

## Your Summary of Benefits

### New York City District Council of Carpenters – Active Members

### Anthem Blue Cross and Blue Shield XPO Dental Complete

#### WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your employee benefits booklet.

#### Dental coverage you can count on

Your Anthem Blue Cross and Blue Shield (Anthem) dental plan lets you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose one within our large network.

#### Savings beyond your dental plan benefits – you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE	In-Network	Out-of-Network
<b>Annual Benefit Maximum – (Calendar Year)</b> • Per member	\$4,000	\$4,000
<b>Orthodontic Lifetime Benefit Maximum</b> • Per eligible insured person	Once per lifetime	\$2,510
<b>Annual Deductible – (Calendar Year)</b> • Per insured person	\$100	\$100
<b>Deductible Waived for Diagnostic/Preventive Services</b>	Yes	Yes
<b>Out-of-Network Reimbursement</b>	Per Fee Schedule	

Dental Services	In-Network(XPO) Empire Pays:	In-Network(Complete) Empire Pays:	Out-of-Network
<b>Diagnostic and Preventive Services</b> • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays • Periapical X-rays	100% coverage	100% coverage	Per Fee Schedule
<b>Basic Services</b> • Amalgam (silver-colored) filling • Front composite (tooth colored) filling • Back composite (tooth colored) filling • Simple extractions	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
<b>Endodontics</b> • Root canal	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
<b>Periodontics</b> • Scaling and root planing	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
<b>Oral Surgery</b> • Surgical extractions	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
<b>Major Services</b> • Crowns	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
<b>Prosthodontics</b> • Dentures • Bridges • Dental implants	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
<b>Prosthetic Repairs/Adjustments</b>	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
<b>Orthodontic Services</b> • Adult and dependent children (26 End of Month)	100% coverage (	100% coverage	Per Fee Schedule

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 employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee benefits booklet, the booklet will prevail.

**Emergency dental treatment for the international traveler**

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program. \* With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

\* The International Emergency Dental Program is managed by an independent company offering dental-management services to Anthem. To learn more about the program, please visit the International Emergency Dental Web site at [www.decare.com/internationalDentalProgram.do](http://www.decare.com/internationalDentalProgram.do).

**Finding a dentist is easy.**

To select a dentist by name or location, do one of the following:

- Go to [anthem.com](http://anthem.com)
- Call Anthem dental customer service at the toll-free number listed on the back of your ID card.

**TO CONTACT US:**

Call	Write	Email
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.	Go to <a href="http://anthem.com">anthem.com</a> or the website listed on the back of your ID card.

**Limitations & Exclusions**

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

**Diagnostic and Preventive Services**

- Oral evaluations (exam)** – Limited to two per Calendar Year
- Teeth cleaning (prophylaxis)** – Limited to two per Calendar Year
- Periapical X-rays, single film** – Limited to four per 12 months
- Complete series X-rays (panoramic or full-mouth)** – Limited to one in 60 months
- Topical fluoride application** – Limited to two per Calendar Year for members through age 14
- Sealants** – Limited to one per lifetime through age 14, permanent posterior teeth only

**Basic and/or Major Services**

- Space maintainers** – Limited to once per lifetime; no tooth parameter
- Crowns** – Limited to once per tooth in a 60 month period
- Fixed or removable prosthodontics** – Limited to one in 60 months
- Root canal therapy** – Limited to once per lifetime
- Periodontal surgery** – Limited to one in 36 months
- Periodontal scaling and root planing** – Limited to one in 36 months
- Periodontal maintenance** – Limited to two per Calendar Year

**In Network – A small number of services have copays, aligning with the prior plan (ASO/SIDS)**

Description	In-Network Copayment
PREFABRICATED ABUTMENT	\$275
CUSTOM ABUTMENT	\$275
ABUTMENT SUPPORTED PORCELAIN CERAMIC CROWN	\$300
ABUTMENT SUPPORTED PORCELAIN METAL CROWN	\$300
ABUTMENT SUPPORTED CROWN	\$225
ABUTMENT SUPPORTED CAST HIGH NOBEL METAL CROWN	\$300
ABUTMENT SUPPORTED NOBLE METAL CROWN	\$225
IMPLANT SUPPORTED PORCELAIN CERAMIC CROWN	\$600
IMPLANT SUPPORTED PORCELAIN/HIGH NOBEL METAL CROWN	\$600
IMPLANT SUPPORTED HIGH NOBLE METAL	\$600

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem.