

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 | | |
| Anthem Whole Health Connection - DentalSM - 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) | | |
| Accidental Dental Injury Benefit - 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 | | |
| Extension of Benefits - 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 | | |
| International Emergency Dental Program- - 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 90th 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