

# The ISMA Dental Plan



## Dental (Indiana Anthem Dental Network) Plan Highlights

### OPTIONAL DENTAL PLAN

Designed to provide the entire group with dental insurance, this plan also can be set up as a physician-only benefit. You may include dental coverage for the additional monthly rate shown in the first row of the rate chart. The Dental Plan is available only in addition to the medical coverage.

### DEDUCTIBLE

\$50 per person per calendar year, or \$150 per family per calendar year (whichever occurs first). Applies to all benefits except diagnostic, preventive, and orthodontia.

### MAXIMUM BENEFIT

Maximum \$1,500 per person benefit per calendar year. Maximum \$1,000 per person orthodontia benefit per lifetime, which does not count toward the annual maximum benefit.

### INDIANA ANTHEM DENTAL NETWORK

If you purchase the Dental Plan and your dentist is in the Indiana Anthem Dental network, you will not be responsible for amounts billed over the Usual and Customary Allowance. And your preventive and diagnostic services will be paid at 100 percent. To determine if your dentist is in the Indiana Anthem Dental network, visit [anthem.com](http://anthem.com) and search for Indiana Anthem Dental network providers.

Deductible Applies	Your Responsibility		Category	Covered Services
	Network	Non-Network		
	CIF*	20%	Diagnostic and Preventive	Oral evaluations, X-rays, cleanings, space maintainers and other selected diagnostic and preventive services.
X	20%	20%	General (Adjunctive), Restorative, Endodontic, Oral Surgery, Periodontal	Emergency palliative treatment, consultations, general anesthesia and I.V. sedation for surgical procedures, office visits for observation, and other selected general services. Amalgam and composite restorations and pin retention procedures. Root canal therapy, apexification, therapeutic pulpotomy and other selected endodontic services. Simple and surgical tooth extractions and other selected oral surgery services. Gingivectomy, crown lengthening, osseous surgery, soft tissue grafts and other selected periodontal services.
X	50%	50%	Prosthetic (1 yr waiting period)	Crowns/onlays, partial and full dentures and other selected prosthetic services.
	50%	50%	Orthodontic (1 yr waiting period; \$1,000 per person lifetime benefit)	Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth; covered services include examination, records, tooth guidance and repositioning (straightening) of the teeth. Orthodontia benefits cease at end of Benefit Period in which Member reaches age 19.

\* CIF = Covered in full

Exclusions for the Dental Plan: Charges for implants; facings on crowns or pontics posterior to the second bicuspid; lost or stolen appliances, dentures or fixed bridgework. Certificate contains complete list of charges not covered.