

## 2016/2017 LAPRA Dental Options

The table below provides an overview of the key benefits and bi-weekly contributions provided through the LAPRA Dental Plans. Refer to the Anthem Blue Cross PPO Dental Plan or HMO Dental Plan materials for a complete description of the LAPRA dental benefits including terms of coverage, exclusions and limitations.

Benefit Feature	Anthem Blue Cross PPO Dental Plan		Anthem Blue Cross HMO Dental Plan (California Residents Only)
	Network Providers	Non-Network Providers*	HMO Dental Providers Only
Calendar Year Deductible	None	\$25 per person \$50 per family (waived for Preventive & Diagnostic)	None
Calendar Year Maximum	\$2,000 per person (excluding Orthodontia)		None
<b>Preventive &amp; Diagnostic</b> • Cleanings • Exams • X-rays • Sealants	100% (3/year) 100% 100% 100%	100% (3/year) 100% 100% 100%	No Charge No Charge No Charge \$10 co-pay per tooth
<b>Basic</b> • Extractions • Fillings • Root Canal • Oral Surgery	90% 90% 90% 90%	80% 80% 80% 80%	No Charge No Charge \$0-\$180 co-pay per tooth \$0-\$200 co-pay per tooth
<b>Major</b> • Crowns & Bridges • Dentures • Implants	60% 60% 60%	60% 60% 60%	\$100-\$200 co-pay per tooth \$150-\$200 co-pay per tooth n/a
<b>Orthodontia</b> (including adults and children)	50%	50%	\$1,750 co-pay (child) \$1,750 co-pay (adult) (Services exceeding a 24-month treatment period will require additional co-pays.)
<b>Orthodontia Lifetime Maximum</b>	\$1,750 per person (Includes \$300 for pre-orthodontic visit and treatment plan)		n/a

\* For **non-network providers**, benefits are based on the customary and reasonable charge. You are responsible for any difference between the amount charged and the customary and reasonable charge, plus any deductible and/or coinsurance amount.