plan C Dental Prime for Individuals & Families

Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Summary of Dental Benefits

COVERED SERVICES Type of Service	COVERAGE PERCENTAGES	
	Participating Providers	Non-Participating Providers
Diagnostic & Preventive Services	100%	100%
Basic Restorative Services	80%	80%
Endodontic Services	50%	50%
Periodontal Services	50%	50%
Oral Surgery Services	50%	50%
Major Restorative Services	50%	50%
Prosthodontic Services	50%	50%

Exclusions

We will not pay for services incurred for, or in connection with, any of the items below.

- A. Dental services which a covered person would be entitled to receive for a nominal charge or without charge if this Plan were not in force under any Worker's Compensation Law, Federal Medicaid program, or Federal Veteran's Administration program. However, if a covered person receives a bill or direct charge for dental services under any governmental program, then this exclusion will not apply. Benefits under this policy will not be reduced or denied because dental services are rendered to a subscriber or dependent who is eligible for or receiving Medical Assistance.
- B. Dental services or health care services not specifically covered under this policy (including any hospital charges, prescription drug charges and dental services or supplies that are medical in nature).
- C. New or unproven dental techniques or services may be denied until there is an established scientific basis for recommendation.
- D. Dental services performed for cosmetic purposes.
- E. Dental services completed prior to the date the covered person became eligible for coverage.
- F. Services of anesthesiologists.

- G. Anesthesia services, except by a dentist or by an employee of the dentist when the service is performed in his or her office and by a dentist or an employee of the dentist who is certified in their profession to provide anesthesia services.
- H. Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines, or drugs for non-surgical or surgical dental care. NOTE: Intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.
- I. Dental services performed other than by a licensed dentist, licensed physician, his or her employees.
- J. Dental services, appliances or restorations that are necessary to alter, restore or maintain occlusion, including: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition, realignment of teeth, periodontal splinting and gnathologic recordings.
- K. Any material grafted onto bone or soft tissue, including procedures necessary for guided tissue regeneration.
- L. Services or supplies that have the primary purpose of improving the appearance of your teeth. This includes tooth whitening agents or tooth bonding and veneer covering of the teeth.
- M. Orthodontic treatment services.
- N. Case presentations, office visits and consultations.
- O. Incomplete, interim or temporary services.
- P. Initial installation of an implant(s), full or partial dentures or fixed bridgework to replace a tooth (teeth) which was extracted prior to becoming a covered person under this policy. EXCEPTION: This exclusion will not apply for any person who has been continuously covered for more than 24 months.
- Q. Corrections of congenital conditions during the first 24 months of continuous coverage under this policy.
- R. Athletic mouth guards, enamel microabrasion and odontoplasty.
- S. Retreatment or additional treatment necessary to correct or relieve the results of treatment previously benefited.
- T. Procedures designed to enable prosthetic or restorative services to be performed such as a crown lengthening.
- U. Bacteriologic tests.
- V. Cytology sample collection.
- W. Separate services billed when they are an inherent component of a dental service.
- X. Pediatric removable or fixed prosthetic appliances (dentures, partials or bridges).
- Y. Interim or temporary removable or fixed prosthetic appliances (dentures, partials or bridges).
- Z. Services for the replacement of an existing partial denture with a bridge.
- AA. Additional, elective or enhanced prosthodontic procedures including, connector bar(s), stress breakers and precision attachments.
- BB. Provisional splinting, temporary procedures or interim stabilization.
- CC. Placement or removal of sedative filling, base or liner used under a restoration.
- DD. Services or supplies that are medical in nature, including dental oral surgery services performed in a hospital.
- EE. Oral hygiene instruction.
- FF. Occlusal procedures.
- GG. Any charges which exceed the maximum allowed amount.

- HH. Pulp vitality tests.
- II. Adjunctive diagnostic tests.
- JJ. Diagnostic casts.
- KK. Amalgam or composite restorations placed for preventive or cosmetic purposes.
- LL. Incomplete root canals.
- MM. Cone beam images.
- NN. Anatomical crown exposure.
- OO. Temporary anchorage devices.
- PP. Sinus augmentation.
- QQ. Restorations placed for preventive or cosmetic purposes.
- RR. Inlays, onlays and crowns placed for preventive or cosmetic purposes.
- SS. Crowns and indirectly fabricated restorations (inlays and onlays) are not covered unless the tooth is damaged by decay or fracture with loss of tooth structure to the point it cannot be restored with an amalgam or resin restoration.
- TT. Recement space maintainers.
- UU. Consultations.
- VV. Orthodontic services.

Eligibility

To be a policyholder, you must be a California resident, be at least 18 years of age, have applied and been accepted for coverage and are not enrolled in any other Anthem group or individual dental coverage.

Renewability

This policy will continue as long as your premiums are paid, subject to the grace period. We reserve the right to terminate the policy, in whole or in part, at any policy renewal date by giving you written notice at least 31 days prior to the renewal date. Termination of the policy will result in loss of coverage for all covered persons. If the policy is terminated, the rights of the covered persons are limited to covered services incurred before termination. Termination is without prejudice to any claim originating while the policy was in force.

We will not increase the premiums or decrease the benefits provided in this policy before any renewal date, and not without 60 days prior written notice.