

Plans Features	TRUST SELF-FUNDED DENTAL PLAN	
	In-Network	Out -of-Network
Provider Networks	Anthem PPO Dental 100/200/300 - a network of participating dentists, specialists and orthodontists who have agreed to charge lower fees for their services.	Use Any Provider
Network Services Area	California	
Who Provides Care	You can select any dentist of your choice. To receive the plan's highest level of benefits and pay the lowest out-of-pocket costs, use an Anthem PPO Dental 100/200/300 plan network dentist.	
Calendar-Year Deductible	\$50 per person, \$150 per family for Class II (Basic Services) and Class III (Major Services)	
Calendar-Year Maximum Benefit	\$3,000 per person , except dependent children under age 19 for whom there is no calendar year dental maximum except for the Orthodontia lifetime maximum benefit.	
Benefits for Most Covered Services	Plan pays a percentage of eligible expenses: * 100% for Preventive Services (Class I) (exams, cleanings, x-rays) Maximum of 4 exams in any 12 consecutive months. * 80% for Basic Services (Class II) (fillings, root canals, extractions) after calendar-year deductible of \$50 * 60% for Major Services (Class III) (crowns, bridges, dentures) after calendar-year deductible of \$50	
	In-network eligible expenses are based upon the Anthem PPO Dental negotiated rates.	Out-of network eligible expenses are based upon the maximum plan allowance for usual, customary and reasonable charges.
Orthodontia	Plan pays 60% of eligible expenses. No deductible applies. Plan Lifetime Maximum benefit: \$2,000	
Predetermination of Benefits	If charges for a course of treatment will exceed \$500, it is recommended that your dentist submit a treatment plan to United Administrative Services (Plan Administrator) for review ahead of time. The dentist and you will receive an estimate of the Plan's benefits, which you should review together.	