



Health · Pharmacy · Dental · Vision · Life · Disability



Dental Complete
Dental Net®

We're making it easy
for you to find the right
dental coverage

Dental plans for small groups (2-100)

anthem.com/specialty

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Our dental plans help fit your unique needs

Choosing a dental plan for your employees is all about balance. Cost matters. But so does your employees' health. That's why you have choices with Anthem dental. We'll help you find the right mix of benefits that can have the best impact on your employees' health. Anthem dental offers a variety of dental plan options. And no matter which dental plans you choose, you can count on:

- Solid coverage at a good price.
- Benefits that make sense for dental health — and total health.
- Service you can trust.
- Strong network access.

Dental plans that work hard for you

Anthem dental offers a variety of dental plan options. You and your employees will enjoy these standard services:

- **Easy access to plan information.**
Your employees can go online any time to get their claims and dental plan details. Plus, they'll find helpful materials that promote dental health.
- **Expert customer service.**
We're committed to giving our members the best service. Calls are answered quickly (typically within 30 seconds)¹ by reps with dental expertise.
- **Swift claims payments and data-based benefits.**
On average, we pay claims in three days or less. We also track data from the millions of claims we process each year. And we've got financial accuracy rates of more than 99%.¹ So you can be sure payments are prompt and correct.

A dental program you can trust

Anthem² is a leader in the dental benefits business, with more than 40 years of experience. 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 nine million people.

- **International Emergency Dental Program.**³

Members who travel outside of the U.S. have access to emergency dental services. With one call, we'll help them find a credentialed, English-speaking dentist for urgent dental care. We can even help them with translation services when they call the dentist's office. Services members receive through this program don't count toward their annual maximum, if their plan has one.

- **Ask a Hygienist.**

Members can get personalized advice on dental health care with our "Ask a Hygienist" email service.

- Our **Dental Care Cost Estimator** tool provides estimates for common dental procedures and treatments, giving our Dental Complete members even more opportunities to understand their dental care costs prior to receiving their care.

- Our **Dental Health Assessment** tool helps Dental Complete members better understand their oral health and predict their risk of developing tooth decay, gum disease, tooth wear and oral cancer.

Preventive dental services

Preventive dental services are used more than any other dental services. They can help find dental and other health problems early on. That's why most of our Dental Complete and Dental Net plans cover routine cleanings, exams and X-rays 100% at network dentists. Other preventive services include:

- **Special treatments for kids.** We cover sealants for children up to age 15 and fluoride treatments up to age 18 — to protect teeth from decay and promote better dental health.
- **Brush biopsy benefits.** A brush biopsy may help diagnose oral cancer when combined with a lab analysis and a surgical biopsy with lab analysis.
- **Extra services for members with certain health conditions.** We offer an extra cleaning or periodontal maintenance procedure each year for members who are pregnant or living with diabetes. Additionally, those actively engaged in a care management program are auto-enrolled for an extra cleaning. That includes health conditions such as:
 - Heart conditions — heart disease, an enlarged heart and mitral or aortic valve prolapse
 - Organ or bone marrow transplant
 - Cancer (any type) treated with chemotherapy
 - Head or neck cancer treated with chemotherapy and/or radiation therapy

Dental Complete

Plans with more coverage choices

When we created the Dental Complete plans, we made sure they could be custom fit. That means lots of choices in coverage, including options for:

- Dental implants.
- Composite (tooth-colored) fillings on *any* tooth, not just the front teeth.
- Orthodontic benefits for kids and adults, or kids only.
- Annual maximum carryover, which lets members carry over some unused benefits to the next year.

Our network is broad and easy to use

Our national network is one of the largest PPO networks in the country and includes dentists in all 50 states — so your employees can find a dentist wherever they live, work or visit.

- **Dental Complete members** have access to our national network, a broad network (for the most access) with more than 19,200 unique dentists (nearly 51,400 access points) in California. This network has more than 122,400 unique providers nationwide (more than 327,600 access points).

More ways to tailor your dental plan

On many Dental Complete plans, you choose the annual deductible and benefit maximum. Covering orthodontics is up to you. You also get to decide your plan's level of out-of-network reimbursement:

- FAIR Health 80th offers a level of repayment based on data from an industry-standard third-party vendor called FAIR Health. At the 80th percentile, the amount we pay for a service is equal to 80% of the charges for that service in a given ZIP code. In other words, 80% of dentists in the ZIP code charge that amount or less for the service.
- FAIR Health 90th works the same as FAIR Health 80th, except at the 90th percentile.
- The MAC fee schedule offers a cost-effective level of repayment for out-of-network claims.

How the annual maximum carryover feature works

When this feature is included in a Dental Complete plan, members may carry over unused benefit dollars to the next plan year. For this to happen, a few simple rules must be met:

- Members must be enrolled in the dental plan for the full benefit (calendar) year.
- They must submit at least one claim for a covered service during that year.
- The total benefit amount paid for services received under the plan in that same year can't be more than \$500.

When these rules are met, members can apply up to \$250 in unused benefits to the next year. This gives them a higher maximum for all covered services. Plus, they may carry over \$250 each year until they reach \$1,000.

Dental Complete (cont'd)

Classic, Enhanced and Voluntary dental plans

For groups of 2-100, we offer a choice of dental plans that fall into our Classic, Enhanced and Voluntary levels. So you can choose the level that fits your needs and budget.

- **Classic dental plans** cover basic dental services, as well as most major services, all with high annual maximums.
- **Enhanced dental plans** have the most coverage, with choices for even higher annual maximums and lower coinsurance for members.
- **Voluntary dental plans** offer coverage 100% paid by employees.

We offer you a choice of active or passive benefits.

- Active dental plans provide a higher level of benefits when members use network providers.
- Passive dental plans have the same level of benefits in and out of network.

Discover the Anthem advantage

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

One bill, one payment, one ID card

For us, "one" is the only number. For you, that means one enrollment, one bill, and one premium payment for our health, dental, vision, life and disability plans. For your employees, that means only one ID card for all their Anthem plans.

To learn more, visit anthem.com/specialty. Or contact your broker or Anthem rep for a quote.





California small group dental plan designs

Choose the Anthem Blue Cross Life and Health Insurance Company (Anthem) dental plan design that works best with your company's needs and budget.

	Classic		Enhanced		Voluntary	
	Passive	Active	Passive	Active	Passive	Active
Diagnostic and preventive services (in network/out of network)	100%/100%	100%/80%	100%/100%	100%/100%	100%/100%	100%/80%
Basic services (in network/out of network)	80%/80%	80%/60%	90%/90%	90%/80%	80%/80%	80%/60%
Major services (in network/out of network)	50%/50%	50%/50%	60%/60%	60%/50%	50%/50%	50%/50%
Endodontic, periodontal and oral surgery services	Basic or Major		Basic		Basic or Major	
Orthodontia	Not covered, 50% children only, 50% adults and children		Not covered, 50% children only, 50% adults and children		Not covered, 50% children only	
Dental implants	Not covered or covered		Not covered or covered		Not covered or covered	
Posterior composites	Not covered or covered		Not covered or covered		Not covered or covered	
Annual deductible (per person/family)	\$50/\$150		\$50/\$150		\$50/\$150	
Annual benefit maximum and orthodontia maximum	\$1,000, \$1,500 or \$2,000		\$1,500, \$2,000 or \$2,500		\$1,000 or \$1,500	
Waiting periods (major and orthodontia)	No waiting period		No waiting period		12-month waiting period	
Annual maximum carryover	Optional		Optional		Not included	
Out-of-network reimbursement	MAC/80th/90th		80th/90th		MAC/80th	
Dental network	Dental Complete		Dental Complete		Dental Complete	

Participation Levels (# of employees)			
2 - 4	5 - 14	15 - 50	51 - 100
100%	70%	50%	50%

MAC = maximum allowable charge

Note: Not all options are available in each dental plan design.

Dental Net

Our Dental Net DHMOs have no annual maximums,⁴ no deductibles and no waiting periods. That's unlike many dental plans that limit the amount of services members can receive in a year. Also, members can get a good idea of their costs because Dental Net plans have set member copays for nearly 300 different procedures, including fillings, crowns and night guards. 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/retainers. Without insurance, these services would cost a lot more.

The Dental Net network has more than 10,800 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

Dental Net DHMO plans

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
Diagnostic services				
D0120	Periodic oral examinations	\$0	\$0	\$0
D0210	Intraoral X-rays – complete series (include bitewings)	\$0	\$0	\$0
Preventive services				
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
Restorative services, filling – permanent				
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
Endodontic services				
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
Periodontic services				
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
Prosthetic services				
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 relines: chairside	\$40	\$20	\$0
D6240	Pontic (bridge), porcelain fused to high noble metal (Example: gold)	\$175*	\$150*	\$125*
Oral surgery services				
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
Orthodontic services				
	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
Other services				
	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 the following 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 El Dorado, Kern, Kings, Monterey, Placer, Riverside, San Mateo, Santa Cruz, Tulare and Ventura counties.



1 Customer service results: 2012 results.

2 Anthem and affiliated companies.

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

4 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 preapproval basis only.



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