

Your Anthem Benefits



Fairborn City Schools
Anthem Dental PPO
Summary of Benefits, Effective 10/01/2010

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, exclusions, qualifications, limitations, terms and provisions of the Dental Certificate.

BENEFITS	NETWORK/NON-NETWORK (MEMBER'S RESPONSIBILITY)
Annual Deductible (Single/Family)	\$50/\$100 Network and Non-network
Annual Maximum	\$1,000 Network and Non-network combined
DIAGNOSTIC/PREVENTIVE	Covered in full* Network and Non-network
Diagnostic and Preventive Services (<i>no deductible</i>) <ul style="list-style-type: none"> • oral evaluations • X-rays • cleanings • space maintainers • other selected diagnostic and preventive services 	
GENERAL/RESTORATIVE	20% Network/20% Non-network
General (Adjunctive) Services (<i>deductible applied</i>) <ul style="list-style-type: none"> • emergency palliative treatment • consultations • general anesthesia (surgical procedures) • I.V. sedation (surgical procedures) • office visits for observation • other selected general services Restorative Services (<i>deductible applied</i>) <ul style="list-style-type: none"> • amalgam and composite restorations • pin retention procedures 	
SPECIALTY	20% Network/20% Non-network
Endodontic Services (<i>deductible applied</i>) <ul style="list-style-type: none"> • root canal therapy • apexification • therapeutic pulpotomy • other selected endodontic services Oral Surgery Services (<i>deductible applied</i>) <ul style="list-style-type: none"> • simple and surgical tooth extractions • other selected oral surgery services Periodontal Services (<i>deductible applied</i>) <ul style="list-style-type: none"> • gingivectomy • crown lengthening • osseous surgery • soft tissue grafts • other selected periodontal services 	
PROSTHODONTIC	50% Network/50% Non-network
Prosthodontic Services (<i>deductible applied</i>) <ul style="list-style-type: none"> • crowns/onlays • partial and full dentures • other selected prosthodontic services Missing Tooth Rider <i>Services for the replacement of teeth (tooth) lost prior to the member's effective date of coverage under this plan.</i> <ul style="list-style-type: none"> • removable prosthodontics (partials or dentures) • fixed prosthodontics (bridges) for the replacement of teeth (or tooth) 	Covered
ORTHODONTIC	Child and Adult: 50% Network/50% Non-network
Orthodontic Services (<i>no deductible</i>) Dependent child to age 19. <ul style="list-style-type: none"> • non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth • examination • records • tooth guidance • repositioning (straightening) of the teeth 	

(continued on back)

BENEFITS	NETWORK/NON-NETWORK (MEMBER'S RESPONSIBILITY)
Separate Orthodontic Lifetime Maximum	\$1,000 Network and Non-network combined

*Note: A waiting period may apply. Please refer to your Dental Certificate for additional information.
When choosing a Non-network provider, the member is responsible for any balance due after the plan payment, even if the benefit indicates covered in full (up to the maximum allowable amount).

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Authorized group signature	Date
Underwriting signature	Date