

**Summary of Benefits**  
**Empire Dental Essential Choice**

**Schalmont CSD**  
**Empire Dental Complete Network**



An Anthem Company

**WELCOME TO YOUR DENTAL PLAN!**

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

**Powerful and easily accessible member tools.**

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **Mobile Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

**Dentists in your plan network.**

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to [empireblue.com](http://empireblue.com) or call dental customer service at the number listed on the back of your ID card.

**Ready to use your dental benefits?||**

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

**Need to contact us?**

See the back of your ID card for how to call, write or email us.

**Your dental benefits at a glance**

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

	In-Network	Out-of-Network
<b>Coverage Year</b>	Calendar Year	
<b>Office Visit Copay</b>	Not Applicable	
<b>Annual Benefit Maximum</b>	Unlimited	Unlimited
<ul style="list-style-type: none"> <li>● Per insured person</li> <li>● Diagnostic &amp; Preventive Services are applied to the Annual Maximum</li> </ul>	Yes	Yes
<b>Annual Maximum Carryover</b>	Not Covered	Not Covered
<b>Annual Maximum Carryin</b>	Not Covered	Not Covered
<b>Out-of-Pocket Maximum: Individual</b>	Not Applicable	Not Applicable
<b>Out-of-Pocket Maximum: Family</b>	Not Applicable	Not Applicable
<b>Orthodontic Lifetime Benefit Maximum</b>	\$3,000	\$3,000
<ul style="list-style-type: none"> <li>● Per eligible insured person</li> </ul>		
<b>Annual Deductible (Does not apply to Orthodontic Services)</b>	\$0	\$0
<ul style="list-style-type: none"> <li>● Per insured person</li> <li>● Family maximum</li> </ul>	Not Applicable	Not Applicable
<b>Deductible Waived for Diagnostic/Preventive Services</b>	Yes	Yes
<b>Out-of-Network Reimbursement:</b>	Not applicable	80th percentile

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Dental Services	In-Network Empire Pays:	Out-of-Network Empire Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Periodic oral exam                             <ul style="list-style-type: none"> <li>○ No Limit</li> </ul> </li> <li>• Teeth cleaning (prophylaxis)                             <ul style="list-style-type: none"> <li>○ No Limit</li> </ul> </li> <li>• Bitewing X-rays:                             <ul style="list-style-type: none"> <li>○ Limited to 2 sets per 12 months</li> </ul> </li> <li>• Full-mouth or Panoramic X-rays:                             <ul style="list-style-type: none"> <li>○ Limited to 1 per 36 months</li> </ul> </li> <li>• Fluoride application:                             <ul style="list-style-type: none"> <li>○ Limited to 2 per 12 months; through age 18</li> </ul> </li> <li>• Sealants                             <ul style="list-style-type: none"> <li>○ Limited to 1 per 60 months; through age 18</li> </ul> </li> </ul>	80%	80%	No Waiting Period
<b>Basic (Restorative) Services</b> <ul style="list-style-type: none"> <li>• Consultation (second opinion)                             <ul style="list-style-type: none"> <li>○ Limited to 1 per 12 months</li> </ul> </li> <li>• Amalgam (silver-colored) filling                             <ul style="list-style-type: none"> <li>○ Limited to 1 per tooth per 24 months</li> </ul> </li> <li>• Composite (tooth-colored) filling                             <ul style="list-style-type: none"> <li>○ Limited to 1 per tooth per 24 months</li> <li>○ Posterior (back) fillings covered as composites</li> </ul> </li> <li>• Brush Biopsy (cancer test)                             <ul style="list-style-type: none"> <li>○ Not Covered</li> </ul> </li> <li>• Space maintainer insertion                             <ul style="list-style-type: none"> <li>○ Limited to one per tooth space per lifetime through age 18; posterior teeth</li> </ul> </li> </ul>	80%	80%	No Waiting Period
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>• Root Canal and retreatments                             <ul style="list-style-type: none"> <li>○ Limited to 1 per tooth per lifetime; permanent teeth only</li> </ul> </li> </ul>	80%	80%	No Waiting Period
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>• Apicoectomy and apexification                             <ul style="list-style-type: none"> <li>○ Limited to 1 per tooth per lifetime; permanent teeth only</li> </ul> </li> </ul>	80%	80%	No Waiting Period
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>• Periodontal Maintenance                             <ul style="list-style-type: none"> <li>○ Limited to four per 12 months; w/teeth cleaning</li> </ul> </li> <li>• Scaling and root planing                             <ul style="list-style-type: none"> <li>○ Limited to one per quadrant per 24 months</li> </ul> </li> </ul>	50%	50%	No Waiting Period
<b>Periodontics (Surgical)</b> <ul style="list-style-type: none"> <li>• Periodontal Surgery (osseous, gingivectomy, graft procedures)                             <ul style="list-style-type: none"> <li>○ Limited to one per quadrant per 36 months</li> </ul> </li> </ul>	50%	50%	No Waiting Period
<b>Extractions (Simple)</b> <ul style="list-style-type: none"> <li>• Simple Extractions                             <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime</li> </ul> </li> </ul>	80%	80%	No Waiting Period
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>• Surgical Extractions                             <ul style="list-style-type: none"> <li>○ Limited to one per tooth per lifetime</li> </ul> </li> </ul>	80%	80%	No Waiting Period
<b>Major (Restorative)</b> <ul style="list-style-type: none"> <li>• Crowns, onlays, veneers                             <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 60 months</li> </ul> </li> <li>• Cosmetic teeth whitening                             <ul style="list-style-type: none"> <li>○ Not Covered</li> </ul> </li> </ul>	50%	50%	No Waiting Period
<b>Temporomandibular Joint Disorder (TMJ)</b> <ul style="list-style-type: none"> <li>• X-rays, splints, and surgical procedures including arthroscopy and orthotic devices                             <ul style="list-style-type: none"> <li>○ Not Covered</li> </ul> </li> </ul>	Not Covered	Not Covered	N/A
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>• Dentures and bridges                             <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 60 months</li> </ul> </li> <li>• Dental Implants - Covered                             <ul style="list-style-type: none"> <li>○ Limited to one per tooth per 60 months</li> </ul> </li> </ul>	50%	50%	No Waiting Period
<b>Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>• Crown, denture, bridge repairs                             <ul style="list-style-type: none"> <li>○ Limited to one per 12 months; 6 months after placement</li> </ul> </li> <li>• Denture and bridge adjustments:                             <ul style="list-style-type: none"> <li>○ Limited to two (per tooth) per 12 months; 6 months after placement</li> </ul> </li> </ul>	80%	80%	No Waiting Period
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>○ Adults &amp; Dependent Children</li> </ul>	50%	50%	No Waiting Periods

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Additional Services and Programs	Status
<p><b>Anthem Whole Health Connection - Dental®</b></p> <ul style="list-style-type: none"> <li>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)</li> </ul>	Included
<p><b>Accidental Dental Injury Benefit</b></p> <ul style="list-style-type: none"> <li>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</li> </ul>	Included
<p><b>Extension of Benefits</b></p> <ul style="list-style-type: none"> <li>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</li> </ul>	Included
<p><b>International Emergency Dental Program</b></p> <ul style="list-style-type: none"> <li>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)</li> </ul>	Included

Additional Limitations & Exclusions
<p>Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.</p>
<p><b>Services provided before or after the term of this coverage</b> - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate</p>
<p><b>Orthodontics</b> (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services</p>
<p><b>Cosmetic dentistry</b> (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist</p>
<p><b>Drugs and medications</b> including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care</p>
<p><b>Analgesia, analgesic agents, and anxiolysis nitrous oxide</b>, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services</p>
<p><b>Waiting periods</b> for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan</p>
<p>There is no waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.</p>

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 employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail.

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