



Anthem Copayment/Full Pay/Flex
No Yearly Maximums, No Deductibles, No Missing Tooth Clause
No Electronic Filings Accepted.

Exams, Cleanings, &

Fluoride: Effective 1/1/16 Two Each Per Year

Sealants: Once Every 3 Years On Permanent Un-Restored Molars
(Coverage Thru The Age of 18 Regardless of Student Status)

Full Mouth Series &

Panoramic Xrays: Once Per Year

Bitewings: No Restrictions

Fillings: 60 Day Restriction On Same Tooth And Same Surfaces (s)

Crowns: 3 Year Restriction— On Completion
(Repairs Only Allowed On Crowns 6 Months Old Or More
And Only One Time Per 6 Months)

Implants: Code D6010—(Max \$1,000.00 Per Tooth Every 5 Years)

Periodontics: Per Quadrant And Per Site. 1 Time Per 6 Months.

Perio Propy: Same Criteria As Prophylaxis Which Is 2 Times A Year.
Can Either Have This Or A Regular Prophylaxis.

Dentures & Partial: 5 Year Frequency Restriction

Prosthodontics: 3 Year Frequency Restriction

Night Guard: Code D9940 Allowed Once Every 3 Years To \$415.00
With A Diagnosis Of Bruxism.

Orthodontics: Limited To Members And Dependent Children
Under 26 Years Old
(\$3,000.00 Lifetime Maximum)

Paid As Follows: Initial Allowance \$1,000.00
(Includes Records & Insertion Of Appliance)
Monthly Allowance \$125.00 (Only 1 Visit Allowed Per Month)
Monthly Claim Forms Must Be Submitted For Payment.
Balance Paid At The Time Braces Are Removed
Up To Provider Charges.

Pre-Treatment Estimates Are Requested For Services Over \$2,000.00