



An Anthem Company

A black and white photograph of a hand holding a map and a compass. The hand is pointing at a specific location on the map. The compass is a standard pocket compass with a white face and a dark outer ring. The background is a blurred outdoor scene with trees.

Delaware County

Your guide to specialty benefits

Summary of Benefits
Empire Dental Essential Choice
 Delaware County
 Empire Dental Complete Network



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WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **Mobile Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to empireblue.com or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?!

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

Need to contact us?

See the back of your ID card for how to call, write or email us.

Your dental benefits at a glance

The following 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 policy.

	In-Network	Out-of-Network
Coverage Year	Calendar Year	
Office Visit Copay	Not Applicable	
Annual Benefit Maximum	\$1,500	\$1,500
• Per insured person		
• Diagnostic & Preventive Services are applied to the Annual Maximum		
Annual Maximum Carryover	No	No
Annual Maximum Carryin	Not Covered	Not Covered
Out-of-Pocket Maximum: Individual	Not Covered	Not Covered
Out-of-Pocket Maximum: Family	Not Applicable	Not Applicable
Orthodontic Lifetime Benefit Maximum	\$1,500	\$1,000
• Per eligible insured person		
Annual Deductible (Does not apply to Orthodontic Services)	\$25	\$50
• Per insured person		
• Family maximum	3X Individual	3X Individual
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement:	Not applicable	90th percentile

Services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.
 Life and Disability products are underwritten by Anthem Life & Disability Insurance Company, an affiliate of Empire HealthChoice Assurance, Inc. Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Dental Services	In-Network Empire Pays	Out-of-Network Empire Pays	Waiting Period
Diagnostic and Preventive Services	100%	100%	No Waiting Period
<ul style="list-style-type: none"> • Periodic oral exam ◦ Limited to 2 per 12 months • Teeth cleaning (prophylaxis) ◦ Limited to 2 per 12 months; w/periodontal maintenance • Bitewing X-rays: ◦ Limited to 1 set per 12 months • Full-mouth or Panoramic X-rays: ◦ Limited to 1 per 60 months • Fluoride application: ◦ Limited to 1 per 12 months through age 18 • Sealants ◦ Limited to 1 per 60 months; through age 18 • Space maintainer insertion ◦ Limited to one per tooth space per lifetime through age 15; posterior teeth 			
Basic (Restorative) Services	100%	80%	No Waiting Period
<ul style="list-style-type: none"> • Consultation (second opinion) ◦ Limited to 1 per 12 months • Amalgam (silver-colored) filling ◦ Limited to 1 per tooth per 24 months • Composite (tooth-colored) filling ◦ Limited to 1 per tooth per 24 months • Brush Biopsy (cancer test) ◦ Not Covered 			
Endodontics (Non-Surgical)	100%	80%	No Waiting Period
<ul style="list-style-type: none"> • Root Canal and retreatments ◦ Limited to 1 per tooth per lifetime; permanent teeth only 			
Endodontics (Surgical)	100%	80%	No Waiting Period
<ul style="list-style-type: none"> • Apicoectomy and apexification ◦ Limited to 1 per tooth per lifetime; permanent teeth only 			
Periodontics (Non-Surgical)	100%	80%	No Waiting Period
<ul style="list-style-type: none"> • Periodontal Maintenance ◦ Limited to four per 12 months; w/teeth cleaning • Scaling and root planing ◦ Limited to one per quadrant per 24 months 			
Periodontics (Surgical)	100%	80%	No Waiting Period
<ul style="list-style-type: none"> • Periodontal Surgery (osseous, gingivectomy, graft procedures) ◦ Limited to one per quadrant per 36 months 			
Extractions (Simple)	100%	80%	No Waiting Period
<ul style="list-style-type: none"> • Simple Extractions ◦ Limited to one per tooth per lifetime 			
Oral Surgery (Complex)	100%	80%	No Waiting Period
<ul style="list-style-type: none"> • Surgical Extractions ◦ Limited to one per tooth per lifetime 			
Major (Restorative)	60%	50%	No Waiting Period
<ul style="list-style-type: none"> • Crowns, onlays, veneers ◦ Limited to one per tooth per 120 months • Cosmetic teeth whitening ◦ Not Covered 			
Temporomandibular Joint Disorder (TMJ)	Not Covered	Not Covered	N/A
<ul style="list-style-type: none"> • X-rays, splints, and surgical procedures including arthroscopy and orthotic devices ◦ Not Covered 			
Prosthodontics	60%	50%	No Waiting Period
<ul style="list-style-type: none"> • Dentures and bridges ◦ Limited to one per tooth per 120 months • Dental Implants - Not Covered 			
Repairs/Adjustments	60%	50%	No Waiting Period
<ul style="list-style-type: none"> • Crown, denture, bridge repairs ◦ Limited to one per 12 months; 6 months after placement • Denture and bridge adjustments ◦ Limited to two (per tooth) per 12 months; 6 months after placement 			
Orthodontic Services	50%	50%	No Waiting Periods
<ul style="list-style-type: none"> ◦ Dependent Children Only* 			

*Child orthodontic runs through age 18. This means that the child must have been banded prior to their 19th birthday in order to receive coverage.

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Additional Services and Programs	Status
Anthem Whole Health Connection - Dental® <ul style="list-style-type: none"> 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) 	Included
Accidental Dental Injury Benefit <ul style="list-style-type: none"> 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 	Included
Extension of Benefits <ul style="list-style-type: none"> 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 	Included
International Emergency Dental Program <ul style="list-style-type: none"> 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) 	Included

Additional Limitations & Exclusions
 Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services

Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan

There is no waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

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.

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DENTAL PPO

It's easy to find a dentist online

Here's how to find one fast on our mobile app, Sydney, or empireblue.com.



Select *Find a Doctor*

To search on the app, you'll need a username and password.

On empireblue.com, log in as a member with your username and password, or your member ID card number.

You can also search as a guest. Just select a plan or network, or search by all plans and networks.*



Search for a provider

You can search based on type of provider or facility, locations near you or a provider's name.



Click on the name of a dentist to learn more

Find out about their training, specialties, languages spoken, location and phone number.

Keep in mind, you'll get the most from your benefits — and save money — when you use a provider in your plan.

Download our Sydney mobile app today to easily access your plan.



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* If you don't know the name of your plan or network, check with your human resources department or benefits administrator.

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