Summary of Benefits
Dental Net® Dental HMO Plan 3000D-1 Voluntary

Anthem

WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- Ask a Hygienist: Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- Dental Health Risk Assessment: We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- Mobile Capabilities: With our latest mobile application, Anthem Anywhere, members can find a network dentist. It's available both for Android and Apple phones.

Dentists in your plan network.

- During enrollment, you'll choose a dentist from our network of participating providers. All of your dental care must be provided by or coordinated through your selected dentist to be covered by your dental plan.

Features you will like in your dental plan:

- More than 500 covered dental procedures
- No annual benefit maximum
- No deductible
- No waiting periods
- No claim forms

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any copay that is part of your plan

Need to contact us?

See the back of your ID card for how to call, write or email us.

Your dental benefits at a glance

The following Schedule of Copayments summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. This is a partial list of covered services. For a complete list, please refer to your dental Certificate of Coverage.

Annual Benefit Maximum: None	**Annual Deductible:** None	**Office Visit Copayment:** $0

CDT CODE	OPTION D-1 BENEFIT	MEMBER COPAYMENT
	DIAGNOSTIC AND PREVENTIVE SERVICES	
D0120-D0180	Oral exams and evaluations	$0
D0210	Intraoral X-ray, full mouth series	$0
D0220-D0230	Intraoral – periapical images	$0
D0270-D0274, D0277	Bitewing images	$0
D0330	Panoramic X-ray[1]	$0
D1110	Cleaning, adult (first two cleanings)	$0
D1110+	Additional adult cleanings	$45
D1120	Cleaning, child (first two cleanings)	$0
D1120+	Additional cleanings, child	$35
D1206	Topical fluoride varnish (first two treatments)	$0
D1206+	Topical fluoride varnish (each additional treatment)	$15

CDT CODE	OPTION D-1 BENEFIT	MEMBER COPAYMENT
D1351	Sealant	$0
D1352	Preventive resin restoration	$10
	RESTORATIVE SERVICES	
D1510-D1525	Space maintainer (fixed, removable)	$35
D1550	Recement space maintainer	$0
D2140	Amalgam (silver colored) filling, one surface	$5
D2330	Resin (tooth colored) filling, 1 surface, anterior (front tooth)	$20
D2391	Resin (tooth colored) filling, 1 surface, posterior (back) tooth	$65
D2392	Resin (tooth colored) filling, 2 surfaces, posterior	$75
D2393	Resin (tooth colored) filling, 3 surfaces, posterior	$85
D2394	Resin (tooth colored) filling, 4 or more, posterior	$95
D2650	Inlay, composite/resin, 1 surface	$105
D2662	Onlay, composite/resin, 1 surface	$140
D2710	Crown-resin based composite (indirect/lab)	$55
D2720	Crown - resin with high noble metal [3]	$170
D2721	Crown resin with predominantly base metal	$85
D2740	Crown - porcelain/ceramic substrate[3]	$235
D2750	Crown - porcelain fused to high noble metal[3]	$225
D2751	Crown - porcelain fused to predominantly base metal[3]	$135
D2752	Crown - porcelain fused to noble metal[3]	$190
D2790	Crown - full cast high noble metal[3]	$200
D2791	Crown - full cast for predominantly base metal	$120
D2792	Crown - full cast noble metal[3]	$150
D2794	Crown - titanium[3]	$240
D2915	Recement cast or prefabricated post and core	$10
D2920	Recement crown	$10
D2921	Reattachment of tooth fragment	$10
D2940	Protective restoration-sedative filling	$10
D2950	Core build-up, including pins where required	$50
D2951	Pin retention – in addition to restoration	$15
D2952	Post and core in addition to crown (indirectly fabricated)	$50
D2960	Labial veneer (resin laminate) chairside	$125
	ENDODONTIC SERVICES	
D3110-D3120	Pulp cap – direct/indirect	$0
D3220	Therapeutic Pulpotomy (excluding final restoration)	$25
D3310	Root canal, anterior (front) tooth (excluding final restoration)[1]	$90
D3320	Root canal, bicuspid tooth (excluding final restoration)[1]	$140
D3330	Root canal, molar (excluding final restoration)[1]	$225
D3333	Internal root repair of perforation defects[1]	$70
D3348	Retreatment of previous root canal therapy molar[1]	$245
D3425	Apicoectomy / periradicular surgery – molar (first root) [1]	$110
	PERIODONTAL SERVICES	
D4210	Gingivectomy or gingivoplasty - 4 or more teeth per quadrant[1]	$130
D4211	Gingivectomy or gingivoplasty (one-three teeth, per quad) [1]	$75

CDT CODE	OPTION D-1 BENEFIT	MEMBER COPAYMENT
D4240	Pulpal therapy, including root planning (4+ contiguous teeth or tooth bonded spaces per quadrant) [1]	$130
D4241	Gingival flap procedure, including root planning (one-three teeth, per quad) [1]	$75
D4249	Clinical crown lengthening, hard tissue[1]	$120
D4260	Osseous Surgery, flap entry and closure (4+ contiguous teeth or tooth bounded spaces, per quadrant) [1]	$275
D4261	Osseous surgery, 1-3 teeth or tooth bounded spaces, per quadrant[1]	$220
D4273	Autogenous connective tissue graft, per tooth[1]	$90
D4341	Periodontal scaling & root planing - 4+ teeth, per quadrant	$45
D4342	Periodontal scaling and root planing, one-three teeth, per quad	$35
D4355	Full mouth debridement	$45
D4910	Periodontal maintenance (first 2 periodontal treatments)	$30
D4910+	Additional Periodontal maintenance visits	$55
	PROSTHODONTIC SERVICES (REMOVABLE AND FIXED)	
D5110-D5120	Complete denture upper (maxillary, mandibular)	$215
D5223-D5224	Immediate maxillary/mandibular partial dental–cast base (including any conventional clasps, rests and teeth)	$235
D5225-D5226	Maxillary partial dental–flexible base (including clasps, rests & teeth)	$210
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	$175
D5520	Replace missing/broken teeth – complete denture, per tooth	$20
D5640	Replace broken teeth – partial denture, per tooth	$20
D5650	Add tooth to existing partial denture	$20
D5660	Add clasp to existing partial denture	$30
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	$135
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	$135
D5710-D5711	Replace complete maxillary/mandibular denture	$65
D5720-D5721	Rebase maxillary/mandibular partial denture	$65
D5730-D5731	Reline complete maxillary, mandibular denture (chairside)	$35
D5740-D5741	Reline partial maxillary, mandibular (chairside)	$35
D5750-D5751	Reline complete maxillary, mandibular denture (lab)	$75
D5760-D5761	Reline partial maxillary, mandibular denture (lab)	$75
D5850-D5851	Tissue conditioning maxillary, mandibular	$15
D6210	Pontic cast high noble metal[3]	$200
D6211	Pontic (artificial tooth), cast predominantly base metal	$120
D6240	Pontic porcelain fused to high noble metal[3]	$225
D6241	Pontic (artificial tooth), porcelain fused to predominantly base metal	$135
D6245	Pontic porcelain/ceramic[3]	$235
D6710	Crown - indirect resin based composite	$55
D6720	Crown - resin with high noble metal[3]	$170
D6721	Crown - resin with predominantly base metal	$85
D6722	Crown - resin with noble metal[3]	$135
D6740	Crown - porcelain/ceramic[3]	$235
D6750	Crown - porcelain fused to high noble metal[3]	$225

CDT CODE	OPTION D-1 BENEFIT	MEMBER COPAYMENT
D6751	Crown - porcelain fused to predominantly base metal	$135
D6752	Crown - porcelain fused to noble metal[3]	$190
D6790	Crown - full cast high noble metal[3]	$200
D6791	Crown - full cast predominantly base metal	$120
D6794	Crown - titanium[3]	$240
	ORAL SURGERY SERVICES	
D7111	Extraction, coronal remnants – deciduous tooth	$5
D7140	Extraction, erupted or exposed tooth/root	$5
D7210	Surgical removal of erupted tooth	$40
D7220	Removal of impacted tooth, soft tissue[1]	$50
D7230	Removal of impacted tooth – partially bony[1]	$70
D7240	Removal of impacted tooth, complete bony[1]	$90
D7250	Surgical removal of residual tooth roots[1]	$40
D7251	Coronectomy – intentional partial tooth removal[1]	$110
D7280	Surgical exposure of unerupted tooth for orthodontic purposes[1]	$85
D7282	Mobilization of erupted malpositioned tooth[1]	$85
D7285	Biopsy of oral tissue, hard (bone, tooth) [1]	$75
D7286	Biopsy of oral tissue, soft[1]	$75
D7288	Brush biopsy-transepithelial sample collection	$50
D7510	Incision and drainage of abscess – intraoral soft tissue	$25
D7511	Incision and drainage of abscess–intraoral soft tissue (complicated) [1]	$40
D7960	Frenulectomy (frenectomay or frenotomy) – separate procedure[1]	$50
D7963	Frenuloplasty[1]	$50
	OTHER SERVICES	
D9110	Palliative treatment, minor procedures	$10
D9215	Local anesthesia	$0
D9222	Deep sedation/general anesthesia – first 15 minutes[1]	$130
D9223	Deep sedation/general anesthesia – each additional 15 minutes[1]	$75
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis[1]	$15
D9243	Intravenous conscious sedation/analgesia–each 15 minutes[1]	$75
D9310	Professional consultation, other than with primary dental provider[1]	$10
D9440	Office visit-after regularly scheduled hours	$25
D9940	Occlusal guard, by report	$105
D9972	External bleaching per arch	$125
	ORTHODONTIA	
	Orthodontia - child	$1,695
	Orthodontia - adult	$1,895

[1]Procedure requires referral from primary care dentist to a participating provider
[2]Covered only when optional implant placement is purchased, and when submitted with the following implant placement procedures D6010, D6011, D6013, D6040, D6050.
[3] A charge of $125 in addition to the copays listed applies for any procedure using noble, high noble, or titanium metals as well as porcelain on molar teeth. An additional charge not to exceed $125 per unit/tooth applies to cases involving 6 or more crowns, veneers, bridge pontics/ inlays/ onlays/ abutments, and/or implants in the same treatment plan."

Limitations & Exclusions

Below is a partial listing of plan limitations and non-covered services under your dental plan. Please see your Certificate of Coverage for a full list.

Limitations –

Unauthorized services – Dental services must be received from the member's participating dental office unless an exception is specifically authorized by the member's participating dental office and/or Anthem, in writing.

Diagnostic and Preventive Services
Oral evaluations (exams) – Limited to 2 per 12 months

Teeth cleaning (prophylaxis) – 2 per 12 months at $0 copay, then unlimited at a low copay

Bitewing X-rays – Limited to two series of films per 12 months

Topical application of fluoride – 2 per 12 months to age 19 at $0 copay, then unlimited at a low copay

Sealants – Limited to 1 per 36 months to age 19; first and second unrestored permanent molars

Restorative Services
Space maintainers – 1 per lifetime per tooth to age 19; posterior teeth only

Crowns – Limited to 1 per tooth per 60 months

Endodontic, Periodontal and Oral Surgery Services
Root canal – 1 per tooth per lifetime

Apicoectomy/periradicular surgery – 1 per tooth per lifetime, for permanent teeth only

Gingivectomy/gingivoplasty/osseous surgery – 1 per quadrant per 36 months

Prosthodontic Services
Dentures (complete, partial, fixed, removable) – 1 per **60 months**

Bridges – 1 per 60 months

Exclusions –

Coverage outside of the United States – Dental care or treatment provided outside of the United States except for Emergency Dental Care

Cosmetic services – Dental care performed only to improve patient's appearance when tooth structure and function are satisfactory and no pathologic conditions (decay) exist

Services provided before or after term of this coverage – Dental care received either before the effective date of coverage or after coverage ends

Services not covered – Dental services that are not listed in the Schedule of Copayments in the Certificate of Coverage

Services provided by a family member – Dental services performed by a member of the covered person's immediate family (child, spouse, mother, father, sibling or sibling of covered member's spouse)

Services with no charge – Dental services for which no charge is normally made

Services covered under Workers' Compensation – Dental services provided for under any state or federal Workers' Compensation, employers' liability or occupational disease law

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This is not a contract. It is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms, and provisions of the dental plan Dental Certificate of Coverage. In the event of a discrepancy between the information contained in this Summary of Benefits and in the dental Certificate of Coverage, the comprehensive Certificate of Coverage will prevail.

The dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem BlueCross.