

Anthem Dental Net DHMO Rates for Small Groups

Group Size: 2-100 **Effective Date Options:** 1/1/2024 — 12/31/2024 **Contract Length:** 24 months

Eligible employees are defined as hourly/salary wage employees working 30 hours per week on average including full-time/part-time/seasonal employees. Employer Paid requires minimum of 25% of net eligible employees to enroll across all dental plans. Voluntary plan requires minimum of 5 eligible and 2 enrolled employees. Dental offices are not eligible.

	Employer Paid Monthly Premiums				Employer Paid Monthly Premiums (w Dental Implant Coverage)			
PLAN NAMES	Dental Net 3000A	Dental Net 3000B	Dental Net 3000C	Dental Net 3000D	Dental Net 3000A	Dental Net 3000B	Dental Net 3000C	Dental Net 3000D
CONTRACT CODES	3T89	3T8C	3T8D	3T8E	3T8F	3T8G	3T8H	3T8J
Employee only	\$20.63	\$17.88	\$15.91	\$14.08	\$21.98	\$19.23	\$17.26	\$15.43
Employee and spouse	\$41.26	\$35.76	\$31.82	\$28.16	\$43.96	\$38.46	\$34.52	\$30.86
Employee and child	\$41.26	\$35.76	\$31.82	\$28.16	\$43.96	\$38.46	\$34.52	\$30.86
Employee and family	\$67.05	\$58.11	\$51.71	\$45.76	\$71.44	\$62.50	\$56.10	\$50.15

	Voluntary Monthly Premiums		Voluntary Monthly Premiums (w Dental Implant Coverage)	
PLAN NAMES	Dental Net 3000C	Dental Net 3000D	Dental Net 3000C	Dental Net 3000D
CONTRACT CODES	3T8K	3T8L	3T8M	3T8N
Employee only	\$17.10	\$15.14	\$18.45	\$16.49
Employee and spouse	\$34.20	\$30.28	\$36.90	\$32.98
Employee and child	\$34.20	\$30.28	\$36.90	\$32.98
Employee and family	\$55.58	\$49.21	\$59.96	\$53.59

Anthem Dental Net DHMO Plans for Small Groups

Sample Plan Options & Copay Comparison



There are more than 500 services covered by our Dental Net DHMO plans. The following is just a sample of the covered services. These plans are available on an Employer Paid or Voluntary basis. Implants are optional in California.

CDT Codes	Procedure Description	3000A	3000B	3000C	3000D
Diagnostic Services					
D0210	Intraoral - complete series (incl. bitewings)	\$0	\$0	\$0	\$0
D0270	Bitewing, single film	\$0	\$0	\$0	\$0
D7288	Brush biopsy - transepithelial sample collection	\$0	\$20	\$35	\$50
Preventive Services					
D1110 or D1120	Prophylaxis - Adult/Child	\$0	\$0	\$0	\$0
D1351	Sealants - per tooth	\$0	\$0	\$0	\$0
Restorative Services, Fillings-Permanent					
D2140	Amalgam, one surface, primary or permanent	\$0	\$0	\$0	\$5
D2391	Resin based Composite-one surface (posterior) prim/perm	\$10	\$20	\$30	\$65
Endodontic Services					
D3310	Anterior root canal (excluding final restoration)	\$30	\$40	\$45	\$90
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$125	\$145	\$185	\$225
Periodontic Services					
D4342	Periodontal scaling & planing, 1-3 teeth per quad	\$10	\$20	\$30	\$35
D4910	Periodontal maintenance	\$0	\$15	\$25	\$30
Prosthetic Services					
D2750	Crown-porcelain fused to high noble metal ¹	\$90	\$145	\$185	\$225
D5110 or D5120	Complete denture upper (maxillary/mandibular)	\$110	\$150	\$175	\$215
Oral surgery Services					
D7140	Extraction, erupted tooth or exposed roots	\$0	\$0	\$0	\$5
D7210	Surgical extraction, erupted tooth	\$5	\$15	\$30	\$40
Orthodontic Services					
D8080	Comprehensive treatment of the adolescent dentition	\$1,695	\$1,695	\$1,695	\$1,695
D8090	Comprehensive treatment of adult dentition	\$1,895	\$1,895	\$1,895	\$1,895
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)	\$250	\$250	\$250	\$250
Other Services					
D9222	Deep sedation/general anesthesia - first 15 minutes	\$150	\$150	\$150	\$150
D9940	Occlusal guards	\$50	\$75	\$95	\$105
Optional Dental Implant Services		3000A	3000B	3000C	3000D
D6010	Surgical placement of implant body: endosteal implant	\$850	\$850	\$850	\$850
D6059	Abutment supported porcelain fused to metal crown (high noble metal) ¹	\$305	\$345	\$385	\$425
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$315	\$350	\$375	\$415

1 – Plus costs for noble metal, high noble metal or porcelain not to exceed \$125.