

Your Summary of Benefits

New York City District Council of Carpenters – Retiree 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
Annual Benefit Maximum – (Calendar Year) • Per member	\$3,000	
Orthodontic Lifetime Benefit Maximum • Per eligible insured person	Once per lifetime	\$2,510
Annual Deductible – (Calendar Year) • Per insured person	\$100	
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement	Per Fee Schedule	

Dental Services	In-Network(XPO) Anthem Pays:	In-Network(Complete) Anthem Pays:	Out-of-Network
Diagnostic and Preventive Services • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays • Periapical X-rays	100% coverage	100% coverage	Per Fee Schedule
Basic Services • 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
Endodontics • Root canal	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
Periodontics • Scaling and root planing	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
Oral Surgery • Surgical extractions	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
Major Services • Crowns	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
Prosthodontics • Dentures • Bridges • Dental implants	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
Prosthetic Repairs/Adjustments	100% coverage (after deductible)	100% coverage (after deductible)	Per Fee Schedule
Orthodontic Services • 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.

Finding a dentist is easy.

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

- Go to 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 anthem.com 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)

<u>Description</u>	<u>In-Network Copayment</u>
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 CROWN	\$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.