Shawnee State University  
**Anthem Dental PPO (group size 51+)**  
**Summary of Benefits, effective 01/01/2018**

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, exclusions, qualifications, limitations, terms and provisions of the Dental Certificate.

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NETWORK/NON-NETWORK (MEMBER'S RESPONSIBILITY)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$50/$150 Network and Non-network combined</td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td>$1,000 Network and Non-network combined</td>
</tr>
</tbody>
</table>

**DIAGNOSTIC/PREVENTIVE**
- Diagnostic and Preventive Services *(no deductible)*
  - oral evaluations
  - X-rays
  - cleanings
  - space maintainers
  - other selected diagnostic and preventive services

**GENERAL/RESTORATIVE**
- General (Adjunctive) Services *(deductible applied)*
  - emergency palliative treatment
  - consultations
  - general anesthesia (surgical procedures)
  - I.V. sedation (surgical procedures)
  - office visits for observation
  - other selected general services
- Restorative Services *(deductible applied)*
  - amalgam and composite restorations
  - pin retention procedures

**SPECIALTY**
- Endodontic Services *(deductible applied)*
  - root canal therapy
  - apexification
  - therapeutic pulpotomy
  - other selected endodontic services
- Oral Surgery Services *(deductible applied)*
  - simple and surgical tooth extractions
  - other selected oral surgery services
- Periodontal Services *(deductible applied)*
  - gingivectomy
  - crown lengthening
  - osseous surgery
  - soft tissue grafts
  - other selected periodontal services

**PROSTHODONTIC**
- Prosthodontic Services *(deductible applied)*
  - crowns/onlays
  - partial and full dentures
  - other selected prosthodontic services

**Missing Tooth Benefit**
- Services for the replacement of teeth *(tooth)* lost prior to the member’s effective date of coverage under this plan.
  - removable prosthodontics (partial or dentures)
  - fixed prosthodontics (bridges) for the replacement of teeth (or tooth)

**ORTHODONTIC**
- Orthodontic Services *(no deductible)*
  - 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

Covered

50% Network/50% Non-network

40% Network/40% Non-network

(continued on back)
**BENEFITS**

<table>
<thead>
<tr>
<th>SEPARATE ORTHODONTIC LIFETIME MAXIMUM</th>
<th>NETWORK/NON-NETWORK (MEMBER’S RESPONSIBILITY)</th>
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<tbody>
<tr>
<td>Separate Orthodontic Lifetime Maximum</td>
<td>$1,000 Network and Non-network combined</td>
</tr>
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</table>

*Note: A waiting period may apply. Please refer to your Dental Certificate for additional information.*

*When choosing a Non-network provider, the member is responsible for any balance due after the plan payment, including but not limited to, benefits that are covered in full.*

Dependent age: to end of month age 26.