



**WELCOME TO DENTAL BLUE!**

Good news—your Dental plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered and much more!



# Dental Blue 100/200/300

**Group Name: Crawford County Community Schools (Large Group 51+)**

**Effective Date: 1-1-2015**

**Dental coverage you can count on.**

Dental Blue lets you visit any dentist or specialist you want—with lower costs when you choose one within our extensive national network. To find a provider, simply log on to [anthem.com](http://anthem.com).

**We're here to help.**

If you need help anywhere along the way, you can call the number on the back of your ID card, which is answered by a live, domestic customer service representative. Calling after-hours? We can still assist you with our interactive voice-response hotline.

## YOUR DENTAL BLUE PLAN AT-A-GLANCE

**Annual Deductible**

Individual/Family

Combined In and Out of Network

\$ 25 Individual

**Annual Maximum**

\$ 600

**Maximum Carryover Provision**

Not Included

**Out of Network Reimbursement**

90<sup>th</sup> Percentile

Services	PPO Dentists (In-network)	Non-PPO (Out-of-network)
<b>Diagnostic and preventive</b> <ul style="list-style-type: none"> <li>Oral evaluations, x-rays, Cleanings</li> <li>Sealants and fluoride, Space maintainers</li> </ul>	NCS/No deductible	NCS/No deductible
<b>Minor restorative</b> <ul style="list-style-type: none"> <li>Emergency palliative pain treatment</li> <li>Amalgam restorations (fillings), Composite restoration (fillings)</li> <li>Sedative fillings</li> </ul>	20% after deductible	20% after deductible
<b>Oral surgery</b> <ul style="list-style-type: none"> <li>Simple extractions, Removal of impacted teeth, General anesthesia</li> </ul>	20% after deductible	20% after deductible
<b>Endodontic services</b> <ul style="list-style-type: none"> <li>Root Canal Therapy, Therapeutic pulpotomy, Direct pulp capping</li> </ul>	20% after deductible	20% after deductible
<b>Periodontal services</b> <ul style="list-style-type: none"> <li>Scaling and root planing, Gingivectomy, Osseous surgery, Soft tissue grafts</li> </ul>	20% after deductible	20% after deductible
<b>Prosthetic Services</b> <ul style="list-style-type: none"> <li>Crowns, Removable complete and partial dentures</li> <li>Bridge repair</li> <li>Implants</li> <li>Missing Teeth</li> </ul>	20% after deductible	20% after deductible
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>Examinations, Records</li> <li>Tooth guidance, Repositioning (straightening) of the teeth</li> </ul>	50%/No deductible	50%/No deductible
<b>Orthodontic Maximum</b>	\$600	
<b>Orthodontic Age Limit</b>	Child to Age 19	

No Cost Share (NCS) means no deductible, copayment or coinsurance up to the maximum allowable amount. However, a member may be responsible for any balance due after the plan payment, including, but not limited to, benefits that reflect No Cost Share.

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