



Summary of

Benefits for Pediatric Dental Coverage

Complete+Dental and Elite+Dental Plans

This Summary of Benefits is provided by Antidote Health Plan of Arizona, Inc., in partnership with HRI Dental, for some of the more frequently performed dental procedures.

More information, including dental provider directory, is available at insuringsmiles.com/antidotehealth.



READ YOUR POLICY CAREFULLY. This Summary of Benefits provides only a brief outline of some of the important features of your policy. This cover sheet is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. IT IS THEREFORE IMPORTANT THAT YOU READ YOUR POLICY.

NOTICE: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTHCARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS AND HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. READ ALL OF THE RULES VERY CAREFULLY, INCLUDING THE COORDINATION OF BENEFITS SECTION, AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU OR YOUR FAMILY.

Out of Pocket Maximum **\$400 Annual Max Per Child / \$800 For Family**

Deductible (waived for preventive and diagnostic services) **\$25.00 / \$0.00**

Diagnostic & Preventive	In Network	Out of Network
Exams: Periodic, Limited, Comprehensive	50%	0%
Teeth Cleaning (Prophylaxis)	50%	0%
Fluoride - Topical Application or Varnish	100%	0%
X-Rays - Bitewings; Vertical, Periapical, Full Mouth	50%	0%
Sealants	50%	0%
Space Maintainer: Fixed & Removable	50%	0%
Restorative		
Fillings - Silver/amalgam or White/composite (Anterior and Posterior Teeth)	50%	0%
Crowns, Inlays, Onlays, Veneers, Post, Core Buildup, Recementation and Repairs	50%	0%
Endodontics		
Root Canal Therapy: Anterior, Posterior & Retreatments - Includes Periapical X-Rays, Cultures, Follow-Up Care, Treatments and Pulpotomy	50%	0%
Apexification, Apicoectomy, Retrograde Fillings	50%	0%
Other Endodontic Procedures	50%	0%
Periodontics		
Scaling & Root Planing and Periodontal Maintenance	50%	0%
Surgical Periodontics Including Gingivectomy, Gingivoplasty, Gingival Flap, Osseous and Clinical Crown Lengthening	50%	0%
Prosthodontics		
Prosthodontic Services - Bridges, Partial, And Complete Dentures	50%	0%
Relining, Rebasing, Repairs, Replacement Of Teeth And Adjustments	50%	0%
Implants		
Implant Services Including Placement and Abutments and Other Related Services	50%	0%
Oral Surgery		
Simple Extractions	50%	0%
Surgical Extractions Including Impactions, Alveoloplasty, Vestibuloplasty and Other Surgical Procedures	50%	0%
Oral Surgery		
Emergency Palliative Treatment	50%	0%
Anesthesia - General and IV Sedation	50%	0%
Anesthesia - Nitrous	0%	0%
Athletic Mouthguards	0%	0%
Teledentistry	50%	0%
Orthodontic Services		
Orthodontic Services, medically necessary only	50%	0%

Pediatric dental coverage is included at no additional cost for members until the age of 19 through the end of the month of their 19th birthday.