


## **Anthem dental plans for groups of 2-50 in California**

**Dental Blue® PPO Plans  
Basic, Standard and High Option Dental PPO Plans  
Dental Net® DHMO Plans**



Health · Pharmacy · Dental · Vision · Life

[anthem.com/specialty](http://anthem.com/specialty)

A woman with long, dark, wavy hair is smiling warmly at the camera. She is wearing a light green, long-sleeved sweater. The background is a bright, out-of-focus indoor setting with a yellow wall and a window with vertical blinds.

Dental choices  
that'll make  
you smile.

Selecting a dental plan for your employees is all about balance. On the one hand, you want a plan that fits your budget. But you also want the right mix of basic benefits with more specialized benefits that help target your employees' overall health. Anthem Blue Cross Life and Health Insurance Company and Anthem Blue Cross offer many dental plans to choose from — all designed to let small businesses like yours give employees a comprehensive benefits package.

### All of our dental plans offer:

- ▶ **Ease of management:** We make it hassle-free with one bill and one premium check for all of your benefits.
- ▶ **Access to a big network, near and far:** Your employees will have access to more than 30,500 dental PPO access points and nearly 8,800 DHMO access points in California. (An access point is a location where a dentist practices. For example, if one dentist works at five different offices, that dentist has five access points.) Plus, all Anthem dental members have access to the International Emergency Dental Program.<sup>1</sup> With this program, members have access to emergency dental services through our list of credentialed, English-speaking dentists while traveling or working nearly anywhere in the world.
- ▶ **Experience:** With more than 40 years of experience, Anthem<sup>2</sup> is a leader in the dental benefits business. As part of one of the nation's largest health care companies, we have the financial stability needed to compete in today's marketplace. And we hold an A.M. Best Company Rating of "A" (Excellent), proof of our strength and stability. Together with our sister companies, we handle more than 70,000 groups and manage plans for more than 8 million people.
- ▶ **Great service:** With more than 500 associates dedicated to serving our dental customers, your employees can be assured of getting top-notch service.



## Dental Blue PPO plans

### Features:

- ▶ Diagnostic and preventive services like cleanings, exams and X-rays — at no cost when using an in-network provider
- ▶ Fillings covered at 80% (or even 90%) when using an in-network provider
- ▶ More services like oral surgery, crowns and root canals are also covered
- ▶ Orthodontic services covered on most dental plans

And there are no waiting periods so employees can enjoy their dental plan right away.

### Savings beyond your plan benefits.

Dental Blue members get our lower pricing when they visit an in-network dentist or specialist for covered services after they reach their annual maximums or if they've gone above the number of times a service is covered by the plan. For instance, if a dental plan covers two cleanings a year and the member gets a third one, the member would get our negotiated lower rate for the third cleaning.

### Benefits for members who are pregnant or living with diabetes.

Dental Blue members who are pregnant or living with diabetes can get one extra dental cleaning or periodontal maintenance procedure a year.

### You get access to an industry-leading network.

Dental Blue gives members access to more dentists and specialists than many other carriers. Our Dental Blue 100 network includes more than 30,500 access points in California. Members can choose any dentist, in or out of our network. But members will most often save more when they see an in-network dentist because in-network dentists have agreed to set payment rates for covered services and cannot charge members more.

## Dental Blue PPO plans at a glance

This is an overview of coverage. A comprehensive description of coverage, benefits, exclusions and limitations can be found in the Combined Evidence of Coverage and Disclosure Form.

	Dental Blue Silver 100-80		Dental Blue Silver Plus 100-80		Dental Blue Gold 100-80		Dental Blue Gold Plus 100-80		Dental Blue Platinum 100-80		Dental Blue Platinum Plus 100-80	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
<b>Out-of-network reimbursement</b>	80 <sup>th</sup> percentile											
<b>Annual deductible</b> (waived in-network for diagnostic and preventive services (single/family))	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
<b>Annual maximum</b>	\$1,000		\$1,500		\$1,500		\$1,500		\$2,000		\$2,000	
<b>Diagnostic and preventive services</b> (cleanings, exams and X-rays)	100%	80%	100%	80%	100%	80%	100%	80%	100%	100%	100%	100%
<b>Minor restorative services</b> (fillings)	80%	60%	80%	60%	80%	60%	80%	60%	90%	80%	90%	80%
<b>Major restorative services</b>												
<b>Oral surgery</b> (tooth extraction)	50%	50%	80%	60%	50%	50%	80%	60%	60%	50%	90%	80%
<b>Endodontics</b> (root canal therapy)	50%	50%	80%	60%	50%	50%	80%	60%	60%	50%	90%	80%
<b>Periodontics</b> (scaling/root planing)	50%	50%	80%	60%	50%	50%	80%	60%	60%	50%	90%	80%
<b>Prosthodontics</b> (crowns, bridges and dentures)	50%	50%	50%	50%	50%	50%	50%	50%	60%	50%	60%	50%
<b>Orthodontic services</b> (adult and child)	50% up to \$1,000		Not covered		50% up to \$1,000		50% up to \$1,000		50% up to \$1,500		50% up to \$1,500	
<b>Waiting periods</b>	No waiting periods											

### Dental Blue 100-80 dental plans.

Out-of-network reimbursement for the Dental Blue 100-80 dental plans is based on the 80<sup>th</sup> percentile of FAIR Health. FAIR Health is a third-party vendor that collects data on dental costs. When members see an out-of-network dentist, 80% of the time the dentists will charge this amount or less for the service and the member will not be balance billed.

## Basic, Standard and High Option dental PPO plans

### Features:

- ▶ Access to high quality care at discounted fees
- ▶ Coverage for both regular visits and more involved treatments
- ▶ Members can choose from any of the dentists in our Prudent Buyer network. Prudent Buyer has more than 30,500 access points in California. Members can see dentists out-of-network if they choose.



## Basic, Standard and High Option dental PPO plans at a glance

Out-of-network reimbursement for the Basic, Standard and High Option dental PPO plans is based on a fee schedule.

This is an overview of coverage. A comprehensive description of coverage, benefits, exclusions and limitations can be found in the Combined Evidence of Coverage and Disclosure Form.

### What the plan pays:

	Basic Option Dental PPO		Standard Option Dental PPO		High Option Dental PPO	
	In-network*	Out-of-network**	In-network*	Out-of-network**	In-network*	Out-of-network**
<b>Annual deductible – per member/three-member family maximum</b> (waived in-network for diagnostic and preventive services***)	\$75/\$225		\$50/\$150		\$50/\$150	
<b>Annual maximum – per member</b>	\$1,000		\$1,000		\$2,000	
<b>Diagnostic and preventive services</b> (cleanings, exams and X-rays)	100%	50% of fee schedule	100%	80% of fee schedule	100%	80% of fee schedule
<b>Minor restorative services</b> (filling of cavities (amalgam and resin))	50%	50% of fee schedule	80%	80% of fee schedule	80%	80% of fee schedule
<b>Major restorative services</b>						
<b>Oral surgery</b> (tooth extraction)	50%	50% of fee schedule	50%	50% of fee schedule	80%	80% of fee schedule
<b>Endodontics</b> (root canal therapy)	50%	50% of fee schedule	50%	50% of fee schedule	80%	80% of fee schedule
<b>Periodontics</b> (scaling/root planing)	50%	50% of fee schedule	50%	50% of fee schedule	50%	50% of fee schedule
<b>Prosthetics</b> (crowns, bridges and dentures)	50%	50% of fee schedule	50%	50% of fee schedule	50%	50% of fee schedule
<b>Orthodontic services</b>	Not covered		Not covered		50% up to \$1,500	
<b>Waiting periods</b>	12-month waiting period for periodontics and prosthetics					

\* Percentage applies to negotiated provider fee after the deductible is met.

\*\* Percentage applies to covered expenses after the deductible is met. Covered expenses on the Basic, Standard and High Option dental PPO plans are based on a dental limited fee schedule. Members are responsible for costs in excess of covered expenses, in addition to their copays and deductibles.

\*\*\* Not applicable to the Basic Option dental PPO plan.

## Dental Net DHMO plans



### Features:

- ▶ No annual maximums<sup>3</sup> or deductibles
- ▶ No waiting periods
- ▶ Low or no copays for nearly 300 different services, including:
  - Cleanings, exams and X-rays
  - Composite (tooth-colored) fillings on *any* tooth
  - Orthodontic services for both children and adults
- ▶ Nearly 8,800 general dentist and specialist access points throughout California

Our Dental Net DHMOs have no annual maximums,<sup>3</sup> no deductibles and no waiting periods. That's unlike many dental plans that limit the amount of services members can get in a year. Also, members can get a good idea of their costs because Dental Net plans have set copays for nearly 300 different procedures, including fillings and crowns. Dental Net even covers things like composite (tooth-colored) fillings on *any* tooth and general anesthesia for oral surgery.

Plus, members will really like Dental Net's orthodontic coverage. The costs are lower than you might expect. These are just \$1,695 for children up to age 18 and \$1,895 for adults, plus \$200 for retention. Without insurance, these services would cost a lot more.

The Dental Net network has nearly 8,800 general dentist and specialist access points in California. Services must be received from Dental Net providers. Members choose a primary care dentist who coordinates any specialty care or orthodontic services that are needed.



## Dental Net DHMO plans at a glance


This is an overview of coverage. A comprehensive description of coverage, benefits, exclusions and limitations can be found in the Combined Evidence of Coverage and Disclosure Form.

CDT Code	Benefit	Member's copay		
		Plan 2000A	Plan 2000B	Plan 2000C
<b>Diagnostic services</b>				
D0120	Periodic oral examinations	\$0	\$0	\$0
D0210	Intraoral X-rays - complete series (include bitewings)	\$0	\$0	\$0
<b>Preventive services</b>				
D1110 or D1120	Teeth cleaning (prophylaxis) - adult or child - 2 per year	\$0	\$0	\$0
D1208	Topical fluoride, covered to age 18	\$0	\$0	\$0
D1351	Sealants, per tooth, through age 15	\$7	\$5	\$0
<b>Restorative services, filling - permanent</b>				
D2140	Amalgam (silver-colored) one-surface fillings	\$0	\$0	\$0
D2330	Resin-based composite (tooth-colored) fillings on anterior (front) tooth, one surface	\$0	\$0	\$0
D2391	Resin-based composite (tooth-colored) fillings on posterior (back) tooth, one surface	\$30	\$20	\$10
D2393	Resin-based composite (tooth-colored) fillings on posterior (back) tooth, three surfaces	\$55	\$45	\$30
<b>Endodontic services</b>				
D3220	Therapeutic pulpotomy (excluding final restoration)	\$20	\$15	\$10
D3310	Root canal: anterior (front tooth) (excluding final restoration)	\$90	\$70	\$65
D3320	Root canal: bicuspid (excluding final restoration)	\$125	\$80	\$75
D3330	Root canal: molar (excluding final restoration)	\$160	\$140	\$130
<b>Periodontic services</b>				
D4210	Gingivectomy: four or more contiguous teeth, per quadrant	\$95	\$70	\$55
D4211	Gingivectomy: one to three teeth touching each other (contiguous), per quadrant	\$48	\$20	\$15
D4261	Osseous surgery, one to three contiguous teeth, per quadrant	\$150	\$115	\$90
D4342	Periodontal scaling and root planning, per quadrant, one to three teeth	\$23	\$15	\$10
D4910	Periodontal maintenance	\$25	\$13	\$13
<b>Prosthetic services</b>				
D2750	Crown: porcelain fused to high noble metal (Example: gold)	\$175*	\$170*	\$90*
D5110 or D5120	Complete upper or lower denture	\$175	\$150	\$125
D5211 or D5212	Partial upper or lower denture, resin base (including conventional clasps, rests and teeth)	\$150	\$125	\$100
D5730, D5731, D5740 or D5741	Denture reline: chairside	\$40	\$20	\$0
D6240	Pontic (bridge), porcelain fused to high noble metal (Example: gold)	\$175*	\$150*	\$125*
<b>Oral surgery services</b>				
D7140	Simple extraction of erupted tooth or exposed root	\$15	\$5	\$5
D7210	Surgical extraction of erupted tooth	\$30	\$25	\$20
D7220	Removal of impacted tooth - soft tissue	\$50	\$45	\$40
D7230	Removal of impacted tooth - partial bony	\$70	\$60	\$50
D7240	Removal of impacted tooth - completely bony	\$100	\$70	\$60
<b>Orthodontic services</b>				
	24 months of standard orthodontic coverage, exclusive of records/retention fees			
D8080	Child (through age 17)	\$1,695	\$1,695	\$1,695
D8090	Adult	\$1,895	\$1,895	\$1,895
D8680	Retention (placement of retainers)	\$200	\$200	\$200
<b>Other services</b>				
	Out-of-area emergency care maximum payment \$100	All charges over \$100	All charges over \$100	All charges over \$100
D9215	Local anesthesia	\$0	\$0	\$0
D9220	General anesthesia - first 30 minutes	\$160	\$145	\$130
D9440	Office visit: after hours	\$25	\$25	\$25
D9940	Occlusal guards (mouth guards)	\$100	\$75	\$50

\* Plus costs for noble or high noble metal, not to exceed \$125, and/or costs for porcelain, not to exceed \$100.

Dental Net is available in these counties: Alameda, Contra Costa, Fresno, Los Angeles, Marin, Orange, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Solano and Sonoma. Dental Net has limited availability in these counties: El Dorado, Kern, Kings, Monterey, Placer, Riverside, San Mateo, Santa Cruz, Tulare and Ventura.

## Discover the Anthem advantage



You know us for our health plans. But did you know that we're also one of the leading providers of dental, vision and life benefits in the country? These products can be easily packaged with your health plan – giving you a comprehensive benefits program that works smarter. Our enhanced dental, vision and life benefits can help improve the overall health of your employees and even your business with packaged cost savings.

### Plus, you can see these savings on your premiums with our 6+6 program:

- ▶ When you buy \$25,000 or more of life coverage along with a Dental Blue dental PPO plan, a Basic, Standard or High Option dental PPO plan or an employer-paid Dental Net DHMO plan, you'll get 6% off your dental premium and 6% off your life premium.





Health · Pharmacy · Dental · Vision · Life



Visit [anthem.com/specialty](https://www.anthem.com/specialty),  
or call your broker or  
Anthem rep for more  
information or a quote.

1 The International Emergency Dental Program is managed by DeCare Dental. DeCare Dental is an independent company offering dental management services to Anthem Blue Cross.

2 Anthem and affiliated companies.

3 There is no maximum or age limitation for pediatric dentistry performed by your participating dental office. If in the professional judgment of your participating dentist or in professional review by plan it is determined that the participating dentist is unable to render care to a child, referral to a pediatric dentist would be a benefit under the age of five with a \$750 maximum. Exceptions are made on a pre-approval basis only.

Life products underwritten by Anthem Blue Cross Life and Health Insurance Company. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ©ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.