Anthem

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2026-2027

Anthem Dental Essential Choice Summary of benefits

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Anthem Dental Complete Network

Keeping up with dental checkups is just as important as you age as it was when you were a kid. Regular checkups not only keep your smile bright, but they also can detect other health problems. Good oral care can mean better overall health.

Find a dentist, check costs, and ask questions online

- **Find a dentist:** You can search for a dentist in your plan's network at **anthem.com/ca**. Make sure you select **Anthem Dental Complete Network**.

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Why it helps to use dentists in your plan's network

You'll save money when you visit a dentist in your plan's network. These dentists and specialists have contracted with your health plan to provide care at discounted rates. Dentists who are not in your plan's network have not agreed to these discounted rates. They also may bill you for the difference between what your plan pays them and what the dentist usually charges.

To find a dentist by name, location, or specialty, visit **anthem.com/ca**, or call the dental customer service number on your ID card. When searching for a dentist, be sure to select **Anthem Dental Complete Network**.

When you're ready to use your dental benefits:

1. Choose a dentist from the network.
2. Make an appointment.
3. Show the office staff your member ID card.
4. Pay any deductible or copay that is part of your plan.

How to contact us

- Call us at 1-833-332-0797

Your dental benefits at a glance

The following summary of benefits outlines how your dental plan works and provides a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy. For a list of common terms, see the last page of this booklet.

	Dentists in your plan	Dentists not in your plan*
Annual benefit maximum (total benefit amount per year) Per insured person	$1,500	$1,000
Diagnostic and preventive services apply to annual maximum	Yes	Yes
Annual maximum carryover/carry in	No/No	No/No
Orthodontic lifetime benefit maximum Per eligible insured person	$500	$500
Annual deductible Per insured person/family maximum, per plan year	$50/2x individual	$50/2x individual
Deductible waived for diagnostic/ preventive services	Yes	Yes

* Your dental plan will pay a set amount for care provided by a dentist outside your plan's network. You will be responsible for paying the difference between what the plan pays and what the dentist charges.

Dental services		Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider	Waiting period
Dental checkup (diagnostic and preventive services)				
◦ Oral exam	2 per 12 months	0% coinsurance	0% coinsurance	No waiting period
◦ Teeth cleaning	2 per 12 months; w/periodontal maintenance			
◦ Bitewing X-rays	1 set per 12 months			
◦ Full-mouth or panoramic X-rays	1 per 60 months			
Basic services				
◦ Consultation (second opinion)	1 per 12 months	20% coinsurance	20% coinsurance	No waiting period
◦ Amalgam (silver-colored) filling	1 per tooth per 24 months			
◦ Composite (tooth-colored) filling posterior (back) fillings alternated to amalgam benefit (silver-colored filling)	1 per tooth per 24 months			
◦ Brush biopsy (cancer test)	Covered, 1 per 12 months; all ages			
Endodontics (nonsurgical)				
◦ Root canal	1 per tooth per lifetime	20% coinsurance	20% coinsurance	No waiting period
Endodontics (surgical)				
◦ Apicoectomy and apexification	1 per tooth per lifetime	20% coinsurance	20% coinsurance	No waiting period
Periodontics (nonsurgical)				
◦ Periodontal maintenance	2 per 12 months; w/teeth cleaning	20% coinsurance	20% coinsurance	No waiting period
◦ Scaling and root planing	1 per quadrant per 24 months			
Periodontics (surgical)				
◦ Periodontal surgery (osseous, gingivectomy, graft procedures)	1 per quadrant per 36 months	20% coinsurance	20% coinsurance	No waiting period
Oral surgery (simple)				
◦ Simple extractions	1 per tooth per lifetime	20% coinsurance	20% coinsurance	No waiting period
Oral surgery (complex)				
◦ Surgical extractions	1 per tooth per lifetime	20% coinsurance	20% coinsurance	No waiting period
Major (restorative) services				
◦ Crowns, onlays, veneers	1 per tooth per 60 months	50% coinsurance	50% coinsurance	No waiting period
◦ Cosmetic teeth whitening	Not covered	Not covered	Not covered	N/A
Temporomandibular joint disorder (TMJ)				
◦ X-rays, splints, surgical procedures including arthroscopy and orthotic devices	Not covered	Not covered	Not covered	N/A
Prosthodontics				
◦ Dentures and bridges	1 per tooth per 60 months	50% coinsurance	50% coinsurance	No waiting period
◦ Dental implants	Limited to 1 per tooth per 60 months			
Prosthodontic repairs/adjustments				
◦ Crown, denture, bridge repairs	1 per 12 months; 6 months after placement	50% coinsurance	50% coinsurance	No waiting period
◦ Denture and bridge adjustments	2 per 12 months; 6 months after placement			
Orthodontic services				
◦ Per eligible insured person	$500 orthodontic lifetime benefit maximum	50% coinsurance	50% coinsurance	No waiting period

Additional services and programs

Anthem Whole Health Connection — Dental®
If you have certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable).

Accidental dental injury benefit
Provides 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, coinsurance, or waiting periods apply.

Extension of benefits
When and if your plan coverage ends, you have up to 60 days to complete treatment that started prior to the termination of coverage and these eligible services will be covered.

International emergency dental program
Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, coinsurance, or waiting periods. It won't reduce the coverage year annual maximum (if applicable).

Additional limitations and exclusions

Below is a partial listing of **services that are not covered** under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage. That is services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate.

Orthodontics (unless included specifically as part of your dental plan benefits) including orthodontic braces, appliances, or related services.

Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory, and no pathologic conditions (cavities) exist.

Drugs and medications including intravenous conscious sedation, IV sedation, and general anesthesia when performed with nonsurgical dental care.

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines, or drugs for nonsurgical or surgical dental care. Intravenous conscious sedation is eligible as a separate benefit when given in conjunction with complex surgical services.

Waiting periods for endodontic, periodontic, and oral surgery services may differ from other basic or major services under the same dental plan. Missing tooth clause of 24 months applies for the replacement of congenitally missing teeth or teeth lost prior to the coverage effective date for this plan.

Helpful terms to know

Here are definitions of commonly used health plan and healthcare terms. For a full list, please visit **anthem.com/ca/glossary**.

Annual benefit maximum: This is the most the plan will pay for covered services in a plan year. After that, you are responsible for paying the rest of your care for the year.

Copay or copayment: A flat fee you pay for a covered service, such as a doctor visit.

Covered services: Care you receive that we have agreed to pay a portion of as part of your benefits.

Deductible: The amount you pay for covered healthcare services each year before your health plan begins paying.

Coinsurance: Also called share of cost or cost shares. This is your share of the costs for covered healthcare services, calculated as a percentage.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms, and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

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