

# Choose the 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 & 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 & 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: options from 60% to 100% of net eligible employees at 10% increments.  
 Voluntary: minimum of 5 enrolled employees.

Dual options:  
 - For employer-paid plans available if group has at least 5 enrolled employees in each option (20% rate differential required between plans and total group participation guidelines apply).  
 - 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.

**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.

When employees select an in-network dentist, there's no paperwork. Dentists bill us and we pay them directly. Plus, members are protected from being billed above the amount the plan allows.



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**Plan designs available to groups with 51 or more employees**

	Active or passive	
Diagnostic & Preventive Services Coinsurance	Coinsurance Options (5% increments):	100 - 50%
Basic Services Coinsurance	Coinsurance Options (5% increments):	100 - 50% or not covered
Major Services Coinsurance	Coinsurance Options (5% increments):	100 - 50% or not covered
Annual Deductible or Contract Year Option (Waive for Diagnostic & 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):	100% - 50% 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 5 enrolled employees

Dual options:

- For employer-paid plans available if group has at least 5 enrolled employees in each option (20% rate differential required between plans and total group participation guidelines apply).
- 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/specialty](http://anthem.com/specialty) 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.

In addition, our plans are also offered on a voluntary basis, which allow you to offer dental coverage to your employees without adding to your expenses. And, we only require that 5+ employees enroll.



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