

## **Anthem Dental Net DHMO Rates for Small Groups**

**Group Size:** 2-100 **Effective Date Options:** 1/1/2024 — 12/31/2024 **Contract Length:** 24 months

Eligible employees are defined as hourly/salary wage employees working 30 hours per week on average including full-time/part-time/seasonal employees. Employer Paid requires minimum of 25% of net eligible employees to enroll across all dental plans. Voluntary plan requires minimum of 5 eligible and 2 enrolled employees. Dental offices are not eligible.

	Employer Paid Monthly Premiums				Employer Paid Monthly Premiums (w Dental Implant Coverage)			
PLAN NAMES	Dental Net 3000A	Dental Net 3000B	Dental Net 3000C	Dental Net 3000D	Dental Net 3000A	Dental Net 3000B	Dental Net 3000C	Dental Net 3000D
CONTRACT CODES	3T89	3T8C	3T8D	3T8E	3T8F	3T8G	3T8H	3T8J
Employee only	\$20.63	\$17.88	\$15.91	\$14.08	\$21.98	\$19.23	\$17.26	\$15.43
Employee and spouse	\$41.26	\$35.76	\$31.82	\$28.16	\$43.96	\$38.46	\$34.52	\$30.86
Employee and child	\$41.26	\$35.76	\$31.82	\$28.16	\$43.96	\$38.46	\$34.52	\$30.86
Employee and family	\$67.05	\$58.11	\$51.71	\$45.76	\$71.44	\$62.50	\$56.10	\$50.15

	Voluntary Mon	thly Premiums	Voluntary Monthly Premiums (w Dental Implant Coverage)		
PLAN NAMES	Dental Net 3000C	Dental Net 3000D	Dental Net 3000C	Dental Net 3000D	
CONTRACT CODES	3T8K	3T8L	3T8M	3T8N	
Employee only	\$17.10	\$15.14	\$18.45	\$16.49	
Employee and spouse	\$34.20	\$30.28	\$36.90	\$32.98	
Employee and child	\$34.20	\$30.28	\$36.90	\$32.98	
Employee and family	\$55.58	\$49.21	\$59.96	\$53.59	

## **Anthem Dental Net DHMO Plans for Small Groups Sample Plan Options & Copay Comparison**



There are more than 500 services covered by our Dental Net DHMO plans. The following is just a sample of the covered services. These plans are available on an Employer Paid or Voluntary basis. Implants are optional in California.

CDT Codes	Procedure Description		3000B	3000C	3000D	
Diagnostic Ser	vices					
D0210	Intraoral - complete series (incl. bitewings)		\$0	\$0	\$0	
D0270	Bitewing, single film		\$0	\$0	\$0	
D7288	Brush biopsy - transepithelial sample collection	\$0	\$20	\$35	\$50	
Preventive Serv	vices					
D1110 or D1120	Prophylaxis - Adult/Child		\$0	\$0	\$0	
D1351	Sealants - per tooth		\$0	\$0	\$0	
Restorative Ser	rvices, Fillings-Permanent					
D2140	Amalgam, one surface, primary or permanent		\$0	\$0	\$5	
D2391	Resin based Composite-one surface (posterior) prim/perm	\$10	\$20	\$30	\$65	
Endodontic Se	rvices					
D3310	Anterior root canal (excluding final restoration)	\$30	\$40	\$45	\$90	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$125	\$145	\$185	\$225	
Periodontic Se	rvices					
D4342	Periodontal scaling & planing, 1-3 teeth per quad	\$10	\$20	\$30	\$35	
D4910	Periodontal maintenance	\$0	\$15	\$25	\$30	
Prosthodontic	Services					
D2750	Crown-porcelain fused to high noble metal 1	\$90	\$145	\$185	\$225	
D5110 or D5120	Complete denture upper (maxillary/mandibular)	\$110	\$150	\$175	\$215	
Oral surgery Se	ervices					
D7140	Extraction, erupted tooth or exposed roots	\$0	\$0	\$0	\$5	
D7210	Surgical extraction, erupted tooth	\$5	\$15	\$30	\$40	
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						
D9222	Deep sedation/general anesthesia - first 15 minutes	\$150	\$150	\$150	\$150	
D9940	Occlusal guards	\$50	\$75	\$95	\$105	
	Optional Dental Implant Services	3000A	3000B	3000C	3000D	
D6010	Surgical placement of implant body: endosteal implant	\$850	\$850	\$850	\$850	
D6059	Abutment supported porcelain fused to metal crown (high noble metal) <sup>1</sup>	\$305	\$345	\$385	\$425	
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$315	\$350	\$375	\$415	

<sup>1 –</sup> Plus costs for noble metal, high noble metal or porcelain not to exceed \$125.