Summary of Benefits

SISC Dental Health Network Plan powered by Anthem Dental



Effective Date: 10/1/23

Benefits*	In-Network	Out-of-Network
Coverage Year	Calendar Year	
Office Visit Copay	\$0	
Annual Deductible per insured person	\$0	
Annual Benefit Maximum Diagnostic & Preventive Services are applied to the Annual Benefit Maximum 	\$4,000	\$250
Annual Implant Maximum	\$2,000	\$0
Applies to the Annual Benefit Maximum		
Orthodontic Lifetime Benefit Maximum Per eligible person	\$2,000	\$2,000
Dental Services*	In-Network	Out-of-Network
	Anthem Pavs	AnthemPays
 Diagnostic & Preventive Services Exams, cleanings, x-rays 	100 %	Not covered
Basic (Restorative) Services Fillings, simple tooth extractions, sealants	100 %	Not covered
 Endodontics (Surgical and Non-Surgical) Root canal and retreatments 	100 %	Not covered
 Periodontics (Surgical and Non-Surgical) Periodontal maintenance, scaling and root planning, periodontal surgery 	100 %	Not covered
 Dral Surgery (Simple and Complex) Simple and surgical extraction 	100 %	Not covered
Major (Restorative) Services Crowns, onlays, veneers 	100 %	Not covered
Prosthodontics	50 %	Not Covered
Dentures, bridges, implants		
Repairs/Adjustments	50 %	Not Covered
 Crown, denture, and bridge repairs, Denture and bridge adjustments 		
Orthodontic Maximums	100%	100%

Anthem Whole Health Connection - DentalSM - For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

Accidental Dental Injury Benefit - Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

Extension of Benefits - Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

International Emergency Dental Program - Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

*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 your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.

**Reimbursement is based on the Anthem Fee Schedule for In-Network providers and the 90th percentile of FAIR health for Out-of-Network Providers.

Need to contact us? Please call Anthem Dental Customer Service number at 1-844-729-1565

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