How your new dental plan handles dental work in progress

Did you or your company recently switch to Anthem Blue Cross and Blue Shield (Anthem) Dental Prime and Dental Complete for dental coverage? If so, you may have some questions about how Anthem will take care of dental work you already started under your former carrier. Here are some examples to help explain the process:

Example 1 — Standard dental services (includes root canals, bridges, dentures and crowns)

Let's say your dentist gave you a cost estimate for a crown. At the time, you were insured by your former carrier. In a few weeks, you have an appointment to have the crown completed, but now, you're with Anthem.

In this case, Anthem will honor your former carrier's pre-estimate for the service, but only to decide coverage. The claim will be paid based on whether your provider is in or out of the network under your Dental Prime and Dental Complete plan. For all non-orthodontic services that started before the effective date of your dental plan, payment of a claim will be based on when the service was finished.

Pricing and network status are not guaranteed. They're based on the provider's network status with Dental Prime and Dental Complete.

When you submit your claim to Anthem for a Dental Prime or Dental Complete plan, make sure to include your former plan's pre-estimate. We'll use that to decide coverage.

Example 2 — Non-DHMO* orthodontic services (includes braces: standard and Invisalign®)

If you or your child are in the middle of an active orthodontic treatment, like having bands placed, the provider needs to give us a copy of the original claim. It should include the:

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

The payment amount is based on the number of months of active treatment that are left. Any amount your former carrier paid will only be deducted if that is put into the system by the time you change to your new plan.

For members who used to be covered under a DHMO ortho plan, we recommend that the orthodontic provider contact us. DHMO plans have unique payment methods that need to be reviewed.

Anthem BlueCross BlueShield

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Example of orthodontic service costs

Treatment plan length and cost	24 months for $5,200
Remaining months of treatment	10 months
Monthly treatment costs	$5,200/24 months = $216.66 monthly
Ineligible monthly cost	14 months x $216.66 = $3,033.24
Eligible treatment cost	$5,200 - $3,033.24 = $2,166.76
Amount Anthem pays	$2,166.76 x 50% = $1,083.38

Note: The total amount Anthem pays will be limited to the total Lifetime Orthodontic Maximum, minus any prior carrier history, if put into the system.

Standard ortho payment schedule:

- **$500 to $1,500 lifetime orthodontic maximum = two equal payments (banding and six months after banding)**
- **$1,500 + lifetime orthodontic maximum = three equal payments (banding, six months after banding and 12 months after banding)**

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Questions

If you need more information, visit **anthem.com/mydentalvision**.

* Dental health maintenance organization.

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