

NYCDCC DENTAL BENEFITS

EFFECTIVE JULY 1, 2024

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

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

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

ACTIVE PARTICIPANTS/DEPENDENTS ARE ENTITLED TO:

- -AN ANNUAL BENEFIT MAXIMUM OF \$4,000.
- -AN ORTHODONTIC LIFETIME BENEFIT MAXIMUM: ONCE PER LIFETIME (IN-NETWORK); \$2,510 (OUT-OF-NETWORK).
- -AN ANNUAL DEDUCTIBLE OF \$100 (PER INSURED PERSON).
- -A DEDUCTIBLE WAIVER FOR DIAGNOSTIC/PREVENTIVE SERVICES.*

RETIRED PARTICIPANTS/DEPENDENTS ARE ENTITLED TO:

- -AN ANNUAL BENEFIT MAXIMUM OF \$3,000.
- -AN ORTHODONTIC LIFETIME BENEFIT MAXIMUM: ONCE PER LIFETIME (IN-NETWORK); \$2,510 (OUT-OF-NETWORK).
- -AN ANNUAL DEDUCTIBLE OF \$100 (PER INSURED PERSON).
- -A DEDUCTIBLE WAIVER FOR 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).

