

Anthem Platinum Unlimited Max Complete with Optional Ortho

Group Size: 2-100 eligible*

Effective Date Options: 4/1/2022 — 3/15/2023

Contract Length: 24 months



Service and Description	In-Network	Out-of-Network
Diagnostic and Preventive (D&P) Services – No Waiting Period – Oral exams, X-rays, dental cleanings, topical fluoride application, sealants	100%	100%
Basic Services – No Waiting Period – Composite restorations on all teeth, space maintainers, emergency treatment for the relief of pain, basic extractions, brush biopsy	90%	80%
Endodontic, Periodontal and Oral Surgery – No Waiting Period <ul style="list-style-type: none"> Endodontic Services – Root canals, pulpal therapy, pulpotomy Periodontal Services – Perio maintenance, scaling and root planning, osseous surgery Oral Surgery – Surgical extractions, general anesthesia or IV sedation 	90%	80%
Complex and Major Services – No Waiting Period <ul style="list-style-type: none"> Restorative Services – Permanent crowns or onlays, inlays¹ Prosthetic Services – Removable prosthetic services (dentures and partials), fixed prosthetic services (bridges), Prosthetic Repairs: 24-month missing tooth exclusion applies Dental Implants 	60%	50%
Deductible: Per person/family (calendar year); no deductible for D&P or orthodontic services		\$50 / \$150
Calendar Year Plan Maximum: Per person		Unlimited
Annual Maximum Carry-over		N/A
Orthodontic Services³: Minimum 5 eligible employees with minimum 5 enrolled; child-only (ages 8-18) or adult/child		\$1,500 optional
Out-of-Network (OON) Reimbursement²		90th

Rating Area 1	Employer Sponsored								
Low SIC Code	No Ortho - 4F93			With Child-Only Ortho - 4F94			With Adult/Child Ortho - 4F95		
Number of Lives	2-4	5-50	51-100	2-4	5-50	51-100	2-4	5-50	51-100
Employee	\$85.58	\$70.73	\$63.66	N/A	\$70.73	\$63.66	N/A	\$76.13	\$69.06
EE + Spouse	\$174.59	\$144.29	\$129.86	N/A	\$144.29	\$129.86	N/A	\$155.41	\$140.98
EE+ Child(ren)	\$184.27	\$152.29	\$137.06	N/A	\$164.36	\$149.13	N/A	\$169.76	\$154.53
Family	\$280.09	\$231.48	\$208.33	N/A	\$245.68	\$222.53	N/A	\$252.03	\$228.89
Rating Area 1	Employer Sponsored								
High SIC Code	No Ortho - 4F93			With Child-Only Ortho - 4F94			With Adult/Child Ortho - 4F95		
Number of Lives	2-4	5-50	51-100	2-4	5-50	51-100	2-4	5-50	51-100
Employee	\$94.89	\$78.42	\$70.58	N/A	\$78.42	\$70.58	N/A	\$83.82	\$75.98
EE + Spouse	\$193.57	\$159.97	\$143.98	N/A	\$159.97	\$143.98	N/A	\$171.09	\$155.10
EE+ Child(ren)	\$204.30	\$168.85	\$151.96	N/A	\$180.92	\$164.03	N/A	\$186.32	\$169.43
Family	\$310.54	\$256.65	\$230.98	N/A	\$270.85	\$245.18	N/A	\$277.20	\$251.53
Rating Area 2	Employer Sponsored								
Low SIC Code	No Ortho - 4F93			With Child-Only Ortho - 4F94			With Adult/Child Ortho - 4F95		
Number of Lives	2-4	5-50	51-100	2-4	5-50	51-100	2-4	5-50	51-100
Employee	\$73.03	\$60.36	\$54.32	N/A	\$60.36	\$54.32	N/A	\$65.76	\$59.72
EE + Spouse	\$148.99	\$123.13	\$110.82	N/A	\$123.13	\$110.82	N/A	\$134.25	\$121.94
EE+ Child(ren)	\$156.46	\$129.30	\$116.37	N/A	\$141.37	\$128.44	N/A	\$146.77	\$133.84
Family	\$237.81	\$196.54	\$176.89	N/A	\$210.74	\$191.08	N/A	\$217.09	\$197.44
Rating Area 2	Employer Sponsored								
High SIC Code	No Ortho - 4F93			With Child-Only Ortho - 4F94			With Adult/Child Ortho - 4F95		
Number of Lives	2-4	5-50	51-100	2-4	5-50	51-100	2-4	5-50	51-100
Employee	\$80.97	\$66.92	\$60.23	N/A	\$66.92	\$60.23	N/A	\$72.32	\$65.63
EE + Spouse	\$165.18	\$136.52	\$122.86	N/A	\$136.52	\$122.86	N/A	\$147.64	\$133.98
EE+ Child(ren)	\$173.47	\$143.36	\$129.02	N/A	\$155.43	\$141.09	N/A	\$160.83	\$146.49
Family	\$263.67	\$217.91	\$196.12	N/A	\$232.11	\$210.32	N/A	\$238.46	\$216.67

The above rates only apply to new dental purchases and not to existing Anthem dental groups.

* Benefits listed for overview purposes; please see Dental Benefit Plan Summary for complete details. • Dependent age limitation: Children covered to age 26.

* Eligible employees are defined as hourly/salary wage employees working 30 hours per week on average including full-time/part-time/seasonal employees.

¹ Optional Treatment: Plan member receives the benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the treatment cost.

² Claim payments are based on the amount charged by the dentist or our maximum allowed amount, whichever is less. If an out-of-network dentist charges more than our maximum allowed amount, the patient is responsible for the difference. Dentists in our network agree not to charge more than their contractual agreement with us.

Enrollment Requirements: Employer Sponsored groups with 2-4 eligible employees require 65% of eligible employees not covered under another dental plan to enroll (minimum of 2 enrollees). Employer Sponsored groups with 5-100 eligible employees require 25% of eligible employees to enroll not covered under another dental plan to enroll (minimum of 2 enrollees). Voluntary groups require a minimum of 5 employees to enroll. If 50% or more of the eligible employees are located outside your state of domicile, acceptance requires underwriting approval. Dental offices are not eligible. Dual-option requires at least 5 eligible employees with a minimum of two eligible employees enrolled in each option for Employer Sponsored; a minimum five enrolled in each option for Voluntary. The two plans must have at least a 10% premium differential based on the employee-only tier premium rate.

Rating Area 1 is three-digit zip codes 940, 941, 943-951, and 954; all other three-digit zip codes are considered Rating Area 2 for rating purposes

SIC Classification: High SICs are 5511-5521, 5551-5561, 6011-6799, 7291, 8011-8299, 8711-8999; all other SICs considered "Low" for rating purposes. SICs 8021 and 9999 are not eligible.

Rates are subject to Underwriting approval.

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