

**VINCENNES UNIVERSITY**  
**Anthem Dental Traditional (group size 51+)**  
**Summary of Benefits, Effective JANUARY 1, 2026**

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, exclusions, qualifications, limitations, terms and provisions of the Dental Certificate.

BENEFITS	MEMBER'S RESPONSIBILITY
Annual Deductible (Single/Family)	\$50/NA
Annual Maximum	\$750
<b>Class I PREVENTIVE Services Deductible applies</b> Include exams, oral evaluations, x-rays (bitewing and complete series), cleaning and scaling, space maintainers and other selected diagnostic and preventive services <i>(Limits may apply) Please refer to your certificate for additional information.</i>	20%
<b>Class II BASIC SERVICES</b>	
<b>Class II A General Services</b> Include palliative (emergency) treatment, consultations, general anesthesia, intravenous sedation, office visits for observation, amalgam and composite restorations and pin retention procedures	20%
<b>Class II B Specialty Services</b> Include root canal therapy, apexification/recalcification, therapeutic pulpotomy, oral surgery, simple and surgical tooth extractions, periodontic services, gingivectomy, osseous surgery and other selected endodontic, oral surgery and periodontal services. <i>(Limits may apply) Please refer to your certificate for additional information.</i>	20%
<b>Class III MAJOR SERVICES</b>	
<b>Prosthodontic Services</b> Include onlays, crowns, dentures, bridges and repair of dentures and bridgework, implants and other selected periodontal services	20%
<b>Missing Tooth</b> Services for the replacement of teeth (tooth) lost prior to the member's effective date of coverage under this plan. <ul style="list-style-type: none"> <li>• Removable prosthodontics (partials or dentures)</li> <li>• Fixed prosthodontics (bridges) for the replacement of teeth (or tooth)</li> </ul> <i>A waiting period and/or limits may apply. Please refer to your certificate for additional information.</i>	Covered
<b>Class IV ORTHODONTIC (no deductible)</b>	50% Child
<b>Orthodontic Services</b> <b>Dependent child to age 19.</b> Include examination, records, minor treatment of tooth guidance, repositioning (straightening) of the teeth, interceptive or comprehensive orthodontic treatment, post-treatment stabilization. <i>A waiting period and/or limits may apply. Please refer to your certificate for additional information</i>	
Separate Orthodontic Lifetime Maximum	\$750