








Small Group PPO Dental Plans

Effective 5/1/06

IMPORTANT: This chart is an informal reference intended for Anthem Blue Cross Agents only. Refer to the Summaries of Features for each plan, and to the Exclusions and Limitations in the Small Group Dental Plans Comparison brochure, for full plan provisions. Applicants are advised to review the Exclusions and Limitations prior to applying for coverage, and to refer to the comprehensive description of coverage, benefits and limitations contained in their Certificates.

Note: Shading below is used to indicate change, if applicable, from plan to plan.

Agent's Reference WHAT THE PLAN PAYS:			Silver 1000	Gold 1500	Gold Preferred 1500	Platinum 2000	Platinum Preferred 2000	
Annual Deductible ¹ <i>Waived in-network for Preventive & Diagnostic Services</i>			\$50/3					
Annual Maximum – per member			\$1,000	\$1,500		\$2,000		
Preventive and Diagnostic Services <i>Cleanings (2 times per year) Fluoride Application (1 time per year) Oral Exams, X-rays & Consultations</i>	In-Network ²		100%					
	Out-of-Network ³		80%		100%			
Minor Restorative Services <i>Filling of cavities (Amalgam/Resin)</i>	In-Network ²		80%		90%			
	Out-of-Network ³		60%		80%			
Major Restorative Services <i>Oral Surgery: tooth extraction</i>	In-Network ²		50%	80%	60%	90%		
	Out-of-Network ³		40%	60%	50%	80%		
<i>Periodontics: scaling (root planing)</i>	In-Network ²		50%	80%	60%	90%		
	Out-of-Network ³		40%	60%	50%	80%		
<i>Endodontics: root canal therapy</i>	In-Network ²		50%	80%	60%	90%		
	Out-of-Network ³		40%	60%	50%	80%		
<i>Prosthodontics: removable and fixed</i>	In-Network ²		50%		60%			
	Out-of-Network ³		40%		50%			
Orthodontic Services	In-Network ²		50%					
	Out-of-Network ³		\$1,000		\$1,500			

¹ Applies to Individuals/Families; 3-member maximum.

² Percentage applies to negotiated provider fee after the deductible is met.

³ Percentage applies to covered expenses after the deductible is met. Out-of-network claims payment is based upon the 80th percentile of our data. Out-of-network members are responsible for costs in excess of covered expenses, in addition to their copays and deductibles.