



WELCOME TO DENTAL BLUE!

Good news—your Dental plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered and much more!

Dental Blue® Voluntary 100/200/300

Group Name: Rockcastle Regional Hospital
Effective Date: January 1, 2016

Dental coverage you can count on.

Dental Blue lets you visit any dentist or specialist you want—with lower costs when you choose one within our extensive national network. To find a provider, simply log on to anthem.com.

We're here to help.

If you need help anywhere along the way, you can call the number on the back of your ID card, which is answered by a live, domestic customer service representative. Calling after-hours? We can still assist you with our interactive voice-response hotline.

Annual Deductible

Individual/Family - Combined In and Out of Network

\$50 Individual / \$100 Family

Annual Maximum

\$1,250

Network

200

Out of Network Reimbursement

85th Percentile

Maximum Carryover*

Not Included

Services	PPO Dentists (In-network)	Non-PPO (Out-of-network)
Diagnostic and preventive	NCS/No deductible	NCS/No deductible
Oral evaluations, x-rays, cleanings, sealants and fluoride, space maintainers		
Minor restorative	20% after deductible	20% after deductible
Emergency palliative pain treatment, amalgam restorations (fillings), composite restoration (fillings), sedative fillings, pin retention		
Oral surgery	20% after deductible	20% after deductible
Simple extractions, removal of impacted teeth, general anesthesia		
Endodontic services	20% after deductible	20% after deductible
Root canal therapy, therapeutic pulpotomy, direct pulp capping		
Periodontal services	20% after deductible	20% after deductible
Scaling and root planning, gingivectomy, osseous surgery, soft tissue grafts		
Prosthetic Services	50% after deductible	50% after deductible
Crowns, removable complete and partial dentures, post and core, bridge repair		
Orthodontic Services	Not Covered	Not Covered
Examinations, records, tooth guidance, repositioning (straightening) of the teeth		
Orthodontic Maximum		N/A
Orthodontic Age Limit		N/A

No Cost Share (NCS) means no deductible, copayment or coinsurance up to the maximum allowable amount. However, a member may be responsible for any balance due after the plan payment, including, but not limited to, benefits that reflect No Cost Share.

International emergency dental program. If you need emergency dental care while traveling internationally, call our international service center right away. Our English speaking customer service representatives can help you find a dentist. And they can even assist with translation services when contacting the dentist's office.

Extra support for pregnant and diabetic members. To help proactively manage these conditions, our pregnant and diabetic members may be eligible for additional dental benefits. If you have diabetes or are pregnant, please contact our customer service department to determine if you qualify and to learn more about this important program.

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Limitations & Exclusions

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Option chosen. All covered services are subject to the conditions, limitations, exclusions, terms, and provisions of the dental Certificate.

Limitations — Below is a partial listing of some of the limitations. Please see Certificate for full list:

- **Oral Evaluations.** Limited to two per year.
- **Prophylaxis or Periodontal Maintenance Procedure.** Limited to two treatments per year, singly or in combination.
- **Fluoride treatments.** Limited to two per year for children up to age 19.
- **X-rays.** Limited to one set of full-mouth x-rays or its equivalent once every five years. Periapical x-rays are limited to 4 films per year.
- **Bitewing X-rays.** Limited to one set of up to 4 films twice per year to age 19 and once per year thereafter.
- **Sealants.** Limited to children under 16 years of age for permanent unrestored first and second molars. Treatment is limited to two applications per tooth per lifetime.
- **Space Maintainers.** Limited to once per quadrant per lifetime for children up to age 16. Includes all adjustments within six months of placement.
- **Palliative Emergency Treatment.** Limited to twice per year.
- **Sedative Filling.** Limited to once per tooth in any 24-month period.
- **Amalgam or Composite Resin Restorations (fillings).** Limited to once per surface per tooth every 24 months.
- **Periodontal Scaling and Root Planing.** Limited to once per quadrant every 24 months.
- **Periodontal Surgery.** Limited to once per quadrant in any three years.
- **Crown Lengthening.** Limited to once per tooth per lifetime.
- **Root Canal Therapy.** Root canal therapy limited to one initial treatment per tooth and one retreatment per tooth – for permanent teeth only.
- **Stainless Steel Crowns.** Limited to primary teeth only. Once per tooth in any five years.
- **Crowns/Onlays.** Limited to once per tooth in any five years for insureds age 16 and over.
- **Removable Complete and Partial Dentures.** Limited to once in five years for insureds age 16 and over. Benefits are payable for either complete or immediate dentures, but not both.
- **General Anesthesia.** Covered only when used in conjunction with covered oral surgical procedures.

Exclusions — Below is a partial listing of non-covered services. Please see Certificate for full list:

- Experimental or investigative procedures
- Cosmetic dentistry
- Procedures requiring appliances or restorations to alter, restore or maintain occlusion
- Harmful habit appliances
- Charges for lost or stolen dentures or appliances or for a duplicate prosthetic device or appliance
- Prescribed drugs, pre-medication or analgesia (includes nitrous oxide)
- Charges for the extraction of immature erupting third molars and nonpathologic, asymptomatic third molars
- Malignancies and neoplasms and the removal of tumors, cysts, and foreign bodies
- Charges for tobacco counseling, oral hygiene instruction, dietary planning or behavior management
- Treatment for temporomandibular joint disorder (TMJ)
- Personalization of dentures
- Overdentures
- Temporary and interim prosthetics
- Occlusal guards, adjustments
- Hospital costs
- Services or treatments that are not medically necessary
- Charges for missed or cancelled appointments
- Replacement of crowns or dentures if replacement occurs within five years of original placement
- Orthodontic services unless specifically included under Covered Services.

Note: The Certificate of Coverage may contain variations by state due to specific state regulatory requirements.

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