

CITY OF WATERBURY FLEX DENTAL PLAN RETIRED TEACHERS

Description of Benefits	You Pay:
Annual Deductible (<i>individual/family</i>) applies to all categories	\$0
Annual Maximum <i>per member per calendar year</i>	\$1,000
Lifetime Orthodontic Maximum <i>per member</i>	\$1,000
DIAGNOSTIC & PREVENTIVE SERVICES	No Charge
Initial evaluation Periodic evaluations X-rays Cleanings, twice a year Fluoride treatment to age 19 Space Maintainers Emergency palliative treatment Periodontal Maintenance	
BASIC SERVICES	50%
Fillings Simple Extractions Surgical Extractions PIN Stainless Steel Crowns Endodontics including but not limited to root canal therapy Repair and relining of dentures Repair and Recement Bridge Recement Crown Oral Surgery Apicoectomy	
MAJOR SERVICES	50%
Crowns Inlays Onlays Hemisection Crown Repair Bridges Dentures Periodontics	
ORTHODONTIC SERVICES (<i>child or adult</i>)	50%
<ul style="list-style-type: none"> • Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth • Examination • Records • Tooth guidance • Repositioning (straightening) of the teeth 	

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 BCBS. The participating Dentist will accept Anthem BCBS’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 BCBS will pay the maximum allowable amount as determined by Anthem BCBS. The member is responsible for any difference between the amount paid by Anthem BCBS and the fee charged by the Dentist.

Dental claims should be submitted to Anthem BCBS Dental, P.O. Box 547, North Haven CT 06473.

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.