

Optional Dental Insurance



New for 2019: Dental Benefits

You now may choose optional employer-sponsored dental insurance administered by Anthem. Dental benefits not only protect your teeth, but also can support overall health. Some conditions like heart disease can have warning signs in the mouth and gums.¹ Our dental plan gives you all the benefits you need for a healthy mouth and more.

Your dental plan includes:

- Access to a large number of dentists in the plan;
- An extra cleaning if you're pregnant, have diabetes, or another qualifying condition;
- A benefit for a brush biopsy that can help diagnose oral cancer;
- No out-of-pocket costs for cleanings, X-rays, and other preventive care services when you see a dentist in the plan; and
- Easy to use online tools including a Dental Health Assessment, Dental Cost Estimator, and Ask a Dental Hygienist.

	Bronze	Silver	Gold
<i>Your dental plan at a glance</i>	<i>In and Out-of-Network</i>	<i>In and Out-of-Network</i>	<i>In and Out-of-Network</i>
Annual Benefit Maximum	\$750	\$1,000	\$1,500
Annual Deductible	\$50	\$50	\$50
Orthodontia	Not covered	Not covered	\$1,000
Diagnostic and Preventive Service	100%	100%	100%
Basic Services	50%	80%	80%
Oral Surgery	50%	80%	80%
Major Services	Not covered	50%	50%

No waiting period for basic or major services

¹ American Heart Association, *Middle-aged tooth loss linked to increased coronary heart disease risk* (March 21, 2018): newsroom.heart.org



Visit anthem.com/mydentalppo to watch a video and learn more about our dental PPO plan.

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Dental Plan Comparison Chart						
Benefits	Bronze		Silver		Gold	
	PPO		PPO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Calendar Year Deductible – Single	\$50/person	\$50/person	\$50/person	\$50/person	\$50/person	\$50/person
Annual Calendar Year Deductible – Family	Unlimited	Unlimited	Unlimited	Unlimited	\$150/family	\$150/family
Annual Calendar Year Maximum	\$750/person		\$1000/person		\$1500/person	
Office Visit	100%	100%	100%	100%	100%	100%
Periodic Comprehensive Oral Evaluation – 2 per 12 months	100%	100%	100%	100%	100%	100%
Limited Oral Evaluation – problem focused	100%	100%	100%	100%	100%	100%
X-Rays						
Intraoral – Complete Series, including bitewings 1 x 60 months	100%	100%	100%	100%	100%	100%
Intraoral – Periapical first film	100%	100%	100%	100%	100%	100%
Intraoral – Periapical each additional film	100%	100%	100%	100%	100%	100%
Bitewings – two films 1 x 12 months	100%	100%	100%	100%	100%	100%
Bitewings – four films 1 x 12 months	100%	100%	100%	100%	100%	100%
Panoramic – 1x 60 months	100%	100%	100%	100%	100%	100%
Preventive Services						
Prophylaxis – adult cleaning: 2 per 12 months	100%	100%	100%	100%	100%	100%
Prophylaxis – child cleaning: 2 per 12 months	100%	100%	100%	100%	100%	100%
Fluoride – child: 1 per 12 months thru age 18	100%	100%	100%	100%	100%	100%
Sealant – per tooth: 1 per 60 months thru age 18	100%	100%	100%	100%	100%	100%
Silver Fillings						
Amalgam, 1 surface, primary or permanent 1 per tooth per 24 months	50%	50%	80%	80%	80%	80%
Amalgam, 2 surfaces, primary or permanent 1 per tooth per 24 months	50%	50%	80%	80%	80%	80%

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	PPO		PPO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
White Fillings, Front Teeth						
Anterior Composite – 1 surface, 1 per tooth per 24 months	50%	50%	80%	80%	80%	80%
Anterior Composite – 2 surfaces, 1 per tooth per 24 months	50%	50%	80%	80%	80%	80%
Onlays and Crowns						
Crown, All Porcelain – 1 per tooth per 84 months	Not Covered	Not Covered	50%	50%	50%	50%
Core Build Up	Not Covered	Not Covered	50%	50%	50%	50%
Periodontal Care (For Gums)						
Periodontal Therapy, 4 + teeth/quadrant 1 per quadrant per 36 months	Not Covered	Not Covered	50%	50%	50%	50%
Periodontal Maintenance 4 per 12 months with teeth cleaning	Not Covered	Not Covered	50%	50%	50%	50%
Extractions						
Extraction, erupted tooth or exposed root, simple extractions – 1 per tooth per lifetime	Not Covered	Not Covered	80%	80%	80%	80%
Surgical removal of erupted teeth – 1 per tooth per lifetime	Not Covered	Not Covered	50%	50%	50%	50%
Orthodontia Care						
Comprehensive orthodontic treatment of adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%
Lifetime Maximum Benefit Per Person	Not Covered	Not Covered	Not Covered	Not Covered	\$1,000	\$1,000
Dentures						
Complete Upper or Lower Denture (each)	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%
Partial Upper or Lower Denture (each)	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%

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	PPO		PPO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Services						
Posterior composite 1 per tooth per 24 months	50% reduced to amalgam	50% reduced to amalgam	80% reduced to amalgam	80% reduced to amalgam	80%	80%
Brush Biopsy Covered 1 x per 12 months, all ages	50%	50%	80%	80%	80%	80%
Veneers – 1 per tooth per 84 months	Not Covered	Not Covered	50%	50%	50%	50%
Implants – 1 per tooth per 84 months	Not Covered	Not Covered	50%	50%	50%	50%
Fixed Bridge – 1 per tooth per 84 months	Not Covered	Not Covered	50%	50%	50%	50%
Annual Max Carryover	Not Covered	Not Covered	Not Covered	Not Covered	Covered	Covered
Monthly Rates						
Employee	\$12.52		\$19.04		\$25.26	
Employee + Spouse	\$22.84		\$36.14		\$48.84	
Employee + Child(ren)	\$29.72		\$40.86		\$62.30	
Family	\$43.84		\$60.76		\$90.86	