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 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.

<table>
<thead>
<tr>
<th>YOUR DENTAL PLAN AT A GLANCE</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Benefit Maximum -- (Calendar Year)</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Annual Maximum Carryover</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Orthodontic Lifetime Benefit Maximum</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual Deductible – (Calendar Year)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>• Per insured person</td>
<td>3x single member deductible</td>
<td>3x single member deductible</td>
</tr>
<tr>
<td>• Family maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible Waived for Diagnostic and Preventive Services</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Out-of-Network Reimbursement</td>
<td>80th percentile</td>
<td></td>
</tr>
</tbody>
</table>

Dental Services

- Diagnostic and Preventive Services
  - Periodic oral exam
  - Teeth cleaning (prophylaxis)
  - Bitewing X-rays (twice per calendar year)
  - Intraoral X-rays
  - Anthem Pays: 80% coinsurance
  - Waiting Period: No waiting period

- Basic Services
  - Amalgam (silver-colored) Filling
  - Front composite (tooth-colored) Filling
  - Back Composite Filling, covered as composite
  - Simple Extractions
  - Anthem Pays: 80% coinsurance
  - Waiting Period: No waiting period

- Endodontics
  - Root canal
  - Anthem Pays: 60% coinsurance
  - Waiting Period: No waiting period

- Periodontics
  - Scaling and root planing
  - Anthem Pays: 60% coinsurance
  - Waiting Period: No waiting period

- Oral Surgery (Services Limited)
  - Surgical Extractions
  - Anthem Pays: 80% coinsurance
  - Waiting Period: No waiting period

- Major Services
  - Crowns
  - Anthem Pays: 60% coinsurance
  - Waiting Period: No waiting period

- Prosthodontics
  - Dentures
  - Bridges
  - Dental Implants (covered)
  - Anthem Pays: 60% coinsurance
  - Waiting Period: No waiting period

- Prosthetic Repairs/Adjustments
  - 60% coinsurance
  - Waiting Period: No waiting period

- Orthodontic Services
  - Not covered
  - Waiting Period: No waiting period

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 DeCare Dental, which is 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.decaredental.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:

<table>
<thead>
<tr>
<th>Call</th>
<th>Write</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Refer to the back of your plan ID card for the address.</td>
</tr>
</tbody>
</table>

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your employee benefits booklet 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
  - Intraoral X-rays, single film Limited to four films per 12-month period
  - Complete series X-rays (panoramic or full-mouth) Limited to once every three years
  - Topical fluoride application Limited to 2 per calendar year for members to age 16
  - Sealants Limited to 2 per tooth per lifetime to age 16 on permanent molars and bicuspids
  - **Basic and/or Major Services**

- **Fillings**
  - Space Maintainers Limited to extracted primary tooth or teeth for members to age 16
  - Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater
  - Periodontal scaling and root planing Limited to once per 24 months, when the tooth pocket has a depth of four millimeters or greater
  - Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.
  - Crowns Limited to once per tooth in a three year period
  - Fixed or removable prosthetics – dentures, partials, bridges, tooth implants

- **Cosmetic dentistry**
  - Covered once in any three year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is three years old or older and cannot be made serviceable.
  - **Brush biopsy** (Not covered)

- **Orthodontic braces, appliances and all related services**

- **Orthodontia**
  - Limited to one course of treatment per member per lifetime

- **Services provided before or after the term of this coverage**
  - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

- **Orthodontics (unless included as part of your dental plan benefits)**
  - Orthodontic braces, appliances and all related services

- **Cosmetic dentistry**
  - Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions exist

- **Drugs and medications**
  - Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care
  - Analgesia, anesthetic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

- **Extractions**
  - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

***Waiting periods - There may be a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – if Orthodontia is included as a benefit of your dental plan

Orthodontia Limited to one course of treatment per member per lifetime

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your employee benefits booklet for a full list.

- Orthodontic braces, appliances and all related services

- **Cosmetic dentistry**
  - Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions exist

- **Drugs and medications**
  - Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care
  - Analgesia, anesthetic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

- **Extractions**
  - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

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 Blue Cross Life and Health Insurance Company.