# Non-AAUP Dental Plan Overview 2019

<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>
<td>Applies to all services except Diagnostic &amp; Preventive Services</td>
<td>Applies to all services except Diagnostic &amp; Preventive Services</td>
</tr>
<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)
- Emergency treatment for relief of pain

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

**Covered services under each plan include:**
- Brush biopsy (pre-cancer screening - new in 2019)
- Fillings (tooth colored fillings for posterior teeth - new in 2019)
- 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)
- Not covered
- 60% (after deductible)

**Lifetime maximum per person**
- $1,000
- $1,000
- $2,000
- $2,000

* 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.