# Anthem Dental Summary of Benefits

## SERVICES

### Calendar Year Deductible
- (Applies to Class II only)
- **Individual**: $50
- **Family**: $150

### Annual Maximum
- (Class I & Class II)
- Plan pays $1000 per person

## LEVEL OF BENEFIT

### DIAGNOSTIC/PREVENTIVE - CLASS I

**Diagnostic and Preventive Services**
- oral evaluations (2 per benefit year)
- X-rays
- cleanings (2 per benefit year)
- space maintainers
- other selected diagnostic and preventive services
- Sealants for children through age 15
- Fluoride Treatments through age 17 (2 per benefit year)

Plan pays 100%, up to the maximum allowance
No Deductible Applies

### GENERAL/RESTORATIVE - CLASS II

**General (Adjunctive) Services**
- emergency palliative treatment
- consultations
- general anesthesia (surgical procedures)
- I.V. sedation (surgical procedures)
- office visits for observation
- other selected general services

**Restorative Services**
- amalgam and composite restorations
- pin retention procedures

**Endodontic Services**
- root canal therapy
- apexification
- therapeutic pulpotomy
- other selected endodontic services

**Oral Surgery Services**
- simple and surgical tooth extractions
- other selected oral surgery services

**Periodontal Services**
- gingivectomy
- crown lengthening
- osseous surgery
- soft tissue grafts

**Repairs to Dentures & Bridges**
Plan pays 80%, and you pay 20%, up to the maximum allowance.
You pay a $50/$150 annual deductible

(Note: Major Services such as crowns and dentures as well as orthodontia treatment are not covered)

## Monthly Rates 1/1/06 through 12/31/06

**Full-time Employee Cost**
- **Single Rate**: No Cost
- **2 Adult Rate**: $25.01
- **Adult with Child(ren)**: $23.48
- **Full Family**: $54.07

Once Enrolled, Bates group members may contact 1-888-799-6290 for Anthem Dental's toll free customer service.

- A separate deductible is required for each member receiving services. However, if during the calendar year the total family expenses for covered services exceed three times the individual deductible, then no additional deductible will be required for other family members.
- Method of payment is based on an allowed fee established by Anthem Dental.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, exclusions, qualifications, limitations, terms and provisions of the Dental Certificate.