

Indiana State Medical Association Group Health Insurance

Dental

	Indiana Anthem Dental (PPO) Network	Out of Network
Diagnostic and Preventive Care	Covered in full	Deductible/coinsurance
General (Adjunctive), Restorative, Endodontic, Oral Surgery, Periodontal	Deductible, 80% coinsurance	Network and Out of Network
Prosthodontic (1 year waiting period)	Deductible, 50% coinsurance	Network and Out of Network
Orthodontic (1 year waiting period; \$1,000 per person lifetime benefit)	50% coinsurance	Network and Out of Network
Deductible	- Per person per calendar year	\$50 Network and Out of Network
	- Maximum per family per calendar year	\$150 Network and Out of Network
Maximum Benefit per person per calendar year		\$1,500 Network and Out of Network

Covered Benefits

- **Diagnostic and Preventive Care:** Includes oral evaluations, X-rays, cleanings, space maintainers and other selected diagnostic and preventive services.
- **General (Adjunctive), Restorative, Endodontic, Oral Surgery, Periodontal Care:** Includes 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.
- **Prosthodontic Care:** Includes crowns/onlays, partial and full dentures and other selected prosthodontic services.
- **Orthodontic Care:** Includes 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.

A Valuable Benefit For

- Physicians who are members of the Indiana State Medical Association, their spouses and their unmarried dependent children. Special rules apply for children of divorced members.
- Surviving spouses and unmarried dependent children of deceased ISMA members subject to normal requirements, assuming member was covered immediately prior to death.
- Employees in physicians' medical offices (dental plan available to employees only if all employees with medical coverage also have dental coverage).

Information You Should Know

- Deductibles and coinsurance start over on January 1 of each year.
- The Dental Plan is available only in addition to the medical coverage.
- Employees are eligible for the Dental Plan only if all employees who have medical coverage also have dental coverage.
- Deductibles apply to all benefits except diagnostic, preventive, and orthodontia.
- To determine whether your dentist is in the Indiana Anthem Dental network, visit anthem.com and search for Indiana Anthem Dental network providers.

Exclusions

Services not covered under the Dental Plan includes:

- Charges for facings on crowns or pontics posterior to the second bicuspid.
- Charges for lost or stolen appliances, dentures or fixed bridge-work.

Complete list of exclusions printed in Certificate of Coverage.

Limitations

Unless otherwise noted, covered charges are eligible up to the usual, customary and reasonable allowance, which is measured and determined by comparing actual provider charges with charges customarily made for similar services and supplies for individuals with similar medical conditions.

This is not meant as a replacement to the Certificate of Coverage and whenever a discrepancy exists between the Certificate of Coverage and this brochure, the Certificate of Coverage will govern the administration of the plan. Effective 7/1/2017 for July renewals, 10/1/2017 for October renewals, 1/1/2018 for January renewals and 4/1/2018 for April renewals.