# Summary of Benefits Anthem Dental Essential Choice

Academy of Art University
Anthem Blue Cross Dental Complete Network



## Dental PPO BuyUp with Ortho

**ZAPA** 

#### **WELCOME TO YOUR DENTAL PLAN!**

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

#### Powerful and easily accessible member tools.

- Ask a Hygienist: Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- Dental Health Risk Assessment: We want our dental members
  to better understand their oral health and their risk factors for tooth
  decay, gum disease and oral cancer. This easy to use online tool can
  help them do this.
- Dental Care Cost Estimator: In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- More Capabilities: With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

#### Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem Blue Cross (Anthem) and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to anthem.com/ca or call dental customer service at the number listed on the back of your ID card.

#### Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

#### Need to contact us?

See the back of your ID card for who to call, write or email us.

### Your dental benefits at a glance

The following 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 policy.

	In-Network	Out-of-Network
Coverage Year	Calendar Year	
Annual Benefit Maximum		
Per insured person	\$1,500	\$1,500
Diagnostic & Preventive Services are applied to the Annual Maximum		
Annual Maximum Carryover	No	No
Orthodontic Lifetime Benefit Maximum		
Per eligible person	\$1,500	\$1,500
Annual Deductible		
Per insured person	\$50	\$50
• Family maximum	3x single member deductible	3x single member deductible
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement:	90th per	centile

Diagnostic and Preventive Services  109% Consumance  109%		In-Network	Out-of-Network	
Diagnostic and Preventive Services Period or law search Period to 2 per 12 months United to 12 per 12	Dental Services			Waiting Period
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Composite (confricated) filling Composite (confricated) Composite (co	○ Limited to one per 12 months			
Composite (noth-colored) filling Limited to one per tooth surface per 24 months position's (back) fillings paid as an amaligam (silver-colored filling)  Brush Biopsy (cancer test) Limited to one per 12 months; all ages  Space maintainer insertion Limited to one per tooth surface per lifetime through age 18  Endodontics (Non-Surgical) Roof Canal (permanent teeth only) Limited to one per tooth pace filletime permanent teeth only) Limited to one per tooth pace filletime, permanent teeth only Limited to one per tooth part lifetime; permanent teeth only  Periodontics (Surgical) Apicocatomy and apentification Limited to one per tooth part lifetime; permanent teeth only  Periodontics (Non-Surgical) Apicocatomy and apentification Limited to one per tooth part lifetime; permanent teeth only  Periodontics (Non-Surgical) Apicocatomy and apentification Limited to one per tooth part lifetime; permanent teeth only  Periodontics (Non-Surgical) Apicocatomy and apentification Limited to one per quadrant per 28 months contained with teeth cleanings Limited to one per quadrant per 24 months  Periodontics (Surgical) Apicocatomy and apentification Limited to one per quadrant per 24 months  Periodontics (Surgical) Apicocatomy and apentification Limited to one per quadrant per 28 months  Periodontics (Surgical) Apicocatomy (seesus, singlivectomy, graft procedures) Limited to one per quadrant per 38 months  Apicocatomy (Complex)	Amalgam (silver-colored) filling			
o Limited to one per tools surface per 24 months posterior (back) filings paid as an amalgam (silver-colored filling)      • Brush Bickpys (cancer test)     o Limited to one per 12 months; all ages				
posterior (back) filings paid as an amalgam (silver-colored filling)  • Brush Biospy (cancer test)  • Umited to one per 12 months; all ages  • Space maintainer insertion  • Contend on the per transmission of the per transm	, , ,			
Brush Biopsy (cancer test)  Limited to one per 12 months; all ages  Space mainted to one per 12 months; all ages  Space mainted to one per 12 months; all ages  Space mainted to one per 12 months; all ages  Space mainted to one per 12 months; all ages  Space mainted to one per 12 months; all ages  Roci Canal (permanent teeth only)  Limited to one per tooth per lifetime; permanent teeth only  Bow Coinsurance  No Waiting Period  Apricoscorry and apesification  Limited to one per tooth per lifetime; permanent teeth only  Periodontics (Non-Surgical)  Sow Coinsurance  No Waiting Period  Apricoscorry and apesification  Limited to one per tooth per lifetime; permanent teeth only  Periodontics (Non-Surgical)  Periodontial maintenance  Limited to one per 12 months combined with teeth cleanings  Scaling and root planning, when the tooth pocket has a depth of four millimeters or greater  Limited to one per quadrant per 24 months  Periodontial surgery (assexus, ginglivectomy, graft procedures)  Limited to one per quadrant per 36 months  Oral Surgery (Simple)  Sow Coinsurance  Sow Coinsurance  No Waiting Period  Oral Surgery (Simple)  Sow Coinsurance  No Waiting Period  Sow Coinsurance  No Waiting Period  Limited to one per tooth per lifetime  Oral Surgery (Complex)  Sow Coinsurance  Sow Coinsurance  No Waiting Period  Limited to one per tooth per lifetime  Delutures and bridges  Limited to one per 84 months  Prosthodontics  Limited to one per 84 months  Prosthodontics  Limited to one per 84 months  No Waiting Period  No Waiting Period  No Waiting Period  Delutures and bridges  Limited to one per 84 months  No Waiting Period  Prosthodontics (paid as a non-implant crown, bridge, and/or denture)  Not Covered  Prosthodontics (paid as a non-implant crown, bridge, and/or denture)  Not Covered  Prosthodontics (paid as a non-implant crown, bridge, and/or denture)  Limited to one per 84 months on whitin 6 months of placement  Denture and bridge adjustments:				
Space maintaire inserting to one per 12 months; all ages  Space maintaire in inserting to one per tooth space per lifetime through age 18  Endodontics (Non-Surgical)  Root Canal (permanent teeth only)  Limited to one per tooth per lifetime; permanent teeth only  Limited to one per tooth per lifetime; permanent teeth only  Limited to one per tooth per lifetime; permanent teeth only  Limited to one per tooth per lifetime; permanent teeth only  Periodontics (Non-Surgical)  Root Canal (permanent teeth only)  Limited to one per tooth per lifetime; permanent teeth only  Periodontics (Non-Surgical)  Root Canal permanent teeth only  Periodontics (Non-Surgical)  Root Canal permanent teeth only  Periodontics (Non-Surgical)  Root Canal permanent teeth only  Root Canal permanent  Root Canal permanent teeth only  Root Canal permanent  R				
• Space maintainer insertion □ Limited to one per touth space per lifetime through age 18 Endodontrics (Non-Surgical) • Root Canal (parmanent teeth only) □ Limited to one per touth per lifetime; permanent teeth only □ Limited to one per touth per lifetime; permanent teeth only □ Limited to one per touth per lifetime; permanent teeth only □ Limited to one per touth per lifetime; permanent teeth only □ Limited to one per touth per lifetime; permanent teeth only □ Limited to one per touth per lifetime; permanent teeth only □ Limited to one per touth per lifetime; permanent teeth only □ Limited to one per touth per lifetime; permanent teeth only □ Limited to one per touth per lifetime; permanent teeth only □ Limited to one per touth per lifetime; permanent teeth only □ Limited to four per 12 months combined with teeth cleanings □ Limited to four per 12 months combined with teeth cleanings □ Limited to one per quadrant per 34 months □ Limited to one per quadrant per 36 months □ Limited to one per quadrant per 36 months □ Limited to one per quadrant per 36 months □ Limited to one per quadrant per 36 months □ Limited to one per quadrant per 36 months □ Limited to one per quadrant per 36 months □ Limited to one per quadrant per 36 months □ Limited to one per quadrant per 36 months □ Limited to one per quadrant per 36 months □ Limited to one per quadrant per 36 months □ Limited to one per quadrant per 36 months □ Limited to one per quadrant per 36 months □ Limited to one per 40 months of placement □ Not Covered □ Limited to one per 12 months not within 6 months of placement □ Limited to one per 12 months not within 6 months of placement □ Limited to one per 12 months not within 6 months of placement □ Limited to one per 12 months not within 6 months of placement □ Limited to one per 12 months not within 6 months of placement □ Limited to one per 12 months not within 6 months of placement □ Limited				
□ Limited to one per tooth space per lifetime through age 18  Endodontics (Non-Surgical)  ○ Root Canal (permanent teeth only)  ○ Limited to one per tooth per lifetime, permanent teeth only  ■ Approach of the permanent teeth only  ■ Periodontics (Surgical)  ■ Row Coinsurance  ■ Row Coinsuran				
Endodontics (Non-Surgical)  Root Canal (permanent teeth only)  Limited to one per tooth per lifetime; permanent teeth only)  Endodontics (Surgical)  Aplocectomy and apexification  Limited to one per tooth per lifetime; permanent teeth only  Periodontics (Non-Surgical)  Periodontics (Non-Surgical)  Row Coinsurance  Bow Coinsurance  Row Coinsuran				
Root Canal (permanent teeth only)  ○ Limited to one per tooth per lifetime; permanent teeth only  Forsithodontics (Surgical)  Aging extraction  ○ Limited to one per tooth per lifetime; permanent teeth only  Periodontics (Surgical)  Periodontics (Surgical)  • Row Coinsurance  •		90% Coincurance	90% Coincurance	No Waiting Pariod
□ Limited to one per tooth per lifetime; permanent teeth only    Periodontics (Surgical)	· · · · · · · · · · · · · · · · · · ·	00 % Comsulance	00 % Comsurance	No waiting renou
Endodontics (Surgical)  Apicoectomy and apexification  Limited to one per tooth per lifetime; permanent teeth only  Periodontics (Non-Surgical)  Solvating Period  Periodontal maintenance  Limited to one per tooth per lifetime; permanent teeth only  Periodontal maintenance  Limited to four per 12 months combined with teeth cleanings  Scaling and root planning; when the tooth pocket has a depth of four millimeters or greater  Limited to one per quadrant per 24 months  Periodontics (Surgical)  Periodontics (Surgical)  Solvating Period  Periodontics (Surgical)  Periodontics (Surgical)  Solvating Period  Periodontics (Surgical)  Solvating Period  Periodontics (Surgical)  Solvating Period  No Waiting Period  Periodontics (Surgical)  Solvating Period  No Waiting Period  Solvating Period  No Waiting Period  No Waiting Period  No Waiting Period  Solvating Period  No Waiting Period  Solvating Period  Solvating Period  No Waiting Period  No Waiting Period  Solvating Period  Solvating Period  No Waiting Period  Prosthodontics  Solvating Period  No Waiting Period  No Waiting Period  No Waiting Period  Prosthodontics  Solvating Period  No Waiting Period  No Waiting Period  No Waiting Period  No Waiting Period  Prosthodontics  Prosthodontics  Implant posthodontics (paid as a non-implant crown, bridge, and/or denture)  No No Waiting Period  No Waiting Period  Prosthodontics  No Waiting Period  No Waiting Period  No Waiting Period  Prosthodontics  No Waiting Period  No Waiting Period  Prosthodontics  No Waiting Period  No Waiting Period	*			
Apicoectomy and apexification     □ Limited to one per tooth per lifetime; permanent teeth only  Periodontics (Non-Surgical)     Periodontics (Surgical)     Scaling and root planning; when the tooth pocket has a depth of four millimeters or greater     □ Limited to one per quadrant per 24 months     Periodontal surgery (Siseous, gingivectomy, graft procedures)     □ Limited to one per quadrant per 36 months  Oral Surgery (Simple)     Simple extraction     □ Limited to one per tooth per lifetime  Oral Surgery (Complex)     Surgical extraction     □ Limited to one per tooth per lifetime  Major (Restorative) Services     □ Limited to one per tooth per lifetime  Major (Restorative) Services     □ Limited to one per 84 months  □ Limited to one per 84 mont		80% Coinsurance	80% Coinsurance	No Waiting Period
□ Limited to one per tooth per lifetime; permanent teeth only  Periodontics (Non-Surgical) ■ 80% Coinsurance □ Limited to four per 12 months combined with teeth cleanings ■ Scaling and root planning, when the tooth pocket has a depth of four millimeters or greater □ Limited to one per quadrant per 24 months  Periodontics (Surgical) ■ 80% Coinsurance ■ 80% Coinsurance ■ 80% Coinsurance ■ No Waiting Period ■ Periodontal surgery (osseous, gingivectomy, graft procedures) □ Limited to one per quadrant per 36 months  Periodontal surgery (simple) ■ 80% Coinsurance ■ 80% Coinsurance ■ 80% Coinsurance ■ No Waiting Period ■ Simple extraction □ Limited to one per tooth per lifetime  Poral Surgery (Complex) ■ Surgical extraction □ Limited to one per tooth per lifetime  Major (Restorative) Services ■ Crowns, onlays, veneers □ Limited to one per 84 months  Prosthodontics ■ Dentures and bridges □ Limited to one per 44 months ■ Implant placement □ Not Covered ■ Implant placement □ Not Covered ■ Implant protomotics (paid as a non-implant crown, bridge, and/or denture) □ Not Covered ■ Repairs/Adjustments ■ Crown, denture, bridge repairs □ Limited to one per 12 months not within 6 months of placement ■ Crown, denture, bridge adjustments:	· • ·	00 /0 Comparance	00 /0 Comparance	No Walting Ferrou
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• Scaling and root planning; when the tooth pocket has a depth of four millimeters or greater  ○ Limited to one per quadrant per 24 months  Periodontics (Surgical)  ◆ Periodontal surgery (osseous, gingivectomy, graft procedures)  ○ Limited to one per quadrant per 36 months  Oral Surgery (Simple)  ◆ Simple extraction  ○ Limited to one per tooth per lifetime  Oral Surgery (Complex)  ◆ Surgical extraction  ○ Limited to one per tooth per lifetime  Major (Restorative) Services  ◆ Coinsurance  ◆ Crowns, onlays, veneers  ○ Limited to one per 84 months  Prosthodontics  ◆ Dentures and bridges  ○ Limited to one per 84 months  Implant placement  No Waiting Period  Sow Coinsurance  No Waiting Period  No Waiting Period  Sow Coinsurance  No Waiting Period  No Waiting Period  No Waiting Period  Frosthodontics  □ Dentures and bridges  □ Limited to one per 84 months  Implant placement  Not Covered  Implant prosthodontics (paid as a non-implant crown, bridge, and/or denture)  Not Covered  Repairs/Adjustments  □ Limited to one per 12 months not within 6 months of placement  □ Limited to one per 12 months not within 6 months of placement  □ Limited to one per 12 months not within 6 months of placement  □ Limited to one per 12 months not within 6 months of placement  □ Limited to one per 12 months not within 6 months of placement  □ Limited to one per 12 months not within 6 months of placement	· · · · · · · · · · · · · · · · · · ·			<b>g</b>
o Limited to one per quadrant per 24 months  Periodontics (Surgical)  Periodontics (Surgical)  Periodontial surgery (osseous, gingivectomy, graft procedures)  □ Limited to one per quadrant per 36 months  Oral Surgery (Simple)  Simple extraction  □ Limited to one per tooth per lifetime  Oral Surgery (Complex)  Surgical extraction  □ Limited to one per tooth per lifetime  Major (Restorative) Services  □ Crowns, onlays, veneers  □ Limited to one per 84 months  Prosthodontics  □ Dentures and bridges  □ Limited to one per 84 months  □ Implant placement  Not Covered  Repairs/Adjustments  □ Crown, denture, bridge repairs  □ Limited to one per 12 months not within 6 months of placement  □ Denture and bridge adjustments:  ■ No Waiting Period  ■ 80% Coinsurance  ■ 80% Coi	<ul> <li>Limited to four per 12 months combined with teeth cleanings</li> </ul>			
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o Limited to one per quadrant per 36 months  Oral Surgery (Simple) Simple extraction Limited to one per tooth per lifetime  Oral Surgery (Complex) Surgical extraction Limited to one per tooth per lifetime  Major (Restorative) Services Crowns, onlays, veneers Limited to one per 84 months  Dentures and bridges Limited to one per 84 months Implant placement Not Covered  Repairs/Adjustments Crown, bridge adjustments  Experiments Sow Coinsurance	Periodontics (Surgical)	80% Coinsurance	80% Coinsurance	No Waiting Period
Oral Surgery (Simple)       80% Coinsurance       80% Coinsurance       No Waiting Period         • Simple extraction       • Limited to one per tooth per lifetime       80% Coinsurance       No Waiting Period         • Surgical extraction       • Limited to one per tooth per lifetime       No Waiting Period         Major (Restorative) Services       50% Coinsurance       50% Coinsurance       No Waiting Period         • Crowns, onlays, veneers       Limited to one per 84 months       50% Coinsurance       No Waiting Period         • Dentures and bridges       Limited to one per 84 months       No Waiting Period         • Implant placement       Not Covered       Not Covered         • Implant prosthodontics (paid as a non-implant crown, bridge, and/or denture)       Not Covered       50% Coinsurance       No Waiting Period         Repairs/Adjustments       50% Coinsurance       50% Coinsurance       No Waiting Period         • Crown, denture, bridge repairs       Limited to one per 12 months not within 6 months of placement       Denture and bridge adjustments:	<ul> <li>Periodontal surgery (osseous, gingivectomy, graft procedures)</li> </ul>			
Simple extraction ○ Limited to one per tooth per lifetime    Surgery (Complex)   80% Coinsurance   80% Coinsurance   No Waiting Period	Limited to one per quadrant per 36 months			
o Limited to one per tooth per lifetime  Oral Surgery (Complex) Surgical extraction ○ Limited to one per tooth per lifetime  Major (Restorative) Services Crowns, onlays, veneers ○ Limited to one per 84 months  Prosthodontics ○ Dentures and bridges ○ Limited to one per 84 months  Implant placement ○ Not Covered  Implant prosthodontics (paid as a non-implant crown, bridge, and/or denture) ○ Not Covered  Repairs/Adjustments ○ Limited to one per 12 months not within 6 months of placement ○ Limited to one per 12 months not within 6 months of placement ○ Limited to one per 12 months not within 6 months of placement ○ Limited adjustments: ○ Limited to one per 12 months not within 6 months of placement ○ Limited to one per 12 months not within 6 months of placement ○ Limited to one per 12 months not within 6 months of placement ○ Limited to one per 12 months not within 6 months of placement ○ Limited to one per 12 months not within 6 months of placement	Oral Surgery (Simple)	80% Coinsurance	80% Coinsurance	No Waiting Period
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Major (Restorative) Services  Crowns, onlays, veneers Limited to one per 84 months  Prosthodontics Dentures and bridges Limited to one per 84 months  Implant placement Not Covered Implant prosthodontics (paid as a non-implant crown, bridge, and/or denture) Not Covered Implant prosthodontics (paid as a non-implant crown, bridge, and/or denture) Not Covered  Repairs/Adjustments Crown, denture, bridge repairs Limited to one per 12 months not within 6 months of placement Denture and bridge adjustments:	<b>S</b>			
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<ul> <li>○ Limited to one per 84 months</li> <li>Implant placement</li> <li>○ Not Covered</li> <li>Implant prosthodontics (paid as a non-implant crown, bridge, and/or denture)</li> <li>○ Not Covered</li> <li>Repairs/Adjustments</li> <li>○ Crown, denture, bridge repairs</li> <li>○ Limited to one per 12 months not within 6 months of placement</li> <li>● Denture and bridge adjustments:</li> </ul>		50% Coinsurance	50% Coinsurance	No waiting Period
<ul> <li>Implant placement         <ul> <li>Not Covered</li> </ul> </li> <li>Implant prosthodontics (paid as a non-implant crown, bridge, and/or denture)         <ul> <li>Not Covered</li> </ul> </li> <li>Repairs/Adjustments</li></ul>	•			
Not Covered  Implant prosthodontics (paid as a non-implant crown, bridge, and/or denture)     Not Covered  Repairs/Adjustments  Crown, denture, bridge repairs     Limited to one per 12 months not within 6 months of placement  Denture and bridge adjustments:  No Waiting Period	·			
■ Implant prosthodontics (paid as a non-implant crown, bridge, and/or denture)     ○ Not Covered  Repairs/Adjustments     ● Crown, denture, bridge repairs     ○ Limited to one per 12 months not within 6 months of placement  Denture and bridge adjustments:				
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<ul> <li>Crown, denture, bridge repairs</li> <li>Limited to one per 12 months not within 6 months of placement</li> <li>Denture and bridge adjustments:</li> </ul>		50% Coincurance	50% Coincurance	No Waiting Deriod
○ Limited to one per 12 months not within 6 months of placement  ■ Denture and bridge adjustments:		JU/U JUIIIJUI AIILE	JU /U GOMBUI ANGE	140 Hailing Fellou
Denture and bridge adjustments:				
- Emilian to the per team per 12 mention not main a mention of placement	Limited to two per tooth per 12 months not within 6 months of placement			

Dental Services (continued)	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Adult/Child Orthodontic Services  No age limits apply	50% coinsurance	50% coinsurance	No waiting periods
Temporomandibular Joint Disorder (TMJ)  • X-rays, splints, and surgical procedures including arthroscopy and orthotic devices  • Not Covered	Not Covered	Not Covered	N/A
Cosmetic Teeth Whitening  Not covered	Not Covered	Not Covered	N/A

NOTE: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.

Additional Services and Programs	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Anthem Whole Health Connection® - Dental  • For members with certain health conditions, additional dental benefits are available without a deductible, office visit copay, nor waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable).	Included	Included	No waiting period
Accidental Dental Injury Benefit  Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, office visit copay, member coinsurance, nor waiting periods apply.	Included	Included	No waiting period
Extension of Benefits     Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered.	Included	Included	No waiting period
International Emergency Dental Program  • Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, office visit copay, member coinsurance, nor waiting periods and won't reduce the member coverage year annual maximum (if applicable).	Included	Included	No waiting period
Kids Plus  • For members through age 12 covered services excluding orthodontia services, receive the corresponding coinsurance up to the coverage year annual maximum (if applicable). No deductibles, office visit copay, nor waiting periods apply. All other benefit limitations and exclusions apply. For additional coverage details, please refer to your policy.	Not Included	Not Included	Not applicable

#### **Additional Limitations & Exclusions**

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

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) including orthodontic braces, appliances and all related services

Cosmetic dentistry (unless included as part of you dental plan benefits) 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 (cavities) exist

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and 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.

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 policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.