Carrier Name: Anthem Blue Cross

Plan Name: 5FL1 CA Bronze PPO 100/80/50 Active 50/Unlimited MAC E&P Basic CH Ortho

In-Network Single Deductible: $50

In-Network Family Deductible: $150

Out-of-Network Single Deductible: $50

Out-of-Network Family Deductible: $150

In-Network Annual Maximum: Unlimited

Out-of-Network Annual Maximum: Unlimited

Frequencies Cleaning: Limited to two per 12 months

Frequencies Exam: Limited to two per 12 months

In-Network Cleanings: 100%

Out-of-Network Cleanings: 80%

In-Network Exams: 100%

Out-of-Network Exams: 80%

In-Network X-Rays: 100%

Out-of-Network X-Rays: 80%

In-Network Sealants: 100%

Out-of-Network Sealants: 80%

In-Network Fillings: 80%

Out-of-Network Fillings: 60%

In-Network Simple Extractions: 80%

Out-of-Network Simple Extractions: 60%

In-Network Root Canal: 80%

Out-of-Network Root Canal: 60%

In-Network Periodontal Gum Disease: 80%

Out-of-Network Periodontal Gum Disease: 60%

In-Network Oral Surgery: 80%

Out-of-Network Oral Surgery: 60%

In-Network Crowns: 50%

Out-of-Network Crowns: 50%

In-Network Dentures: 50%

Out-of-Network Dentures: 50%

In-Network Bridges: 50%

Out-of-Network Bridges: 50%

In-Network Implants: 50%

Out-of-Network Implants: 50%

In-Network Orthodontia: 50%

Out-of-Network Orthodontia: 50%

Orthodontia Lifetime Maximum: $1,500

Orthodontia Maximum Age: Dependent children through age 18

Out of Network Explanation: Maximum Allowed Amount

Waiting Period for Major Services: No Waiting Period

Plan Year: 07/2020

Network Type: PPO

Network Name: Anthem Dental Essential Choice PPO

Member Website: anthem.com

Customer Service Phone Number: