Ohio

Comprehensive dental benefits for you and your family

Choose a Dental Blue® plan

Regular dental check-ups and cleanings are important to your overall health. That's why we give you the option of adding one of our Dental Blue plans to your Anthem health coverage.

1. **Dental Blue Basic 100**: Provides coverage for the basics, including routine dental check-ups and fillings. If your dental needs are simple, this may be the right plan for you.
2. **Dental Blue Essential 100**: Includes coverage for the basics, plus services like crowns, bridges, root canals and dentures. If you think you may need a plan that offers more comprehensive benefits, this is the right plan for you.
3. **Dental Blue Essential 200**: Has basically the same coverage as Dental Blue Essential 100 but gives you wider choice of network dentists in exchange for a slightly higher cost. If your favorite dentist is in our larger network, this plan may be the best choice for you.

Save more by using our Dental Blue networks

While all three Dental Blue plans allow you to go to any dentist, you'll save the most money when choosing a dentist from your plan's dental provider network. There are two Dental Blue networks:

- **Dental Blue 100 network**: This is the value network for our Dental Blue 100 plans. Dental Blue Basic 100 and Essential 100 members can save the most on dental care when they choose a dentist from this network.
- **Dental Blue 200 network**: Includes the entire 100 network plus even more choices of dentists and specialists. Dental Blue Essential 200 members can save the most on dental care when they choose a dentist from this network.

Anthem BlueCross BlueShield

Compare benefits side by side

Plan Names	Dental Blue Basic 100	Dental Blue Essential 100	Dental Blue Essential 200	All Dental Blue Plans
Annual Maximums	$500 per member	$1,000 per member		
Networks	Dental Blue 100		Dental Blue 200 (includes all Dental Blue 100 dentists)	You'll benefit from negotiated rates at Dental Blue providers.
Diagnostic and preventive services	100% covered within plan network. Pays set amounts out-of-network. Includes routine check-ups, cleanings, X-rays and fluoride applications.	100% covered within plan network. Pays set amounts out-of-network. Includes routine check-ups, cleanings, X-rays, fluoride applications and space maintainers.		No waiting period; no deductible in or out-of-network; covers two routine cleanings and oral exams per year; molar/bicuspid X-rays; full mouth X-rays covered once every five years.
Minor restorative dental services	80% covered within plan network after $50 deductible* Pays set amounts out-of-network. Includes fillings and space maintainers. Extractions not covered.	Pays set amounts within plan network and out-of-network after $50 deductible.* Includes fillings and simple extractions.		No waiting period
Major restorative dental services	Not covered	Pays set amount within plan network and out-of-network after $50 deductible.* Includes oral surgery, prosthodontics (i.e., crowns, bridges, and dentures), endodontics (i.e., root canals), and periodontics (i.e., scaling and root planing).		12-month waiting period with Dental Blue Essential plan options.
Monthly Rates by age range Adult (19–64)	$20.50	$24.50	$33.00	
Child (0–18)	$14.50	$17.50	$23.00	

*Per member, per calendar year
Your fee schedule is included in your Individual Dental Contract.

This is only a summary of Dental Blue benefits. For complete benefit details, please refer to your Individual Dental Contract.

Is your dentist in our Dental Blue networks? Go to anthem.com to find out.

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Choosing a dentist. You have the freedom to visit any dental provider. However, your dentist choice can make a difference in the amount you pay. The choice is yours!

Dental Blue Basic 100 and Dental Blue Essential 100 – Using a dentist in the 100 network will be your most cost-effective option. If you choose a dentist in the 200 or 300 networks, you will still receive a discount on services.

Dental Blue Essential 200 – Using a dentist in the 100 or 200 networks will be your most cost-effective option. If you choose a dentist in the 300 network, you will still receive a discount on services.

How to Find a Dental Blue Provider

Go to anthem.com

Filing a claim. Claims should be submitted to Anthem Dental P.O. Box 9274, Oxnard CA 93031-9274.

Limitations & Exclusions

Limitations

This is a partial list of plan limitations. Please see the Individual Dental Plan Contract for a complete list. Note that some of these benefits may not be covered under the Dental Blue Basic 100 plan.

Oral Evaluations	Limited to two per calendar year.
Prophylaxis or Periodontal Prophylaxis	Limited to two treatments per calendar year.
Fluoride	Fluoride treatment limited to two per calendar year children up to age 19.
X-rays	Limited to one set of full-mouth X-rays or its equivalent in a five-year period. Periapical X-rays are limited to 4 films per year.
Bitewing X-rays	Limited to one set of up to 4 films twice per calendar year.
Sealants	Limited to children under 16 years of age for permanent unrestored first and second molars. Treatment is limited to one application per tooth per lifetime.
Space Maintainers	Limited to once per quadrant per lifetime for children up to age 16. Includes all adjustments within six months of placement.
Restorations	Limited to once per surface per tooth every 24 months.
Periodontal Scaling	Limited to once per quadrant every 24 months.
Periodontal Surgery	Limited to one time per quadrant in a 36-month period.
Root Canal Therapy	Limited to one treatment per tooth for initial treatment and one retreatment per tooth — for permanent teeth only.
Stainless Steel Crowns	Limited to primary teeth only. Once per tooth in any five years.
Crowns	Limited to once per tooth in any five years
Removable Complete and Partial Dentures	Limited to once in five years. Benefits are payable for either complete or immediate dentures, but not both.
General Anesthesia	Covered only when used in conjunction with covered oral surgical procedures.

Exclusions

This is a partial listing of plan exclusions. Please see the Individual Dental Plan Contract for a complete list.

Prescribed drugs, pre-medication or analgesia including charges for nitrous oxide or any similar local anesthetic when the charge is made separately · Occlusal guards · Bleaching of non-vital discolored teeth · Crown buildups on the same tooth as an amalgam or composite restoration that was done within the same Calendar Year · Procedures to alter, restore or maintain occlusion, change vertical dimension, and replace or stabilize tooth structure lost by attrition, abrasion, erosion or bruxism · Harmful habit appliances · Services related to diagnosis or treatment related to the temporomandibular joint (TMJ) · Dental implants and all adjunctive services performed in conjunction with the placement or removal of implants including but not limited to surgery, cleanings, maintenance and prosthetics placed on implants · Infection control procedures, if billed separately · Precision attachments · Prefabricated resin crown or stainless steel crown with resin window · Pulpotomy on permanent teeth · Replacement of a prosthodontic appliance (fixed or removable) more often than once in any five-year period , whether under this contract or under any prior dental coverage · Root canal therapy on deciduous teeth · Sealants on restored teeth (occlusal surface) · Temporary/interim prosthodontia or appliances (temporary crowns, bridges, partials, dentures, etc.) · Biopsies · Services or supplies not specifically listed in the Covered Services section of the Individual Dental Contract.