



IBEW 18 Prudent Buyer Dental Orthodontia Coverage

Orthodontia

Covered Services	Per Insured Person Copay	
	PPO Dentists	Non-PPO Dentists
Orthodontics (teeth straightening) \$2,000 lifetime maximum	20%	20%

This Summary of Benefits is a brief review of benefits. Once enrolled, members will receive the Combined Evidence of Coverage and Disclosure Form, which explains the exclusions and limitations, as well as the full range of covered services of the plan, in detail.

ORTHODONTIC EXCLUSIONS AND LIMITATIONS

Myofunctional Therapy. Myofunctional therapy (the use of muscle exercises as an adjunct to orthodontic mechanical correction of malocclusion) and related services.

Orthodontia-Related Surgical Procedures. Surgical procedures incidental to orthodontic treatment, including, but not limited to, extraction of teeth solely for orthodontic reasons, exposure of impacted teeth, correction of micrognathia or macrognathia, or repair of cleft palate.

Services Provided Before or After the Term of This Coverage. Orthodontic treatment begun prior to the insured person's effective date or after the termination of coverage.

Temporomandibular (Jaw) Joint. Orthodontic treatment related to temporomandibular joint disturbances or hormonal imbalance.

Orthodontic Records. Orthodontic records, including, but not limited to, cephalometric tracing, photographs, study models and diagnostic radiographs.

Third Party Liability BC Life & Health Insurance Company is entitled to reimbursement of benefits paid if the insured person recovers damages from a legally liable third party.

Coordination of Benefits The benefits of this plan may be reduced if the insured person has any other group health, dental, prescription drug or vision coverage so that the services received from all group coverages do not exceed 100% of the covered expense.

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