

VINCENNES UNIVERSITY
Anthem Dental Traditional (group size 51+)
Summary of Benefits, Effective JANUARY 1, 2024

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.

BENEFITS	MEMBER'S RESPONSIBILITY
Annual Deductible (Single/Family)	\$50/NA
Annual Maximum	\$750
Class I PREVENTIVE Services Deductible applies Include exams, oral evaluations, x-rays (bitewing and complete series), cleaning and scaling, space maintainers and other selected diagnostic and preventive services <i>(Limits may apply) Please refer to your certificate for additional information.</i>	20%
Class II BASIC SERVICES	
Class II A General Services Include palliative (emergency) treatment, consultations, general anesthesia, intravenous sedation, office visits for observation, amalgam and composite restorations and pin retention procedures	20%
Class II B Specialty Services Include root canal therapy, apexification/recalcification, therapeutic pulpotomy, oral surgery, simple and surgical tooth extractions, periodontic services, gingivectomy, osseous surgery and other selected endodontic, oral surgery and periodontal services. <i>(Limits may apply) Please refer to your certificate for additional information.</i>	20%
Class III MAJOR SERVICES	
Prosthodontic Services Include onlays, crowns, dentures, bridges and repair of dentures and bridgework, implants and other selected periodontal services	20%
Missing Tooth Services for the replacement of teeth (tooth) lost prior to the member's effective date of coverage under this plan. <ul style="list-style-type: none"> Removable prosthodontics (partials or dentures) Fixed prosthodontics (bridges) for the replacement of teeth (or tooth) <i>A waiting period and/or limits may apply. Please refer to your certificate for additional information.</i>	Covered
Class IV ORTHODONTIC (no deductible)	50% Child
Orthodontic Services Dependent child to age 19. Include examination, records, minor treatment of tooth guidance, repositioning (straightening) of the teeth, interceptive or comprehensive orthodontic treatment, post-treatment stabilization. <i>A waiting period and/or limits may apply. Please refer to your certificate for additional information</i>	
Separate Orthodontic Lifetime Maximum	\$750