

California | 2020

Anthem Dental Metallic PPO plans (2-100 employees)

Available as non-voluntary or voluntary plans.

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	\$1,000
Annual deductible ¹ (individual, family)	\$50, \$150	\$50, \$150	\$50, \$150	\$50, \$150
Diagnostic and preventive services ¹ (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 ²	Not covered / 50%	Not covered / 50%	Not covered / 50%	Not covered / 50%
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	Not applicable / \$1,500	Not applicable / \$1,000	Not applicable / \$1,000
Waiting periods ³ (major services and orthodontia)	Employer - paid: None	Employer - paid: None	Employer - paid: None Voluntary: 12 months	Employer - paid: None Voluntary: 12 months
Out-of-network reimbursement	90th	90th	90th	MAC
Dental network	Dental Complete	Dental Complete	Dental Complete	Dental Complete
Annual maximum carryover ⁴	Included / Not included	Included	Included	Included
Posterior composites	Included	Included	Included	Included
Dental implants	Included	Included	Included	Included
Anthem Whole Health Connection	Included	Included	Included	Included
Accidental dental injury benefit ⁵	Included	Included	Included	Included
Extension of benefits	Included	Included	Included	Included
Contract codes	Non-voluntary \$2,000 max: w/o ortho 3RGX, w/ CH ortho 3RGW, w/ A&C ortho 3SNG Non-voluntary \$2,500 max: w/o ortho 3SND, w/ CH ortho 3SNE, w/ A&C ortho 3SNF Non-voluntary Unlimited max: w/o ortho 4F93, w/ CH ortho 4F94, w/ A&C ortho 4F95	Non-voluntary: w/o ortho 3RGY, w/ CH ortho 3SNH, w/ A&C ortho 3RGZ	Non-voluntary: w/o ortho 3RH3, w/ ortho 3RH2 Voluntary: w/o ortho 3RH5, w/ ortho 3RH4	Non-voluntary: w/o ortho 3RH7, w/ ortho 3RH6 Voluntary: w/o ortho 3RH9, w/ ortho 3RH8

INN = In-network or Network
 OON = Out-of-network or Non-network
 MAC = Maximum allowable charge

1 Deductible is waived for diagnostic and preventive services.
 2 Optional benefit. Available for groups of 5+ employees enrolled.
 3 12-month waiting period waived only for initial enrollees with prior comparable group coverage.
 4 Annual maximum carryover benefit isn't included with unlimited annual maximum plans.
 5 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)

		3000A	3000B	3000C	3000D
CDT codes	Procedure description	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
D5730, D5731, D5740 or D5741	Reline dentures - chairside	\$0	\$0	\$0	\$35

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

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