



Shaw Brothers Construction

Option 6

Effective Date 04/01/2011

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines the basic components of your plan, providing you with a quick reference of your dental plan benefits. For complete coverage details, please refer to the plan certificate.

Dental coverage you can count on

You may visit any licensed dentist or specialist without network restrictions.

YOUR DENTAL PLAN AT-A-GLANCE

Annual Benefit Maximum – Calendar Year	\$1,000 per insured person
Annual Deductible – Calendar Year	\$50 per insured person / up to \$150 per family
Deductible Waived for Diagnostic and Preventive Services	Yes

DENTAL SERVICES

Following is a brief summary of what is/is not covered by your plan:

Diagnostic and Preventive Services, for example:

- Periodic oral evaluation (exam)
- Prophylaxis (cleaning)
- Fluoride treatment
- Sealants
- Space maintainer
- Bitewing X-rays
- Intraoral X-rays

Basic Services, for example:

Fillings

- Amalgam (silver colored) or Composite (tooth colored)

Endodontics

- root canal

Periodontics

- scaling and root planing

Oral Surgery

- tooth extraction

Major Services, for example:

Prosthodontics

- crowns
- dentures
- Missing Tooth Rider

Services for the replacement of teeth (tooth) lost prior to the member's effective date of coverage under this plan

Orthodontic Services

- Age Limit
- Ortho Lifetime Maximum Benefits

ANTHEM PAYS:	NOTES:
100%	
80%	Your Anthem Dental plan allows you to use the dental care professional of your choice, with no network restrictions.
50%	It is important to remember that dental professionals can charge whatever they want for their services.
50% Child to age 19 \$1,000	If your dentist charges more than the maximum allowable amount, you will owe the difference between the two amounts.

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 the dental certificate. In the event of a discrepancy between the information contained in this benefit summary and that in the dental certificate, the dental certificate will prevail.

Anthem Dental Benefits

Percentages shown in the benefits chart herein reflect the percentage of the Covered Expense that we will pay.

Anthem Dental allows you to use the dental care professional of your choice, with no network restrictions. Your plan pays benefits according to our maximum allowable amount.

If the dental professional you receive services from charges more than the established rate, you will be responsible for the additional cost.

Monthly Rates

Employee Only	25.79
Employee & Family	77.13

TO CONTACT US:

Call	Write	Email
<p>Refer to the toll-free number indicated on the back of your plan identification card or call 888-799-6290 to speak in-person with a U.S. based customer service representative during normal business hours.</p> <p>Calling after-hours? We may still be able to assist you with our interactive voice-response system at 888-799-6290.</p>	<p>Refer to the back of your plan identification card for the claims submission address.</p> <p>Other correspondence may be sent to: PO Box 9274 Oxnard, CA 93031</p>	<p>dentalhelp@anthem.com</p> <p>You may also visit our web site at: anthem.com</p>

Limitations & Exclusions

<p>Limitations — Below is a partial listing of plan limitations. Please see your Certificate of Coverage for a full list.</p> <p><u>Diagnostic and Preventive Services</u> Oral evaluations (exam). Limited to two per benefit year. Prophylaxis (cleaning). Limited to two per benefit year. Bitewing X-rays. Up to four films, limited to once per benefit year. Complete Series X-rays (panoramic or full-mouth). Limited to once every three years. Fluoride. Limited to two topical treatments per benefit year for children to age 19. Sealants. Limited to one application per tooth per benefit year; maximum two applications per tooth per lifetime for children to age 16. Space Maintainers. Limited to one per lifetime for children to age 12.</p> <p><u>Restorative Services – applicable if these benefits are covered under your plan</u> Fillings - Limited to once per surface per tooth in any benefit year. Endodontic Services - Root canal therapy limited to once per tooth in any three years and on permanent teeth only. Any other endodontic service is limited to once per tooth per lifetime. Periodontic Services - Periodontal scaling and root planning limited to once per quadrant in any benefit year. Periodontal surgical services limited to once surgical procedure per quadrant in any three years. Prosthodontics - Benefits are provided for the replacement of prosthetic devices, dentures, bridges or crowns, within 5 years of last placement if the existing prosthetic device cannot be made serviceable.</p> <p>ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – if Orthodontia is included as a benefit of your plan. Orthodontia - Limited to one course of treatment per member per lifetime for covered dependent children under the age of 19.</p>	<p>Exclusions — Below is a partial listing of non-covered services. Please see your Certificate of Coverage for a full list.</p> <p>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 plan certificate.</p> <p>Services or treatments that are not medically necessary.</p> <p>Cosmetic dentistry. Any service performed for cosmetic purposes.</p> <p>Pre-medication, analgesia or anesthetic when billed separately from a covered dental expense.</p> <p>Treatment of the joint of the jaw and/or occlusion services.</p> <p>Implants. Materials implanted into or on bone or soft tissue and all adjunctive services.</p> <p>Orthodontics (unless included as part of your plan benefits). Orthodontic braces, appliances and all related services.</p>
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