

Anthem 
Dental

Deductible	\$25 per person
	\$75 per family
Maximum Payment per Calendar Year	\$2,000 per person
Not including Orthodontia	
Lifetime Orthodontia Max	\$1,000
Routine Exams	Covered at 100%
Not Subject to Deductible	
All Other Services	Covered at 80%
Subject to Deductible	
Orthodontia	Covered at 50%
Not Subject to Deductible	
Customer Service: 1-800-828-3677	Indiana Providers: www.anthem-inc.com
Vision: www.anthem.com (Anthem Blue Vision)	Out-of-State Providers: www.bluecares.com
**Actual policy provisions prevail over any and all summary plan descriptions.	

Important Notice

***Report All status changes to Personnel Office within 30 days of event: marriage, divorce, birth, death, etc.**

For dental network provider contact
www.anthem.com