

Metallic Comparison Grid

Dental Blue Metallic Plans	Dental Blue Silver		Dental Blue Silver Plus		Dental Blue Gold		Dental Blue Gold Plus		Dental Blue Platinum		Dental Blue Platinum Plus	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Out-of-Network Reimbursement	Dental Blue 100 plans are available with either: 1) 80th percentile out-of-network reimbursement* (Dental Blue 100-80), or 2) out-of-network reimbursement at the Dental Blue 100 fee schedule. All other Dental Blue plans offer out-of-network reimbursement at the Dental Blue 100 fee schedule.**											
Annual Deductible Waived in-network for Preventive and Diagnostic	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Annual Maximum	\$1,000		\$1,500		\$1,500		\$1,500		\$2,000		\$2,000	
Preventive and Diagnostic <i>Cleanings, exams, X-rays</i>	100%	80%	100%	80%	100%	80%	100%	80%	100%	100%	100%	100%
Minor Restorative <i>Fillings</i>	80%	60%	80%	60%	80%	60%	80%	60%	90%	80%	90%	80%
Major Restorative												
<i>Oral Surgery</i>	50%	50%	80%	60%	50%	50%	80%	60%	60%	50%	90%	80%
<i>Endodontics</i>	50%	50%	80%	60%	50%	50%	80%	60%	60%	50%	90%	80%
<i>Periodontics</i>	50%	50%	80%	60%	50%	50%	80%	60%	60%	50%	90%	80%
<i>Prosthodontics</i>	50%	50%	50%	50%	50%	50%	50%	50%	60%	50%	ss%	50%
Orthodontics <i>Adult and Child</i>	50% up to \$1,000		Not covered		50% up to \$1,000		50% up to \$1,000		50% up to \$1,500		50% up to \$1,500	
Waiting Periods	No waiting periods with Dental Blue											
Relative Price (Low → High)												

Traditional Metallic Plans	Silver 1000		Gold 1500		Gold Preferred 1500		Platinum 2000		Platinum Preferred 2000	
	In	Out	In	Out	In	Out	In	Out	In	Out
Out-of-Network Reimbursement	80th percentile*									
Annual Deductible Waived in-network for Preventive and Diagnostic	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Annual Maximum	\$1,000		\$1,500		\$1,500		\$2,000		\$2,000	
Preventive and Diagnostic <i>Cleanings, exams, X-rays</i>	100%	80%	100%	80%	100%	80%	100%	100%	100%	100%
Minor Restorative <i>Fillings</i>	80%	60%	80%	60%	80%	60%	90%	80%	90%	80%
Major Restorative										
<i>Oral Surgery</i>	50%	40%	50%	40%	80%	60%	60%	50%	90%	80%
<i>Endodontics</i>	50%	40%	50%	40%	80%	60%	60%	50%	90%	80%
<i>Periodontics</i>	50%	40%	50%	40%	80%	60%	60%	50%	90%	80%
<i>Prosthodontics</i>	50%	40%	50%	40%	50%	40%	60%	50%	60%	50%
Orthodontics <i>Adult and Child</i>	50% up to \$1,000		50% up to \$1,000		50% up to \$1,000		50% up to \$1,500		50% up to \$1,500	
Waiting Periods	No waiting periods									
Relative Price (Low → High)										

* Out-of-network claims payment is based upon the 80th percentile of our data.
 ** Out-of-network claims payment is based upon the 35th percentile of our data.

Our Newest Dental Blue Plans!

Anthem Blue Cross has added an 80th percentile out-of-network reimbursement option* to the Dental Blue 100 Metallic plans. The new plans have the same benefits as the Traditional Metallic plans—except we have improved the out-of-network benefits.

The new 80th percentile* plan names are:

Dental Blue Silver 100-80

Dental Blue Silver Plus 100-80

Dental Blue Gold 100-80

Dental Blue Gold Plus 100-80

Dental Blue Platinum 100-80

Dental Blue Platinum Plus 100-80

Here are the top five reasons why your employees should switch to our new and improved Dental Blue plans:

1. The out-of-network reimbursement is paid at the 80th percentile.*
2. The Dental Blue 100 network is almost 15% larger than the Traditional dental PPO network (15,295 dentist locations vs. 13,390 dentist locations).
3. Members accessing in-network providers receive negotiated provider discounts—even after exceeding their annual maximum.
4. Members receive negotiated provider discounts on non-covered services when provided by an in-network provider such as teeth whitening, dental implants, ortho and TMJ.
5. The Dental Blue 100-80 plans are priced lower than or equal to the Traditional Metallic plans.

Moving To Dental Blue Is As Easy As 1-2-3!

1. Select a plan.
2. Select a network (Dental Blue 100, 200 or 300).
3. If you have selected Dental Blue 100, select a reimbursement level (80th percentile out-of-network reimbursement* [100-80] OR out-of-network reimbursement at the Dental Blue 100 fee schedule**).

Switching Dental Plans Is Easy

No Underwriting approval is needed for existing Dental customers - just fill out the Dental Blue Plan Change Request Form on the enclosed CD-ROM and fax it back to us at (805) 713-7024 if your group does not offer "All Dental Plans" and would like to add or change plans; at (805) 499-0842 if your group does offer "All Dental Plans" and would like to add or change plans; or send us a letter on company letterhead requesting your change.

For more information regarding our wide variety of Dental plans, please refer to the CA Small Group Specialty brochure on the enclosed CD-ROM.

* Out-of-network claims payment is based upon the 80th percentile of our data.

**Out-of-network claims payment is based upon the 35th percentile of our data.

Members using an out-of-network dentist are responsible for costs in excess of covered expenses, in addition to their copayments and deductibles.

Questions? Please contact your Regional Sales Manager today!



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