

Choose the Anthem Blue Cross and Blue Shield (Anthem) dental plan design that works best with your company's needs and budget

Plan designs available to groups with 2-50

	Value		Classic		Enhanced	
	Passive	Active	Passive	Active	Passive	Active
	In-network/Out-of-network		In-network/Out-of-network		In-network/Out-of-network	
Diagnostic and preventive	100/100%	100/80%	100/100%	100/80%	100/100%	100/80%
Basic	80/80%	80/60%	80/80%	80/60%	90/90%	90/70%
Major	Not covered	Not covered	50/50%	50/50%	60/60%	60/50%
Annual deductible (waived for D&P with family aggregate x 3)	\$50		\$25 or \$50		\$25 or \$50	
Annual benefit maximum (per member)	\$500 or \$1,000		\$1,000 or \$1,500		\$2,000	
Endodontic, periodontal and oral surgery category	Basic	Not covered	Basic or major		Basic	
Orthodontic coverage (lifetime maximum to match annual maximum)	Not covered		No coverage, 50% children only or 50% adults and children		No coverage, 50% children only or 50% adults and children	
Waiting periods (major and ortho)	No waiting period		No waiting period		No waiting period	
Annual maximum carryover	Not covered		Optional		Optional	

Voluntary

	Passive	Active
	In-network/Out-of-network	In-network/Out-of-network
Diagnostic and preventive	100/100%	100/80%
Basic	80/80%	80/60%
Major	50/50%	50/50%
Annual deductible (waived for D&P with family aggregate x 3)	\$25 or \$50	
Annual benefit maximum (per member)	\$1,000 or \$1,500	
Endodontic, periodontal and oral surgery category	Major	
Orthodontic coverage (lifetime maximum to match annual maximum)	No coverage or 50% children only	
Waiting periods (major and ortho)	12 months*	
Annual maximum carryover	Optional	

Participation guidelines (for employers with 2-50 employees).

Employer-paid: Groups with 2-4 employees require 100% participation. For groups with five or more eligible employees, a minimum of 2 employees must enroll, with a minimum of 60% of the net eligible employees.

Voluntary: minimum of five enrolled employees.

Dual options:

- For employer-paid plans, dual option is available with Underwriting approval.

- For voluntary plans, dual option is not available.

Orthodontia: Minimum of 10 enrolled employees.

*Waived if group shows prior comparable coverage with enrollment paperwork.

Claim payments are based on the amount charged by the dentist or our allowable charge, whichever is less. If an out-of-network dentist charges more than our allowable charge, the patient is responsible for the difference.

Affordable Care Act (ACA) dental plans

We also offer ACA dental plans including stand-alone dental pediatric EHB and family plans. For more information on these ACA dental plans, please contact your broker or Anthem representative.



Health · Pharmacy · Dental · Vision · Disability · Life

anthem.com

Plan designs available to groups with 51 or more employees

		Active or passive	
Diagnostic and preventive services coinsurance	Coinsurance options (5% increments)	50 - 100%	
Basic services coinsurance	Coinsurance options (5% increments)	40%, 50 - 100% or not covered	
Major services coinsurance	Coinsurance options (5% increments)	40%, 50 - 100% or not covered	
Annual deductible or contract year option (Waive for diagnostic and preventive or family aggregate options of 2x, 3x or none)	\$0, \$15 - \$100 or a \$100 lifetime maximum (in \$5 increments)		
Annual benefit maximum (per member)	\$500 - \$2,500 (in \$250 increments)		
Endodontic, periodontal and oral surgery category	Basic or major		
Orthodontic coverage (no coverage, children only or adults and children options)	Coinsurance options (5% increments)	40%, 50 - 100% or not covered	
	Lifetime max options (\$250 increments)	\$500 - \$2,500 or not covered	
Waiting periods (voluntary, major and orthodontic services have a 12-month waiting period – waived if employer shows prior comparable coverage with enrollment paperwork)	Frequency options Basic and major	None, 6, 12, 18, or 24 months	
	Orthodontics	None, 12, 18, or 24 months	
Annual maximum carryover	Optional		

Participation guidelines (for employers with 51 or more eligible employees).
 Employer-paid: Minimum 60% of net eligible employees.
 Voluntary: Minimum participation of five enrolled employees.
 Dual options:
 - For employer-paid plans, dual option is available with underwriting approval.
 - For voluntary plans, dual option is not available.
 Orthodontia: minimum 10 enrolled employees.

Claim payments are based on the amount charged by the dentist or our allowable charge, whichever is less. If an out-of-network dentist charges more than our allowable charge, the patient is responsible for the difference.

For more information visit anthem.com or contact your producer or Anthem representative.

Employers can choose between active or passive plans. Active dental plans provide a higher level of benefits to employees when they receive services from in-network providers. Passive dental plans have the same level of benefits in- and out-of-network.

In addition to creating customized plans, you can also choose separate coinsurance levels for endodontic, periodontal and oral surgery and we offer flexible out-of-network reimbursement schedules.

Our plans are also offered on a voluntary basis, which allows you to offer dental coverage to your employees without adding to your expenses. And, we only require that five or more employees enroll.



Health · Pharmacy · Dental · Vision · Disability · Life

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.