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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)

CDT codes	Procedure description	3000A	3000B	3000C	3000D
		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

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CDT codes	Procedure description	3000A	3000B	3000C	3000D
		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 – parital 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

CDT codes	Procedure description	3000A	3000B	3000C	3000D
		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.