Carrier Name: Anthem Blue Cross

Plan Name: 983S CA Silver PPO 100/80/50 Passive 50/3000 MAC E&P Basic

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: $3,000

Out-of-Network Annual Maximum: $3,000

Frequencies Cleaning: Limited to two per 12 months

Frequencies Exam: Limited to two per 12 months

In-Network Cleanings: 100%

Out-of-Network Cleanings: 100%

In-Network Exams: 100%

Out-of-Network Exams: 100%

In-Network X-Rays: 100%

Out-of-Network X-Rays: 100%

In-Network Sealants: 100%

Out-of-Network Sealants: 100%

In-Network Fillings: 80%

Out-of-Network Fillings: 80%

In-Network Simple Extractions: 80%

Out-of-Network Simple Extractions: 80%

In-Network Root Canal: 80%

Out-of-Network Root Canal: 80%

In-Network Periodontal Gum Disease: 80%

Out-of-Network Periodontal Gum Disease: 80%

In-Network Oral Surgery: 80%

Out-of-Network Oral Surgery: 80%

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: Not Covered

Out-of-Network Orthodontia: Not Covered

Orthodontia Lifetime Maximum: Not Covered

Orthodontia Maximum Age:

Out of Network Explanation: Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.

Waiting Period for Major Services: No Waiting Period

Plan Year:

Network Type: PPO

Network Name: Anthem Dental Essential Choice PPO

Member Website: anthem.com

Customer Service Phone Number: