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Dental Essential Choice PPO plans

All plans include International Emergency Dental Program, Ask a Hygienist and SpecialOffers.

	Value	Classic		Enhanced		Voluntary	
	Passive	Passive	Active	Passive	Active	Passive	Active
Annual benefit maximum	$500 / $1,000	$1,000 / $1,500 / $2,000		$1,500 / $2,000 / $2,500		$1,000 / $1,500 / $2,000	$1,000 / $1,500
Annual deductible[1] (individual, family)	$50, $150	$50, $150	$50, $150 / $100, $300	$50, $150 /$100, $300		$50, $150	
Diagnostic and preventive services[1] (INN, OON)	100%, 100%	100%, 100%	100%, 80%	100%, 100% / 100%, 80%		100%, 100%	100%, 80%
Basic services (INN, OON)	80%, 80%	80%, 80%	70%, 60% / 80%, 60%	90%, 90%	100%, 100% / 100%, 80% / 90%, 80%	80%, 80%	80%, 60%
Major services (INN, OON)	Not covered	50%, 50%		60%, 60%	60%, 60% / 60%, 50%	50%, 50%	
Endodontic, periodontal and oral surgery services	Basic / Major	Basic / Major		Basic / Major		Basic / Major	
Orthodontia services[2]	Not covered	50% / Not covered		50% / Not covered		50% / Not covered	
Orthodontia coverage	Not covered	Not covered / Children only / Adults and children		Not covered / Children only / Adults and children		Not covered / Children only / Adults and children	Not covered / Children only
Orthodontia lifetime maximum	Not applicable	Not applicable / $1,000 / $1,500 / $2,000		Not applicable/ $1,000 / $1,500 / $2,000		Not applicable / $1,000 / $1,500	
Waiting periods[3] (major services)	Not applicable	None		None		12 months	
Waiting periods[3] (orthodontia)	Not applicable	None / Not applicable		None / Not applicable		12 months / Not applicable	
Out-of-network reimbursement	90th / MAC	90th / MAC		90th / MAC		90th / MAC	
Dental network	Dental Complete	Dental Complete		Dental Complete		Dental Complete	
Annual maximum carryover	Included	Included		Included		Included	
Posterior composites	Covered	Covered		Covered		Covered	
Dental implants	Not covered	Covered		Covered		Covered	
Anthem Whole Health Connection	Included	Included		Included		Included	
Accidental dental injury benefit[4]	Included	Included		Included		Included	
Extension of benefits	Included	Included		Included		Included	

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 No deductible, no coinsurance or waiting periods apply. Accumulates to the annual maximum.

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Dental Enhanced Care PLUS plans

CDT code	Procedure description	Option A	Option B	Option C	Option D
		Member copay			
Diagnostic services					
D0120	Periodic oral evaluation – established patient	$0	$0	$0	$0
D0210	Intraoral – complete series (includes bitewings)	$0	$0	$0	$0
D0330	Panoramic radiographic image	$0	$0	$0	$0
D7288	Brush biopsy – transepithelial sample collection	$40	$50	$60	$70
Preventive services					
D1110 or D1120	Prophylaxis – adult or 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[1]	$0	$0	$0	$0
Restorative services, filling – permanent					
D2140	Amalgam, one surface, primary or permanent	$0	$5	$8	$10
D2330	Resin-based composite, one surface, anterior	$0	$8	$10	$15
D2391	Resin-based composite, one surface, posterior (prim/perm)	$0	$20	$28	$35
D2393	Resin-based composite, three surfaces, posterior (prim/perm)	$0	$40	$50	$60
Endodontic services					
D3220	Therapeutic pulpotomy (excluding final restoration)	$0	$10	$20	$45
D3310	Anterior root canal (excluding final restoration)	$80	$110	$145	$190
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$115	$140	$185	$235
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$160	$210	$245	$295
Periodontic services					
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	$65	$75	$85	$95
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	$40	$50	$60	$80
D4261	Osseous surgery (including flap entry & closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	$140	$175	$200	$240
D4341	Periodontal scaling and planing – four or more teeth per quad during any calendar year	$0	$25	$40	$60
D4342	Periodontal scaling and planing – one to three teeth per quad during any calendar year	$0	$20	$30	$40
D4910	Periodontal maintenance[2]	$0	$20	$30	$40
Prosthodontic services					
D2750	Crown – porcelain fused to high noble metal[3]	$180	$225	$245	$340
D2960	Labial veneer, resin laminate / chairside	$90	$165	$220	$250
D5110 or D5120	Complete denture upper or lower (maxillary/mandibular)	$200	$280	$360	$430
D5211 or D5212	Upper/lower partial denture (maxillary / mandibular – resin base) including any conventional clasps, rests and teeth	$180	$300	$380	$420

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Dental Enhanced Care PLUS plans

CDT code	Procedure description	Option A	Option B	Option C	Option D
		Member copay			
D5730, D5731, D5740 or D5741	Reline denture – chairside	$60	$80	$100	$120
Dental implant services					
D6059	Abutment supported porcelain fused to metal crown (high noble metal)[3]	$300	$350	$400	$475
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary[3]	$300	$350	$400	$475
Oral surgery services					
D7140	Extraction, erupted tooth or exposed roots	$0	$5	$10	$15
D7210	Surgical extraction, erupted tooth	$10	$20	$30	$40
D7220	Removal of impacted tooth – soft tissue	$30	$40	$60	$80
D7230	Removal of impacted tooth – parital bony	$50	$60	$90	$120
D7240	Removal of impacted tooth – completely bony	$65	$80	$100	$140
Other services					
D9215	Local anesthesia	$0	$0	$0	$0
D9222	Deep sedation/general anesthesia – first 15 minutes	$80	$80	$80	$80
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	$50	$50	$50	$50
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	$15	$15	$15	$15
D9243	Intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment	$50	$50	$50	$50
D9440	Office visit – after regularly scheduled hours	$25	$25	$25	$25
D9940	Occlusal guards	$85	$100	$150	$190
***Optional* dental implant services**					
D6010	Surgical placement of implant body – endosteal implant	$850	$850	$850	$850
***Optional* orthodontic services**					
D8080	Comprehensive treatment of the adolescent dentition	$1,500 or $2,000 per treatment plan			
D8090	Comprehensive treatment of adult dentition				
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)				

1 First two at $0 copay, 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.

Exclusions and Limitations

Request a copy of the Certificate of Coverage for comprehensive details on covered services, exclusions and limitations. These exclusions and limitations will apply to all members enrolled in any of the products described in this guide unless otherwise noted.

Plan benefits and limitations

Benefits listed for overview purposes. 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 Certificate of Coverage.

Diagnostic and preventive services

- Periodic dental exam and cleaning – limited to two per 12 months
- Bitewing X-rays – limited to one per 12 months
- Full-mouth or panoramic x-rays – limited to one per 60 months
- Fluoride application – limited to one per 12 months through age 18
- Sealant application – limited to one per 60 months through age 18

Basic (restorative) services

- Consultation (second opinion) and brush biopsy – limited to one per 12 months
- Space maintainer insertion – limited to one per tooth space per lifetime through age 18
- Amalgam fillings and composite fillings (includes posterior) – limited to one per tooth surface per 24 months

Endodontics

- Root canals, retreatments, apicoectomies and apexifications – limited to one per tooth per lifetime; permanent teeth only

Periodontics

- Periodontal maintenance – limited to four per 12 months
- Scaling and root planning – limited to one per quadrant per 24 months when the tooth pocket has a depth of four millimeters or greater
- Periodontal surgery (osseous, gingivectomy, graft procedures) – limited to one per quadrant per 36 months

Oral surgery

- Simple and surgical extractions – limited to one per tooth per lifetime

Major services

- Crowns, onlays, veneers, dentures, bridges and implants – limited to one per tooth per 84 months
- Crown, denture, and bridge repairs and adjustments – limited to one per tooth per 12 months; not within 6 months of placement. Plan member receives the benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the treatment cost.

Annual maximum carryover

- An annual opportunity for members to carry-over a portion of their annual maximum from one year to the next if their annual dental claims are less than the amount specified in their plan. Network Boost is a feature available to carry-over an additional portion of a member's annual maximum from one year to the next when all dental claims are performed by participating network dentists.

Out-of-network

- Claim payments are based on the amount charged by the dentist or our maximum allowed amount, whichever is less. If a dentist not in our network charges more than our maximum allowed amount, the patient is responsible for the difference. Dentists in our network agree not to charge more than their contractual agreement with us.

Additional limitations and exclusions

Below is a partial listing of non-covered services under these dental plans. Please see the group policy for a full list.

- Services provided before or after the term of this coverage – Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate
- Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services
- Cosmetic dentistry provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist
- Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care
- Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services
- Waiting periods apply for Major services and Orthodontic services for all Voluntary plans
- Dependent child coverage limited to children under 26