

Anthem Dental Plan Comparison for Small Groups

Anthem Dental Essential Choice offers our members competitive, market-aligned benefits with increased standardization for a streamlined small group portfolio. In addition, we have enhanced our whole health clinical integration strategy with a new Anthem Whole Health Connection[®] solution with an expansion of eligible medical conditions as well as eligible dental services.

	Dental Prime and Dental Complete	Anthem Dental Essential Choice
Annual maximum	\$1,000, \$1,500, \$2,000	\$500, \$1,000, \$1,500, \$2,000, \$2,500*
Anthem Whole Health Connection Services and Conditions	<p>Dental services: cleaning and periodontal maintenance only</p> <p>Conditions: diabetes, pregnancy, heart conditions, organ or bone marrow transplant, cancer treated with chemotherapy, head or neck cancer treated with chemo and/or radiation</p>	<p>Dental services: exams, cleanings, periodontal maintenance, periodontal scaling and root planing, fluoride, sealants, palliative treatment, full mouth debridement</p> <p>Conditions: diabetes, pregnancy, heart conditions, organ or bone marrow transplant, cancer treated with chemotherapy, head or neck cancer treated with chemo and/or radiation, stroke, kidney disease, HIV/AIDS</p>
Accidental Dental Injury	Not covered	<p>Standard Coverage</p> <p>Pays 100% up to annual maximum (no deductible, coinsurance, or waiting periods)</p>
Extension of Benefits	Not covered	<p>Standard Coverage</p> <p>Pays for treatment in progress prior to termination but completed after termination</p>
Annual Maximum Carry-Over Provision	Optional up to \$250	<p>Standard Coverage</p> <p>Expanded ranges and added new “in-network boost” feature</p>

*\$2,500 annual maximum only available in Connecticut

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	Dental Prime and Dental Complete	Anthem Dental Essential Choice
Endodontics, Periodontics and Oral Surgery	Basic or Major	Basic or Major
Cleaning/periodontal maintenance	Two per calendar year	Two routine cleanings and/or four periodontal maintenance procedures per 12 months (total of 4)
Brush Biopsy	One per 36 months ages 20-39; one per 12 months ages 40+	One per 12 months-any age
Oral evaluations (exams)	Two per calendar year, includes all exams	Two routine per 12 months Two problem-focused per 12 months
Sealants, fluoride and space maintainers	Age limits typically to age 16	Enhanced age limits to through age 18
Posterior Composite Fillings	Optional	Standard Coverage
Oral Surgery	Routine and complex tooth extractions	Enhanced oral surgery coverage to fill gaps in care between medical and dental plans (e.g. coverage for biopsies and excisions).
Scaling and Root Planing	One per quad per 36 months	One per quad per 24 months
Veneers	Not Covered	One per tooth per 84 months (non-cosmetic)
Implants	Optional	Standard Coverage
Consultations	Not Covered	One per 12 months; only with x-rays and not allowed on same day as other services
Apicoectomy/apexification (tooth root surgery and treatment)	Not Covered	One per tooth per lifetime
Occlusal guard	Not Covered	One per 24 months
Crown lengthening	Not Covered	One per tooth per 36 months
Chemotherapeutic agents	Not Covered	One per tooth/site per 12 months to a maximum of 6 teeth per 12 months