

NYCDCC DENTAL BENEFITS

XPO (IN-NETWORK)- ANTHEM BCBS PAYS 100% COVERAGE (AFTER DEDUCTIBLE, IF APPLICABLE).

DENTAL COMPLETE (IN-NETWORK)- ANTHEM BCBS PAYS 80% COVERAGE (AFTER DEDUCTIBLE, IF APPLICABLE) [OR 50% FOR ORAL SURGERY, MAJOR SERVICES, PROSTHODONTICS, AND ORTHODONTIC SERVICES].

OUT-OF-NETWORK- PROVIDES REIMBURSEMENT PER PREDETERMINED FEE SCHEDULE.

ACTIVE PARTICIPANTS/DEPENDENTS ARE ENTITLED TO:

-AN ANNUAL BENEFIT MAXIMUM OF \$2,500.

-AN ORTHODONTIC LIFETIME BENEFIT MAXIMUM OF \$2,510.

-AN ANNUAL DEDUCTIBLE OF \$100 (PER MEMBER).

-A DEDUCTIBLE WAIVER FOR DIAGNOSTIC/PREVENTIVE SERVICES.*

RETIRED PARTICIPANTS/DEPENDENTS ARE ENTITLED TO:

-AN ANNUAL BENEFIT MAXIMUM OF \$1,500.

-AN ORTHODONTIC LIFETIME BENEFIT MAXIMUM OF \$2,510.

-AN ANNUAL DEDUCTIBLE OF \$100 (PER MEMBER).

-A DEDUCTIBLE WAIVE<mark>R FOR</mark> DIAGNOSTIC/PREVENTIVE SERVICES.*

*CERTAIN SERVICES SUCH AS ORAL EVALUATIONS AND TEETH CLEANING, ARE LIMITED TO TWO PER CALENDAR YEAR.

TO LEARN MORE, PLEASE CONTACT ANTHEM BCBS AT (844) 852-1553. IF YOU HAVE ANY QUESTIONS CONCERNING THE DENTAL PLAN, PLEASE CONTACT OUR MEMBER SERVICES DEPARTMENT AT (800) 529-FUND (3863).

