

Summary of Benefits

SISC Dental Health Network Plan

Powered by Anthem Blue Cross Dental

Essential Choice PPO

SISC Dental
Health Network



Your dental benefits at a glance:

Benefits*	In-Network	Out-of-Network
Coverage Year	Calendar Year	
Office Visit Copay	\$0	
Annual Deductible per insured person	\$0	
Annual Benefit Maximum	\$4,000	\$250
• Diagnostic & Preventive Services are applied to the Annual Benefit Maximum		
Annual Implant Maximum	\$2,000	\$0
• Applies to the Annual Benefit Maximum		
Orthodontic Lifetime Benefit Maximum	\$2,000	\$2,000
• Per eligible person		
Dental Services *	In-Network Anthem Pays:	Out-of-Network Anthem Pays:
Diagnostic & Preventive Services	100% coinsurance	100% coinsurance
• Exams, cleanings, x-rays		
Basic (Restorative) Services	100% coinsurance	100% coinsurance
• Fillings, simple tooth extractions, sealants		
Endodontics (Surgical and Non-Surgical)	100% coinsurance	100% coinsurance
• Root canal and retreatments		
Periodontics (Surgical and Non-Surgical)	100% coinsurance	100% coinsurance
• Periodontal maintenance, scaling and root planning, periodontal Surgery		
Oral Surgery (Simple and Complex)	100% coinsurance	100% coinsurance
• Simple and surgical extraction		
Major (Restorative) Services	100% coinsurance	100% coinsurance
• Crowns, onlays, veneers		
Prosthodontics	50% coinsurance	50% coinsurance
• Dentures, bridges, implants		
Repairs/Adjustments	50% coinsurance	50% coinsurance
• Crown, denture, and bridge repairs		
• Denture and bridge adjustments		
Adult/Child Orthodontic Services	100% coinsurance	100% coinsurance
• No age limits apply		

Additional Services and Programs

Anthem Whole Health Connection - DentalSM - For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

Accidental Dental Injury Benefit - Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

Extension of Benefits - Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

International Emergency Dental Program - Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

*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 policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.

**Reimbursement is based on the Anthem Fee Schedule for In-Network providers and the 90th percentile of FAIR health for Out-of-Network Providers.

Need to contact us? Please call the Anthem Dental Customer Service number at 1-844-729-1565 or refer to the information on the back of your ID card.