

Fort Wayne Community Schools Anthem Dental Traditional – Buy Up Plan (DP1) Summary of Benefits, Effective January 1, 2016

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 | MEMBER'S RESPONSIBILITY |
|---|--|
| Annual Deductible (Single/Family) | \$25/NA |
| Annual Maximum | \$1,000 |
| Class I PREVENTIVE Services (no deductible and no annual max) Include exams, oral evaluations, x-rays (bitewing and complete series), cleaning and scaling, space maintainers and other selected diagnostic and preventive services (Limits may apply) Please refer to your certificate for additional information. | Covered in Full |
| Class II BASIC SERVICES (deductible applies) Class II A General Services Include palliative (emergency) treatment, consultations, general anesthesia, intravenous sedation, office visits for observation, amalgam and composite restorations and pin retention procedures Class II B Specialty Services Include root canal therapy, apexification/recalcification, therapeutic pulpotomy, oral surgery, simple and surgical tooth extractions, periodontic services, gingivectomy, osseous surgery and other selected endodontic, oral surgery and periodontal services. (Limits may apply) Please refer to your certificate for additional information. | Covered in Full Covered in Full |
| Class III MAJOR SERVICES (deductible applies) Prosthodontic Services Include onlays, crowns, dentures, bridges and repair of dentures and bridgework, implants and other selected periodontal services Missing Tooth Services for the replacement of teeth (tooth) lost prior to the member's effective date of coverage under this plan. <ul style="list-style-type: none"> Removable prosthodontics (partials or dentures) Fixed prosthodontics (bridges) for the replacement of teeth (or tooth) A waiting period and/or limits may apply. Please refer to your certificate for additional information. | Covered in Full Covered |
| Class IV ORTHODONTIC (no deductible) Orthodontic Services Dependent child to age 19. Include examination, records, minor treatment of tooth guidance, repositioning (straightening) of the teeth, interceptive or comprehensive orthodontic treatment, post-treatment stabilization. A waiting period and/or limits may apply. Please refer to your certificate for additional information | Not covered under this plan |
| Separate Orthodontic Lifetime Maximum | Not covered under this plan |