

Basic Comparison between Dental Benefits (Free-Standing-Indemnity and DentaCare HMO)

| <u>Benefits</u> | <u>Free-Standing - Indemnity</u> | <u>DentaCare HMO</u> (Network Providers Only) |
|---|--|--|
| Maximum Allowance | Usual & Customary (U&C) fees of the dentist up to \$1,000 per person per calendar year. | No dollar maximum |
| Deductible | No Deductible | No Deductible |
| Diagnostic - dental x-rays | 100% of U&C. Full mouth once every 36 months. Bitewings, limited to 2 in a calendar year. | Covered - No Limit |
| Oral Examinations | 100% of U&C. Limited to a total of 2 in a calendar year. | Covered - No Limit |
| Preventative | | |
| - Application of fluoride | 100% of U&C for members under age 19 years | Covered - No age limit |
| - Prophylaxis (cleaning of teeth) | 100% of U&C - limited to a total of 2 in a calendar year. | Covered - No Limit |
| - Regular plaque control program | Not Covered | Covered |
| Restorations | | |
| - Regular fillings (amalgams, silicate, acrylic, synthetic, porcelain, composite) | 100% of U&C | Covered |
| Endodontics (root canal treatment & pulpal therapy) | 100% of U&C | Covered |
| Periodontics (Treatment of diseases of gums and tissues of the mouth) | 100% of U&C | Covered |
| Oral surgery including simple extractions | 100% of U&C. Will not duplicate health insurance surgical-medical benefits. | Covered. Will not duplicate health insurance surgical-medical benefits |
| Prosthetics (Bridges, partials, dentures) | 50% of U&C | Initial Covered - Replacements (call provider) |
| Orthodontics (Braces) | Plan pays 50% of U&C to a lifetime maximum payment of \$800. Limited to dependent children under age 19 years. | Patient pays 50% of the fee up to a maximum payment by the patient of \$695. No age limit. |

The statement in this comparison are intended for general information and are subject to the terms and conditions of the Anthem contracts. **Employees are responsible for reading all dental summary plan descriptions to determine the benefit coverage.**

