Carrier Name: Anthem

Plan Name: Dental HMO Plan 3000D-1 Voluntary

In-Network Single Deductible: None

In-Network Family Deductible: None

Out-of-Network Single Deductible:

Out-of-Network Family Deductible:

In-Network Annual Maximum: None

Out-of-Network Annual Maximum:

Frequencies Cleaning: 2 per 12 months at $0 copay, then unlimited at a low copay

Frequencies Exam: Limited to 2 per 12 months

In-Network Cleanings: $0

Out-of-Network Cleanings:

In-Network Exams: $0

Out-of-Network Exams:

In-Network X-Rays: $0

Out-of-Network X-Rays:

In-Network Sealants: $0

Out-of-Network Sealants:

In-Network Fillings: $95

Out-of-Network Fillings:

In-Network Simple Extractions: $5

Out-of-Network Simple Extractions:

In-Network Root Canal: $245

Out-of-Network Root Canal:

In-Network Periodontal Gum Disease: $130

Out-of-Network Periodontal Gum Disease:

In-Network Oral Surgery: $110

Out-of-Network Oral Surgery:

In-Network Crowns: $240

Out-of-Network Crowns:

In-Network Dentures: $215

Out-of-Network Dentures:

In-Network Bridges:

Out-of-Network Bridges:

In-Network Implants:

Out-of-Network Implants:

In-Network Orthodontia: $1,895

Out-of-Network Orthodontia:

Orthodontia Lifetime Maximum:

Orthodontia Maximum Age: child and adult

Out of Network Explanation: Dental services must be received from the member’s participating dental office unless an exception is specifically authorized by the member’s participating dental office and/or Anthem, in writing.

Waiting Period for Major Services: No waiting periods

Plan Year: 2018

Network Type: HMO

Network Name: Dental Net

Member Website:

Customer Service Phone Number: