

Dental Plan



Your Dental PPO Plan

You and your eligible dependents have the opportunity to enroll in a Dental Preferred Provider Organization (PPO) plan offered by Anthem.

Using the Plan

The Dental PPO plan is designed to give you the freedom to receive dental care from any licensed dentist of your choice. Keep in mind, you'll receive the highest level of benefit from the plan if you select an in-network PPO dentist versus an out-of-network dentist who has not agreed to provide services at the negotiated rate. Additionally, no claim forms are required when using in-network PPO dentists.

To locate an in-network provider or view a complete plan summary, visit www.anthem.com and log into your Anthem member portal.

Plan Highlights

Anthem Dental PPO 4A

	In-Network	Out-of-Network
Provider Network	Dental Complete	Not Applicable
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Maximum (per insured member)	\$2,500	\$2,500
Preventive (deductible waived) ⁽¹⁾	100%	100%
Basic Services	90%	80%
Major Services	60%	50%
Orthodontia Services		
Adult	50%	50%
Child(ren) up to age 19	50%	50%
Lifetime Maximum (per insured member)	\$2,500	\$2,500

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

TIP

Choose a Contracted Dentist

When using a Dental PPO plan, you can receive services from dental providers both in and out of your insurance network. However, you'll receive better coverage when you use an in-network dentist. To determine whether your dentist is in or out of your insurance network, go to www.anthem.com and search the **Dental Complete Network**, or call 877.567.1804.

How to find a dental provider

To find an Anthem dental provider, visit <https://www.anthem.com>, select **Dental** as the type of service you're searching for and use **Dental Complete** as the network name. Modify your parameters by entering additional details.