# Non-AAUP Dental Plan Overview 2017

<table>
<thead>
<tr>
<th>Dental Plans Covered Service</th>
<th>Basic Plan</th>
<th>Basic Ortho Plan</th>
<th>High Plan</th>
<th>High Ortho Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$50 per person</td>
<td>$50 per person</td>
<td>$25 per person</td>
<td>$50 per person</td>
</tr>
<tr>
<td></td>
<td>$150 family</td>
<td>$150 family</td>
<td>$75 family</td>
<td>$100 family</td>
</tr>
<tr>
<td></td>
<td>Applies to all services</td>
<td>Applies to all services except Diagnostic &amp; Preventive Services</td>
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<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>$500 per person</td>
<td>$500 per person (excluding orthodontic services)</td>
<td>$1,000 per person</td>
<td>$2,000 per person (excluding orthodontic services)</td>
</tr>
<tr>
<td><strong>Preventive and Diagnostic Services</strong></td>
<td>80% (after deductible)</td>
<td>100% (no deductible)</td>
<td>100% (no deductible)</td>
<td>100% (no deductible)</td>
</tr>
</tbody>
</table>

Covered services under each plan include:
- Examinations, cleanings up to twice per year (3rd annual cleaning available for those pregnant or who have diabetes.)
- Bitewing or full mouth x-rays
- Sealants for dependent children to age 16 (twice per lifetime)
- Topical fluoride application for dependent children to age 16 (twice per year)

**Basic Restorative Services**
- 80% (after deductible)  
- 80% (after deductible)  
- 80% (after deductible)  
- 80% (after deductible)  

Covered services under each plan include:
- Emergency treatment for relief of pain
- Fillings
- Extractions and other oral surgery including pre- and post-operative care
- Anesthesia for restorative services (local not general anesthesia).*

**Major Services**
- 60% (after deductible)  
- 60% (after deductible)  
- 80% (after deductible)  
- 60% (after deductible)  

Covered services under each plan include:
- Root canals or treatment of diseases of the tooth pulp
- Periodontal scaling and root planing
- Crowns
- Dentures and Bridges
- Repairs of full or partial dentures

**Orthodontic Services**
- Not covered
- 50% (after deductible) $1,000 Lifetime maximum per person
- Not covered
- 60% (after deductible) $2,000 Lifetime maximum per person

* General anesthesia for complex oral surgery (e.g. wisdom teeth extraction) may be payable as a medical benefit. Exclusions and Limitations: All plans are subject to exclusions, limitations and periodic updates. Orthodontics are for dependent children only under age 19. For details about the plans, contact Anthem Customer Service at 1-877-604-2156.