

Your Summary of Benefits
University of the Pacific
Anthem Dental Complete



Health · Pharmacy · Dental · Vision · Life · Disability

WELCOME TO YOUR DENTAL PLAN!

This 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 certificate of coverage.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network
Annual Benefit Maximum • Per insured person	Contract Year	\$1,000	\$1,000
D&P applies to Annual Maximum		Yes	Yes
Annual Maximum Carryover		No	No
Orthodontic Lifetime Benefit Maximum • Per eligible insured person		N/A	N/A
Annual Deductible • Per insured person • Family maximum	Contract Year	\$25 N/A	\$50 N/A
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Out-of-Network Reimbursement Options:		90th percentile	
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays: Waiting Period
Diagnostic and Preventive Services • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays: 1X per 12 months • Intraoral X-rays		100% Coinsurance	100% Coinsurance No Waiting Period
Basic Services • Amalgam (silver-colored) Filling • Front composite (tooth-colored) Filling • Back composite Filling, Alternated to Amalgam Benefit • Simple Extractions		80% Coinsurance	80% Coinsurance No Waiting Period
Endodontics • Root Canal		80% Coinsurance	80% Coinsurance No Waiting Period
Periodontics • Scaling and root planing		80% Coinsurance	80% Coinsurance No Waiting Period
Oral Surgery • Surgical Extractions		80% Coinsurance	80% Coinsurance No Waiting Period
Major Services • Crowns		50% Coinsurance	50% Coinsurance No Waiting Period
Prosthodontics • Dentures • Bridges • Dental implants Standard - Covered		50% Coinsurance	50% Coinsurance No Waiting Period
Prosthetic Repairs/Adjustments		50% Coinsurance	50% Coinsurance No Waiting Period
Orthodontic Services • None		Not Covered	Not Covered N/A

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 certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.