



DENTAL PLAN SUMMARY AND FAQs

Dental Benefits will be administered by Anthem in 2024

Dental Plan Summary

Dental insurance is available to employees regardless of whether they choose to enroll in the medical plan. The City's dental plan—unlike the medical plan—is not a preferred provider organization (PPO). In other words, you are free to use a provider of your choice. However, using a provider outside of the Anthem network may result in reduced benefit payment.

| | |
|---------------------------|--|
| Deductible | \$50 Individual / \$100 Family (deductible waived for preventive and orthodontia services) |
| Coinsurance | 100% Preventive Services (see below) |
| | 80% Basic Services (see below) |
| | 50% Major Services (see below) |
| | 50% Orthodontia |
| Maximum Annual Benefits | \$2,500 per participant (excluding orthodontia) |
| Maximum Lifetime Benefits | \$2,500 (orthodontia only) |

Preventive Services

1. Charges for periodic oral examinations (limited to two [2] per calendar year).
2. Charges for dental prophylaxis treatments (limited to two [2] per calendar year).
3. For participants less than fifteen (15) years of age, charges for topical application of fluoride (limited to one [1] per calendar year).
4. For participants less than twelve (12) years of age, charges for space maintainers, including all adjustments necessary during the six (6) months after installation.
5. For participants less than twelve (12) years of age, charges for sealants on posterior permanent teeth (limited to two [2] topical applications per tooth).
6. Charges for bitewing dental x-rays (limited to two [2] series per calendar year).
7. Charges for one (1) complete series of x-rays or one (1) panograph per five (5) year period.
8. Charges for mouth guards to prevent bruxism (limited to once every five [5] years).

Basic Services

1. Emergency palliative treatment.
2. Restorations involving fillings.
3. Charges for restorations involving inlays and on lays, and gold, plastic or porcelain crowns, but only if the tooth cannot be restored with a silver or amalgam filling.
4. Local and general anesthetics used in oral surgery.
5. Periodontics.
6. Endodontics (including related x-rays).
7. Recementation of crowns, inlays and bridgework.
8. Relining of dentures (limited to once every two [2] years).
9. Injectable antibiotics.
10. Extractions (including orthodontic extractions).
11. Provisional splints.

Major Services

1. Charges for initial installation of fixed bridgework, including inlays and crowns to replace one (1) or more extracted natural teeth.
2. Charges for initial installation of partial or full removable dentures (including adjustments for the six [6] month period following installation) to replace one (1) or more extracted natural teeth.
3. Charges for replacement of existing bridgework, or the addition of teeth on existing bridgework, subject to the Prosthesis Replacement Rule.
4. Charges for replacement of an existing partial or full removable denture, or the addition of teeth to a partial removable denture, subject to the Prosthesis Replacement Rule.
5. Charges for a dental implant, but only if the implant is both:
 - a) the least expensive course of treatment adequate to restore the mouth to normal form and function as dentally necessary; and
 - b) less damaging to surrounding teeth and tissues than alternative forms of treatment.
7. Commissure splints.

Predetermination of Benefits

If the expected cost of a proposed course of dental treatment is \$200 or more, the participant should ask the attending dentist to submit a predetermination of benefits request to Anthem before work is begun. Anthem will advise the dentist and the participant if the proposed services are limited or ineligible.

Regardless of whether a predetermination of benefits request was filed, benefits will be paid on the basis of charges actually submitted.

Dental FAQs

Do I have to elect medical coverage in order to have dental coverage?

No. You can elect dental coverage for you and any or all of your eligible dependents, regardless of whether you have elected medical coverage.

Do I have to go to a dentist in a specific network?

No. The City's plan has no dental network. You can go to the dentist of your choice. However, using a provider outside of the Anthem network may result in reduced benefit payment.

How do I find a dentist who is in the Anthem network?

Go to Anthem.com > Care > Find Care. Choose Indiana. Select to log in as a member or view as a Guest and select/enter Dental as the type of care you are searching for. Or check your Sydney Health App [Sydney Health App](#).

Are there any dental copays?

No. There are no copays for dental services.

What is the deductible for dental services?

The dental deductible is \$50 for an individual and \$100 for a family. The deductible does not apply to preventive and orthodontic services.

What does “reasonable and customary” mean?

This term refers to the charge customarily made for the same or similar treatment, services or supplies provided to individuals of similar medical condition in the area where the service is provided. Outside of the Anthem network, dental fees are not negotiated and the dentist is free to charge whatever he wishes. However, you will be responsible for all charges that are above “reasonable and customary.”

2024 Dental Rate Sheet

| Active Employee/Common Council | |
|---------------------------------------|------------------------|
| Employee Only | \$8.50 per pay period |
| Employee + Spouse | \$15.50 per pay period |
| Employee + Child(ren) | \$14.25 per pay period |
| Employee + Family | \$21.50 per pay period |

| Retiree | |
|----------------------|--------------------|
| Retiree Only | \$73.00 per month |
| Retiree + Spouse | \$136.00 per month |
| Retiree + Child(ren) | \$125.00 per month |
| Retiree + Family | \$188.00 per month |

| COBRA | |
|----------------------|--------------------|
| Retiree Only | \$74.00 per month |
| Retiree + Spouse | \$138.00 per month |
| Retiree + Child(ren) | \$127.00 per month |
| Retiree + Family | \$191.00 per month |