

## Dental Frequency Restrictions

Non-Problem Focused Exams, Cleanings, & Fluoride:	Two (2) per calendar year.
Sealants On Permanent Unrestored Molars Only:	Once (1) every three (3) years up to age 18.
Full Mouth Series or 4 Bitewings:	Once (1) per calendar year.
Panoramic X-Rays:	Once (1) per calendar year.
Fillings on Same Tooth/Same Surfaces:	60-day Restriction.
Crowns Per Tooth:	One (1) every three (3) years.
Crown Repairs and/or Re-cements over 6 Months Old:	Once (1) in a six (6) month period.
Periodontics Per quadrant/Per Site:	Once (1) every six (6) months.
Periodontal Maintenance (follows Prophylaxis restriction of two per calendar year:	Two (2) per calendar year.
Dentures & Partials:	Once (1) every five (5) years.
Prosthodontics:	Once (1) every three (3) years.
Prosthodontics Repairs over 6 Months Old:	Once (1) in a six (6) month period.
*Implants:	Once (1) every five (5) years.
Occlusal Guards due to Bruxism/Grinding Only:	Once (1) every three (3) years.
Orthodontics:	Member, Spouse & Dependent up to Age 26 <b>ONLY</b> & Lifetime Max of \$3000.

**\*Pre-Treatment Estimates are requested for services over \$1,000 and are required for Implants.**

**No Yearly Maximums or Deductible.**

**Electronic claims can be submitted via payor ID 84105**

**Paper claims should be mailed to:**

**Anthem Dental Claims**

**P. O. Box 659444**

**San Antonio, TX 78265-9444**