

**CITY OF WATERBURY
FLEX DENTAL PLAN 2**



Description of Benefits	You Pay:
Annual Deductible	\$50 per member, \$150 maximum deductible per family. Does not apply to Category 1
Annual Maximum <i>per member per calendar year</i>	\$1,000
Lifetime Orthodontic Maximum <i>per member</i>	N/A
<p>Category 1 DIAGNOSTIC & PREVENTIVE SERVICES</p> <ul style="list-style-type: none"> • Initial Oral Examination (including treatment plan + full mouth x-rays; one in any 3 calendar year period) • Periodic Examinations • Bitewing x-rays(1 series of 2 per covered person per calendar year) • Periapical x-rays • Fluoride treatment (under age 19, 2 per person per calendar year) • Emergency palliative treatment • Prophylaxis(cleaning) or Periodontal Maintenance procedure (1 prophylaxis & 1 periodontal or 2 prophylaxis or 2 periodontal maintenance procedures per person per calendar year) 	No Charge
<p>Category 2 DIAGNOSTIC & PREVENTIVE SERVICES</p> <ul style="list-style-type: none"> • Fillings (1 per tooth surface in any consecutive 12-month period) • Simple Extractions • Repair of dentures(1 repair per covered person per calendar year) • Endodontics including pulpotomy, direct pulp capping and root canal therapy(excluding restoration) • Relining of Dentures(1 per covered person in any 2 consecutive years) 	No Charge after Deductible
<p>Category 3 BASIC SERVICES</p> <ul style="list-style-type: none"> • Recement Crown • Recement Inlay • Crown Repair • Surgical Extraction • Apicoectomy • Treatment of Fractures • Crowns, Inlays, Onlays, Space Maintainers all not part of the bridge (1 per tooth every 5 calendar years) • Hemisection • Oral Surgery consisting of: fracture and dislocation treatment, diagnosis and treatment of cyst and abscesses, surgical extractions and impactions, and Apicoectomy 	50% after Deductible
ORTHODONTIC SERVICES (<i>child or adult</i>)	Not Covered

Accessing Benefits:

Participating Benefits: When a member receives care from one of our participating Dentists, he or she simply presents his or her identification card showing dental coverage. The dentist bills us directly for all covered services. For dental care provided by a Participating Dentist, we will pay the lesser of Dentist’s usual charge or maximum allowable amount as determined by Anthem Dental. The participating Dentist will accept Anthem Dental’s payment in full and make no additional charge to the member, except as otherwise specified in the member’s certificate of coverage.

Non-Participating Benefits: Anthem Dental will pay the maximum allowable amount as determined by Anthem Dental. The member is responsible for any difference between the amount paid by Anthem Dental and the fee charged by the Dentist.

Dental claims should be submitted to Anthem Dental, P.O. Box 9274, Oxnard CA 93031.

PRINCIPAL LIMITATIONS AND EXCLUSIONS

Services received from a dental or medical department maintained by an employer, a mutual benefit association, labor union, trustee or other similar person or group; Services for which the member incurs no Dentists' Charge or which are services of a type ordinarily performed by a physician, or charges which would not have been made if insurance was not available; Services with respect to congenital malformations; Services, treatment or supplies furnished by or at the direction of any government, state or political subdivision; Any items not specifically listed in this Policy; Lost or stolen dentures or denture duplication; Gold foil restorations; Temporary services and appliances; such as crown or tooth preparations and temporary fillings, crowns, bridges and dentures; Application of sealants, regardless of reason; Services as determined by the company, that are rendered in a manner contrary to normal dental practice. A complete list of exclusions appears in the Certificate of Coverage.



This is not a legal policy or contract. It is only a general description of your benefits. If there are discrepancies between the Certificate of Coverage and this summary, the Certificate of Coverage shall control.

10/07

(Over)