

**CSEBO DENTAL INSURANCE**  
**ANTHEM BLUE CROSS CUSTOM NETWORK PPO**  
**EFFECTIVE 1/1/2026 - 12/31/2026**



PLAN NAME		DELTA DENTAL PPO <sup>1</sup>		ANTHEM BLUE CROSS CUSTOM NETWORK PPO	
GENERAL PLAN INFORMATION		DELTA DENTAL PPO PROVIDERS	PREMIER & NON-DELTA DENTAL PPO PROVIDERS	ANTHEM DENTAL PPO PROVIDERS	OUT-OF-NETWORK PROVIDERS
Calendar Year Annual Maximum		\$3,000	\$3,000	\$4,000	\$250
Incentive Levels					
Percentage level increases 10% for each consecutive year the dentist is visited, to a maximum of 100%.		70/80/90/100%	70/80/90/100%	N/A	N/A
Diagnostic and Preventive Benefits					
Prophylaxis (Cleaning) Treatments	Plan Pays 100%; limited to 2 per calendar year <sup>2</sup>	Plan Pays 100%; limited to 2 per calendar year <sup>2</sup>	Plan Pays 100%; limited to 2 per calendar year <sup>2</sup>	Plan Pays 100%; limited to 2 per calendar year <sup>3</sup>	Not Covered
Oral Examinations	Plan Pays 100%; limited to 2 per calendar year <sup>2</sup>	Plan Pays 100%; limited to 2 per calendar year <sup>2</sup>	Plan Pays 100%; limited to 2 per calendar year <sup>2</sup>	Plan Pays 100% <sup>3</sup>	Not Covered
Full-Mouth X-Rays	Plan Pays 100%; limited to 1 per 36 months <sup>2</sup>	Plan Pays 100%; limited to 1 per 36 months <sup>2</sup>	Plan Pays 100%; limited to 1 per 36 months <sup>2</sup>	Plan Pays 100% <sup>3</sup>	Not Covered
Bitewing X-Rays	Plan Pays 100%; upon provider request, maximum of 2 per calendar year <sup>2</sup>	Plan Pays 100%; upon provider request, maximum of 2 per calendar year <sup>2</sup>	Plan Pays 100%; upon provider request, maximum of 2 per calendar year <sup>2</sup>	Plan Pays 100% <sup>3</sup>	Not Covered
Periodontal Scaling and Root Planing	Plan Pays 100%; limited to 1 each quadrant every 24 months	Plan Pays 100%; limited to 1 each quadrant every 24 months	Plan Pays 100%; limited to 1 each quadrant every 24 months	Plan Pays 100% <sup>3</sup>	Not Covered
Basic Benefits					
Oral Surgery - Extractions	Plan Pays 70/80/90/100%; limited to once per tooth per lifetime	Plan Pays 70/80/90/100%; limited to once per tooth per lifetime	Plan Pays 70/80/90/100%; limited to once per tooth per lifetime	Plan Pays 100%	Not Covered
Oral Surgery - Other Surgical Procedures	Plan Pays 50-100% depending on procedure	Plan Pays 50-100% depending on procedure	Plan Pays 50-100% depending on procedure	Plan Pays 100%	Not Covered
Restorative Procedures - Amalgam, Silicate or Composite (Resin) Restorations (Fillings)	Plan Pays 70/80/90/100%; limited to once per surface, per tooth within a 2 year period	Plan Pays 70/80/90/100%; limited to once per surface, per tooth within a 2 year period	Plan Pays 70/80/90/100%; limited to once per surface, per tooth within a 2 year period	Plan Pays 100%	Not Covered
Endodontic Treatments	Plan Pays 70/80/90/100%; limitations apply	Plan Pays 70/80/90/100%; limitations apply	Plan Pays 70/80/90/100%; limitations apply	Plan Pays 100%	Not Covered
Basic Benefits (continued)					
Periodontic Treatment	Plan Pays 70/80/90/100%; limitations apply	Plan Pays 70/80/90/100%; limitations apply	Plan Pays 70/80/90/100%; limitations apply	Plan Pays 100%	Not Covered
Sealants	Plan Pays 70/80/90/100%; limited to once per tooth within 3 year period, up to age 14.	Plan Pays 70/80/90/100%; limited to once per tooth within 3 year period, up to age 14.	Plan Pays 70/80/90/100%; limited to once per tooth within 3 year period, up to age 14.	Plan Pays 100%	Not Covered
Crowns, Inlays, Onlays and Cast Restoration Benefits					
Crowns, Inlays, Onlays and Cast Restoration	Plan Pays 70/80/90/100%; service on the same tooth only once every 5 years	Plan Pays 70/80/90/100%; service on the same tooth only once every 5 years	Plan Pays 70/80/90/100%; service on the same tooth only once every 5 years	Plan Pays 100%	Not Covered



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Prosthodontic Benefits					
Implants	Plan Pays 50%; limited to once every 5 years	Plan Pays 50%; limited to once every 5 years	Plan pays 50%; up to \$2,000 Annually	Not Covered	
Removable - Partial Dentures, Full Dentures	Plan Pays 50%; limited to once every 5 years	Plan Pays 50%; limited to once every 5 years	Plan Pays 50%	Not Covered	
Fixed - Inlays, Onlays, Bridges	Plan Pays 50%; limited to once every 5 years	Plan Pays 50%; limited to once every 5 years	Plan Pays 50%	Not Covered	
Orthodontia Benefits					
Coverage Eligibility	Adults and Children	Adults and Children	Adults and Children	Adults and Children	
Coverage Percentage	100%	100%	100%	100%	
Lifetime Individual Maximum	\$3,000	\$3,000	\$2,000	\$2,000	

<sup>1</sup>Reimbursement to providers is based on the PPO contracted fee for PPO dentists. Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

<sup>2</sup>2 cleanings, Exams and X-ray costs do not count towards the calendar year annual maximum.

<sup>3</sup>2 cleanings, Exams and X-ray costs count towards the calendar year annual maximum.

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

To access the Uniform Glossary of Health Coverage and Medical Terms, please visit: <http://www.csebo.net/Resources/Uniform-Glossary>.

