

Colorado | 2022

Dental Essential Choice PPO plans (2-100 employees)

All plans include International Emergency Dental Program, Ask a Hygienist and SpecialOffers.

	Value	Classic		Enhanced		Voluntary	
	Passive	Passive	Active	Passive	Active	Passive	Active
Annual benefit maximum	\$500	\$1,000 / \$1,500 / \$2,000 / Unlimited		\$1,000 / \$1,500 / \$2,000 / Unlimited		\$1,000 / \$1,500	
Annual deductible¹ (individual, family)	\$50, \$150	\$50, \$150		\$50, \$150		\$50, \$150	
Diagnostic and preventive services¹ (INN, OON)	100%, 100%	100%, 100%	100%, 80%	100%, 100%		100%, 100%	100%, 80%
Basic services (INN, OON)	80%, 80%	80%, 80%	80%, 60%	90%, 90%	90%, 80%	80%, 80%	80%, 60%
Major services (INN, OON)	Not covered	50%, 50%		60%, 60%	60%, 50%	50%, 50%	
Endodontic, periodontal and oral surgery services	Basic / Not covered	Basic / Major		Basic / Major		Basic / Major	
Orthodontia services²	Not covered	Not covered / 50%		Not covered / 50%		Not covered / 50%	
Orthodontia coverage	Not covered	Not covered / Children only / Adults and children		Not covered / Children only / Adults and children		Not covered / Children only	
Orthodontia lifetime maximum	Not applicable	Not applicable / \$1,000 / \$1,500 / \$2,000		Not applicable / \$1,000 / \$1,500 / \$2,000		Not applicable / \$1,000	
Waiting periods³ (major services and orthodontia)	Not applicable	None		None		12 months	
Out-of-network reimbursement	90th / MAC	90th / MAC		90th / MAC		90th / MAC	
Dental network	Dental Complete	Dental Complete		Dental Complete		Dental Complete	
Annual maximum carryover⁴	Included	Included / Not included		Included / Not included		Included	
Posterior composites	Included	Included		Included		Included	
Dental implants	Not included	Included		Included		Included	
Anthem Whole Health Connection	Included	Included		Included		Included	
Accidental dental injury benefit⁵	Included	Included		Included		Included	
Extension of benefits	Included	Included		Included		Included	

The Dental Complete network has no contracted dentists in the following counties: Crowley, Dolores, Gilpin, Grand, Hinsdale, Jackson, Kiowa, Mineral, Phillips, Pitkin, Rio Blanco, Saguache, San Juan and Sedgwick.

Out-of-network providers will bill you for amounts over what your plan pays, up to their usual charge.

INN = In-network or Network

OON = Out-of-network or Non-network

MAC = Maximum allowable charge

¹ Deductible is waived for diagnostic and preventive services.

² Optional benefit. Available for groups of 5+ employees enrolled.

³ 12-month waiting period waived only for initial enrollees with prior comparable group coverage.

⁴ Annual maximum carryover benefit isn't included with unlimited annual maximum plans.

⁵ No deductible, no coinsurance or waiting periods apply. Accumulates to the annual maximum.

This document is intended to be a brief summary of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Evidence of Coverage; the Evidence of Coverage has exclusions, limitations and terms under which the Evidence of Coverage may be continued in force or discontinued. In the event of a discrepancy between the information in this summary and the Evidence of Coverage, the Evidence of Coverage will prevail.

Copies of Colorado network access plans are available on request from Member Services or can be obtained by going to anthem.com/co/networkaccess.

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