

# Dental Prime and Dental Complete Small Group (2-50) Kentucky Plan Designs

June 28, 2015 quoting for effective dates of July 1, 2015 and later



Plan Name (Network: Prime or Complete)	Annual Benefit Maximum	Deductible (per person/ per family) waived for Diagnostic & Preventive	Diagnostic/ Preventive Services (cleanings, x- rays, exams)		Basic Services (fillings)		Endodontic, Periodontic & Oral Surgery Services (root canal, tooth extraction, etc.)		Major Services (crowns, bridges, dentures, etc.)		Orthodontic Coverage (lifetime maximum to match annual maximum)	Annual Maximum Carryover	Dental Implants	Posterior Composites	Out-of-Network Reimbursement*
			In	Out	In	Out	In	Out	In	Out					
Dental Prime KY-1B	\$1,000	\$50/\$150	100%	80%	80%	60%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Included	Not Covered	Not Covered	MAC
Dental Complete KY-1A	\$1,000	\$50/\$150	100%	100%	80%	80%	80%	80%	Not Covered	Not Covered	Not Covered	Not Included	Not Covered	Not Covered	MAC
Dental Prime KY-2A	\$1,000	\$50/\$150	100%	80%	80%	60%	50%	50%	50%	50%	50% Children Only	Not Included	Not Covered	Not Covered	80th Percentile Fair Health
Dental Prime KY-2B	\$1,000	\$50/\$150	100%	80%	80%	60%	50%	50%	50%	50%	Not Covered	Not Included	Not Covered	Not Covered	MAC
Dental Prime KY-2C	\$1,000	\$50/\$150	100%	80%	80%	60%	60%	60%	60%	60%	Not Covered	Included	Not Covered	Not Covered	80th Percentile Fair Health
Dental Prime KY-2D	\$1,000	\$50/\$150	100%	80%	80%	60%	60%	60%	60%	60%	Not Covered	Not Included	Not Covered	Not Covered	MAC
Dental Prime KY-2E	\$1,500	\$25/\$75	100%	80%	80%	60%	50%	50%	50%	50%	Not Covered	Not Included	Not Covered	Not Covered	MAC
Dental Complete KY-2F	\$1,000	\$50/\$150	100%	100%	80%	80%	50%	50%	50%	50%	Not Covered	Not Included	Not Covered	Not Covered	MAC
Dental Complete KY-2G	\$1,000	\$25/\$75	100%	100%	80%	80%	80%	80%	80%	80%	Not Covered	Not Included	Not Covered	Not Covered	80th Percentile Fair Health
Dental Complete KY-2H	\$1,000	\$50/\$150	100%	100%	80%	80%	80%	80%	80%	80%	Not Covered	Not Included	Not Covered	Not Covered	80th Percentile Fair Health
Dental Complete KY-2J	\$1,000	\$50/\$150	100%	100%	80%	80%	80%	80%	80%	80%	Not Covered	Included	Not Covered	Not Covered	MAC
Dental Complete KY-2K	\$1,000	\$50/\$150	100%	80%	80%	60%	50%	50%	50%	50%	Not Covered	Not Included	Not Covered	Not Covered	80th Percentile Fair Health
Dental Complete KY-2L	\$1,000	\$50/\$150	100%	80%	80%	60%	50%	50%	50%	50%	50% Children Only	Not Included	Not Covered	Not Covered	80th Percentile Fair Health
Dental Complete KY-2M	\$1,000	\$50/\$150	100%	80%	80%	60%	50%	50%	50%	50%	Not Covered	Included	Not Covered	Not Covered	MAC

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. KYSGPlans 10-14

# Dental Prime and Dental Complete Small Group (2-50) Kentucky Plan Designs

June 28, 2015 quoting for effective dates of July 1, 2015 and later



Plan Name (Network: Prime or Complete)	Annual Benefit Maximum	Deductible (per person/ per family) waived for Diagnostic & Preventive	Diagnostic/ Preventative Services (cleanings, x-rays, exams)		Basic Services (fillings)		Endodontic, Periodontic & Oral Surgery Services (root canal, tooth extraction, etc.)		Major Services (crowns, bridges, dentures, etc.)		Orthodontic Coverage (lifetime maximum to match annual maximum)	Annual Maximum Carryover	Dental Implants	Posterior Composites	Out-of-Network Reimbursement*
			In	Out	In	Out	In	Out	In	Out					
Classic	Dental Complete KY-2N	\$50/ \$150	100%	80%	80%	60%	80%	60%	50%	50%	Not Covered	Not Included	Not Covered	Not Covered	80th Percentile Fair Health
	Dental Complete KY-2P	\$50/ \$150	100%	80%	80%	60%	80%	60%	50%	50%	Not Covered	Included	Not Covered	Not Covered	80th Percentile Fair Health
	Dental Complete KY-2Q	\$50/ \$150	100%	80%	80%	60%	80%	60%	50%	50%	50% Children Only	Not Included	Not Covered	Not Covered	80th Percentile Fair Health
	Dental Complete KY-2R	\$50/ \$150	100%	80%	80%	60%	80%	60%	50%	50%	Not Covered	Not Included	Not Covered	Not Covered	MAC
Enhanced	Dental Complete KY-2S	\$50/ \$150	100%	100%	80%	80%	50%	50%	50%	50%	50% Adults & Children	Not Included	Not Covered	Not Covered	MAC
	Dental Complete KY-2T	\$50/ \$150	100%	80%	80%	60%	50%	50%	50%	50%	Not Covered	Not Included	Not Covered	Not Covered	MAC
	Dental Complete KY-2U	\$50/ \$150	100%	80%	80%	60%	80%	60%	50%	50%	Not Covered	Not Included	Not Covered	Not Covered	80th Percentile Fair Health
	Dental Complete KY-2V	\$50/ \$150	100%	100%	80%	80%	80%	80%	50%	50%	50% Children Only	Included	Not Covered	Not Covered	MAC
Voluntary	Dental Prime KY-3A	\$50/ \$150	100%	80%	90%	70%	90%	70%	60%	50%	Not Covered	Included	Not Covered	Not Covered	MAC
	Dental Complete KY-3B	\$50/ \$150	100%	100%	90%	90%	90%	90%	60%	60%	Not Covered	Not Included	Not Covered	Not Covered	80th Percentile Fair Health
	Dental Complete KY-3C	\$25/ \$75	100%	100%	90%	90%	90%	90%	60%	60%	50% Adults & Children	Not Included	Not Covered	Not Covered	MAC
	Dental Complete KY-3D	\$50/ \$150	100%	80%	90%	70%	90%	70%	60%	50%	Not Covered	Not Included	Not Covered	Not Covered	MAC
Voluntary	Dental Prime KY-4B	\$50/ \$150	100%	80%	80%	60%	50%	50%	50%	50%	Not Covered	Not Included	Not Covered	Not Covered	MAC
	Dental Complete KY-4A	\$50/ \$150	100%	100%	80%	80%	50%	50%	50%	50%	50% Children Only	Not Included	Not Covered	Not Covered	80th Percentile Fair Health

Any dependent coverage includes children to age 26 in Kentucky.  
 \*MAC = Maximum Allowable Charge  
 FAIR Health 90th offers a level of reimbursement based on data from the industry-standard vendor called FAIR Health. At the 90th percentile, the amount we pay for a service received from an out-of-network provider is equal to or less than 90% of the charges for that service in a given ZIP code. In other words, 90% of dentists in the ZIP code charge that amount or less for the service. The Maximum Allowable Charge (MAC) fee schedule offers a cost-effective level of reimbursement for out-of-network claims.