Summary of Benefits
Anthem Dental Essential Choice
January 1, 2027

Seagate Technology
Anthem Dental Complete Network

WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy-to-use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental members better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to anthem.com/ca or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

Need to contact us?

See the back of your ID card for who to call, write or email.

Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

Seagate Basic Dental Plan	In-Network	Out-of-Network
Annual Benefit Maximum		
· Per insured person	**$1,250**	**$1,250**
D&P applies to Annual Maximum	**Yes**	**Yes**
Annual Maximum Carryover / Carry in	**No/No**	**No/No**
Orthodontic Lifetime Benefit Maximum		
· Per eligible insured person	**N/A**	**N/A**
Annual Deductible		
· Per insured person/Family maximum	**$50/$150**	**$50/$150**
Deductible Waived for Diagnostic/Preventive Services	**Yes**	**Yes**

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Dental Services	In-Network [1,3] Anthem Pays:	Out-of-Network [2,3] Anthem Pays:
1. **In-Network** Dentists have agreed on pricing for covered services; you will save money when you visit a dentist in your plan network. 2. **Out of Network** Dentists are not contracted to accept Anthem's payment as payment in full and may bill you for the difference between Anthem's out-of- network maximum allowed amount and the total bill. 3. **Maximum Allowable** amount is the total reimbursement payable under your plan for covered services you receive from In-Network and Out-of-Network providers		
Diagnostic and Preventive Services · Periodic oral exam — 2 per calendar year · Teeth cleaning (prophylaxis) — 2 per calendar year; w/periodontal maintenance · Bitewing X-rays: — 2 sets per calendar year <18 ; 1 set calendar year =/>18 · Full-mouth or Panoramic X-rays: — 1 per 60 months · Fluoride application: — 1 per calendar year through age 18 · Sealants — through age 13; 1st & 2nd molars · Space Maintainers — 1 per lifetime through age 18; posterior teeth	100%	100%
Basic Services · Consultation (second opinion) — 1 per lifetime · Amalgam (silver-colored) Filling — 1 per tooth per 24 months · Composite (tooth-colored) Filling — 1 per tooth per 24 months · Simple Extractions — 1 per tooth per lifetime · Injections of Antibiotic Drugs — Covered · Occlusal Guards — 1 per 60 months · General Anesthesia — Covered w/ Simple Extractions	100%	100%
Endodontics (Non-Surgical) · Root Canal	Not Covered	Not Covered
Endodontics (Surgical) · Apicoectomy and apexification	Not Covered	Not Covered
Periodontics (Non-Surgical) · Scaling and root planing	Not Covered	Not Covered
Periodontics (Surgical) · Periodontal Surgery (osseous, gingivectomy, graft procedures)	Not Covered	Not Covered
Oral Surgery (Complex) · Surgical Extractions	Not Covered	Not Covered
Major (Restorative) Services · Crowns, onlays, inalys, veneers · Cosmetic teeth whitening	Not Covered	Not Covered
Temporomandibular Joint Disorder (TMJ) · X-rays, splints, and surgical procedures including arthroscopy and orthotic devices	Not Covered	Not Covered
Prosthodontics · Dentures and bridges · Dental Implants	Not Covered	Not Covered
Orthodontic Services	Not Covered	Not Covered

Additional Services and Programs

Anthem Whole Health Connection - Dental®

- For members with certain health conditions, additional dental benefits are available without deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum

Accidental Dental Injury Benefit

- Provides members with 100% coverage for accidental injuries to teeth up to the coverage year annual maximum. No deductibles, member coinsurance, or waiting periods apply

Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum

Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics including orthodontic braces, appliances and all related services

Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail.

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