

Anthem Dental Metallic PPO plans (2-100 employees)

Available as employer-paid or voluntary. All plans include International Emergency Dental Program, Ask a Hygienist and SpecialOffers.

	Platinum	Gold	Silver	Bronze
	Active	Active	Passive	Active
Annual benefit maximum	\$2,000 / \$2,500 / Unlimited	\$1,500	\$1,500 / \$3,000 / \$5,000 INN / \$3,000 OON	\$1,000 / \$1,500 / Unlimited
Annual deductible (individual, family)	\$50, \$150	\$50, \$150	\$50, \$150	\$50, \$150
Diagnostic and preventive services (INN, OON)	100%, 100%	100%, 100%	100%, 100%	100%, 80%
Basic services (INN, OON)	90%, 80%	90%, 80%	80%, 80%	80%, 60%
Major services (INN, OON)	60%, 50%	60%, 50%	50%, 50%	50%, 50%
Endodontic, periodontal and oral surgery services	Basic	Basic	Basic	Basic
Orthodontia services ¹	50% / Not covered	50% / Not covered	50% / Not covered	50% / Not covered
Orthodontia coverage	Not covered / Children only / Adults and children	Not covered / Children only / Adults and children	Not covered / Children only	Not covered / Children only
Orthodontia lifetime maximum	Not applicable / \$1,500 / \$2,000	Not applicable / \$1,500	Not applicable / \$1,000 / \$1,500	Not applicable / \$1,000 / \$1,500
Waiting periods ² (major services)	None	None	12 months / None	12 months / None
Waiting periods ² (orthodontia)	None / Not applicable	None / Not applicable	12 months / None / Not applicable	12 months / None / Not applicable
Out-of-network reimbursement	90th	90th	90th / MAC	MAC
Dental network	Dental Complete	Dental Complete	Dental Complete	Dental Complete
Annual maximum carryover ^{3,4}	Included / Not included	Included	Included	Included / Not included
Posterior composites ⁵	Covered	Covered	Covered	Covered / Not covered
Dental implants ⁴	Covered	Covered	Covered	Covered / Not covered
Anthem Whole Health Connection	Included	Included	Included	Included
Accidental dental injury benefit ⁶	Included	Included	Included	Included
Extension of benefits	Included	Included	Included	Included

INN = In-network or Network

OON = Out-of-network or Non-network

MAC = Maximum allowable charge

¹ Optional benefit. Available for groups of 5+ employees enrolled.

² 12-month waiting period waived only for initial enrollees with prior comparable group coverage.

³ Annual maximum carryover benefit isn't included with unlimited annual maximum plans.

⁴ Annual maximum carryover benefit and dental implants are not included for Bronze LT PPO plan (66KG) only.

⁵ Bronze LT PPO plan (66KG) pays posterior composites as amalgam.

⁶ No deductible, no coinsurance or waiting periods apply. Accumulates to the annual maximum.

This document is intended to be a brief summary of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Evidence of Coverage; the Evidence of Coverage has exclusions, limitations and terms under which the Evidence of Coverage may be continued in force or discontinued. In the event of a discrepancy between the information in this summary and the Evidence of Coverage, the Evidence of Coverage will prevail.

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Dental Net DHMO plans (2-100 employees)

		3000A	3000B	3000C	3000D
CDT codes	Procedure description	Member copay			
Diagnostic services					
D0120	Periodic oral evaluation – established patient	\$0	\$0	\$0	\$0
D0210	Intraoral – complete series (including bitewings)	\$0	\$0	\$0	\$0
D0330	Panoramic radiographic image	\$0	\$0	\$0	\$0
D7288	Brush biopsy – transepithelial sample collection	\$0	\$20	\$35	\$50
Preventive services					
D1110 or D1120	Prophylaxis – teeth cleaning, adult/child ¹	\$0	\$0	\$0	\$0
D1206	Topical application of fluoride varnish ¹	\$0	\$0	\$0	\$0
D1208	Topical application of fluoride –excluding varnish ¹	\$0	\$0	\$0	\$0
D1351	Sealants – per tooth	\$0	\$0	\$0	\$0
Restorative services, filling – permanent					
D2140	Amalgam, one surface, primary or permanent	\$0	\$0	\$0	\$5
D2330	Resin-based composite, one surface, anterior	\$0	\$0	\$15	\$20
D2391	Resin-based composite, one surface (posterior) primary or permanent	\$10	\$20	\$30	\$65
D2393	Resin-based composite, three surfaces (posterior) primary or permanent	\$35	\$45	\$55	\$85
Endodontic services					
D3220	Therapeutic pulpotomy (excluding final restoration)	\$0	\$0	\$10	\$25
D3310	Anterior root canal (excluding final restoration)	\$30	\$40	\$45	\$90
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$60	\$75	\$90	\$140
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$125	\$145	\$185	\$225
Periodontic services					
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or bounded teeth spaces per quadrant	\$40	\$65	\$80	\$130
D4211	Gingivectomy or gingivoplasty, one to three contiguous teeth or bounded teeth spaces per quadrant	\$20	\$30	\$50	\$75
D4261	Osseous surgery (including flap entry & closure), one to three contiguous teeth or bounded teeth spaces per quadrant	\$90	\$120	\$135	\$220
D4341	Periodontal scaling and planing, four or more teeth per quadrant during any calendar year	\$15	\$30	\$40	\$45
D4342	Periodontal scaling and planing, one to three teeth per quadrant during any calendar year	\$10	\$20	\$30	\$35
D4910	Periodontal maintenance ²	\$0	\$15	\$25	\$30
Prosthodontic services					
D2750	Crown – porcelain fused to high noble metal ³	\$90	\$145	\$185	\$225
D2960	Labial veneer, resin laminate / chairside	\$65	\$80	\$95	\$125
D5110 or D5120	Complete denture upper or lower (maxillary/mandibular)	\$110	\$150	\$175	\$215
D5211 or D5212	Upper/lower partial denture (maxillary / mandibular, resin base) including any conventional clasps, rests and teeth	\$90	\$125	\$150	\$175

Dental Net DHMO plans (2-100 employees)

		3000A	3000B	3000C	3000D
CDT codes	Procedure description	Member copay			
D5730, D5731, D5740 or D5741	Reline dentures – chairside	\$0	\$0	\$0	\$35
Dental implant services					
D6059	Abutment-supported porcelain fused to metal crown (high noble metal) ³	\$305	\$345	\$385	\$425
D6110	Implant/abutment-supported removable denture for edentulous arch – maxillary	\$315	\$350	\$375	\$415
Oral surgery services					
D7140	Extraction, erupted tooth or exposed roots	\$0	\$0	\$0	\$5
D7210	Surgical extraction, erupted tooth	\$5	\$15	\$30	\$40
D7220	Removal of impacted tooth – soft tissue	\$10	\$20	\$40	\$50
D7230	Removal of impacted tooth – partial bony	\$20	\$35	\$50	\$70
D7240	Removal of impacted tooth – completely bony	\$35	\$55	\$70	\$90
Orthodontic services					
D8080	Comprehensive treatment of the adolescent dentition	\$1,695	\$1,695	\$1,695	\$1,695
D8090	Comprehensive treatment of adult dentition	\$1,895	\$1,895	\$1,895	\$1,895
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)	\$250	\$250	\$250	\$250
Other services					
D9215	Local anesthesia	\$0	\$0	\$0	\$0
D9222	Deep sedation/general anesthesia – first 15 minutes	\$130	\$130	\$130	\$130
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	\$75	\$75	\$75	\$75
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15	\$15	\$15	\$15
D9243	Intravenous moderate (conscious) sedation/anesthesia – each subsequent 15-minute increment	\$75	\$75	\$75	\$75
D9440	Office visit – after regularly scheduled hours	\$25	\$25	\$25	\$25
D9940	Occlusal (mouth) guards	\$50	\$75	\$95	\$105

Sample of optional benefits and copays

		3000A	3000B	3000C	3000D
CDT codes	Procedure description	Member copay			
Optional dental implant services					
D6010	Surgical placement of implant body – endosteal implant	\$850	\$850	\$850	\$850

¹ First two at \$0 copay, unlimited additional services available at a low copay.

² Two periodontal maintenance procedures at low or no copay. Unlimited additional periodontal maintenance at a low copay.

³ Plus an additional per unit/tooth charge for noble metal, high noble metal, titanium or porcelain on molar teeth not to exceed \$125.