

How Our Dental Plan Works

What the Dental Plan Covers

The Plan helps you pay for dental care, such as your routine cleanings and exams, fillings, root canals, crowns, and orthodontia.

When You Need Dental Care

1. Use Anthem PPO Dentists

- You can receive care from any dental provider, but you'll save money when you receive care from Anthem PPO dental providers.
- Search for an Anthem PPO dental provider at [anthem.com/ca/find-care](https://www.anthem.com/ca/find-care).
- Contact member services at (844) 729-1565.

2. Provide Your Info at the Dentist's Office — No ID Card Needed!

- You don't need a dental ID card.
- When you visit your dentist, let him or her know you are insured by Anthem, and provide your name, Dental Group Number (L06091D001), date of birth and V0 followed by your student ID number.
 - If you want an ID card, you can download the Sydney Health app or print one at [anthem.com/ca](https://www.anthem.com/ca).

3. Pay Your Dentist

When you're responsible for some of the cost, you'll either pay your dentist at the time you receive care or your dentist will send you a bill.

Visiting an Anthem dentist is usually cheaper, because there are contracted rates. See the following page for out-of-pocket costs.

You typically save the most money when you use Anthem PPO Dentists. They contract with Anthem and agree to lower fees that are usually less than — and never more than — Anthem's allowable charge.

You typically pay the most when you use non-Anthem dentists. Because they are not contracted with Anthem, these dentists typically charge a higher amount for their services.

Have your dentist complete a pretreatment estimate with Anthem to understand what your out-of-pocket costs will be.

Contact Caltech's **Anthem Concierge** for assistance on finding dentists, understanding out-of-pockets costs and more.

[See the next page for the plan summary.](#)

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Contacting Anthem	anthem.com/ca (844) 729-1565
Policy Year	September 1 – August 31
	When You Use Anthem PPO Dentists
Deductible — what you pay each policy year before the Plan begins to pay (does not apply to diagnostic, preventive, and orthodontic care)	\$50 per person per policy year \$100 per family per policy year
Benefits Maximum — the most the Plan pays each policy year	\$1,500 per person per policy year for Anthem PPO dentists; \$1,000 per person per policy year for non-PPO dentists
Diagnostic and Preventive Care — oral exams, cleanings (prophylaxis), x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	Diagnostic and preventive care are covered at 100% and not subject to the deductible when visiting an Anthem PPO dentist. Have your dentist confirm with Anthem what is considered a diagnostic and preventive visit.
Basic Care — oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, sealant, tissue removal (biopsy)	After you pay the deductible, the Plan pays a specific percentage, which is typically 80% or 50% based on the type of service.
Crowns, Jackets and Other Cast Restorations — crowns, inlays, onlays	Review the Summary of Benefits to see how much the Plan pays for the applicable dental service.
Prosthodontic Care — bridges, partial dentures, full dentures, implants	
Orthodontic Care (adults and dependent children)	Plan pays 50% up to \$500 per person per lifetime.

This material is for information only. Dental insurance plans contain exclusions, limitations and benefit maximums. For all Plan and coverage details, see Anthem's Evidence of Coverage (EOC).