

How your dental PPO or Dental Net DHMO plan handles dental work in progress

Did you or your company recently switch to Anthem for dental coverage? If so, you may have some questions about how we'll take care of dental work you started under your old plan. **Here are two examples to help explain the process and what you can expect.**

1 Standard dental services (Root canals, bridges, dentures, crowns and implants)

Your dentist gave you a cost estimate for a crown. At the time, you were insured by your old plan. In a few weeks, you have an appointment to have the crown completed, but now you're with Anthem.

We'll look at your old plan's pre-estimate to decide if the service is covered under your new plan. How much we'll pay for the claim depends on whether your dentist is in the Anthem network or not. You'll always pay less for services when you use a dentist in your plan.

Here's what you need to do

- When you or your dentist submit your claim to Anthem, include your old plan's pre-estimate.
- If your dentist isn't in the Anthem network, you may have to submit the claim yourself. Mail it to the claims address listed on your ID card.
- To save on your out-of-pocket costs, you may want to find a dentist in your new plan. To find one, log in to **[anthem.com/ca](https://www.anthem.com/ca)** or the Anthem mobile app and use the *Find a Doctor* tool.

? Questions?

To find out more, visit [anthem.com/ca](https://www.anthem.com/ca) or call the Member Services number on your ID card.

2 Orthodontic services (Braces: standard and Invisalign®)

In some cases, you may be able to keep your current orthodontist and payment schedule. Check your dental certificate of coverage for details.

If you or your child are in the middle of an active orthodontic treatment, like having bands placed, we'll need you or your orthodontist to mail a copy of the original orthodontia claim to the address listed on the back of your ID card.

It should include:

- Treatment type (procedure number)
- Total fee for treatment
- Number of months treatment will take place
- Orthodontist's signature

The amount we'll pay is based on the number of months of active treatment you have left. We'll subtract the amount you've already paid, then divide what you still owe by the number of months left in the treatment:

Treatment plan length and cost	24 months for \$5,200
Remaining months of treatment	10 months
Monthly treatment costs	$\$5,200 / 24 \text{ months} = \$216.66/\text{month}$
Ineligible monthly cost	$14 \text{ months} \times \$216.66 = \$3,033.24$
Eligible treatment cost	$\$5,200 - \$3,033.24 = \$2,166.76$
Amount Anthem pays (50%)*	$\$2,166.76 \times 50\% = \$1,083.38$

For Dental Net DHMO, Anthem will contact the orthodontic provider. Dental Net DHMO plans have unique payment methods that need to be reviewed.



*The example assumes the Anthem plan pays 50% of orthodontic costs. However, the total amount Anthem pays will be limited to your plan's lifetime orthodontic maximum.

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