

Albemarle County and Schools
Anthem Dental High & Low Plans January 1, 2026
through December 31, 2026



Both plans use the Anthem Dental Complete network of dental providers.	Anthem Dental Complete Low Plan (No Waiting Periods on any Services)	Anthem Dental Complete High Plan (No Waiting Periods on any Services)
In-Network		
Annual Plan Year Deductible	\$25 per member \$75 per family	\$50 per member \$150 per family
Deductible doesn't apply to:	Diagnostic & Preventive Services	Diag & Preventive Services and Child Orthodontic Services
Carryover Benefit	Yes	Yes
Annual Plan Year Benefit Maximum	\$1,500 per member per plan year (this is the most that Anthem will pay towards your dental care within a plan year)	\$2,000 per member per plan year (this is the most that Anthem will pay towards your dental care within a plan year)
Child Orthodontic Lifetime Benefit Mamixum per Child	N/A	\$2,000
What you will pay:		
Diagnostic & Preventive Services: Periodic oral exam*, teeth cleaning, intraoral x-rays, bitewing x-rays. (* Two exams anytime within the plan year, no need to be at least 6 months apart.)	Covered at 100%, no cost share Deductible doesn't apply to Diagnostic & Preventive Services. Diagnostic & Preventive Services expenses do count towards the Annual Benefit Maximum.	Covered at 100%, no cost share Deductible doesn't apply to Diagnostic & Preventive Services. Diagnostic & Preventive Services expenses do count towards the Annual Benefit Maximum.
Basic Services: Fillings, Amalgam & Composite (tooth colored), simple extractions, occlusal guards	20% coinsurance, after deductible	20% coinsurance, after deductible
Endodontics (root canals)	20% coinsurance, after deductible,* See below for change in Out of network for Endodontic Services	20% coinsurance, after deductible * See below for change in Out of network for Endodontic Services
Periodontics (scaling and root planing)	20% coinsurance, after deductible	20% coinsurance, after deductible
Oral Surgery (Surgical Extractions)	20% coinsurance, after deductible	20% coinsurance, after deductible
Prosthetic Repairs/Adjustments	20% coinsurance, after deductible	20% coinsurance, after deductible
Major & Prosthodontic Services (Crowns, Dentures, Bridges)	Not Covered	40% coinsurance, after deductible
Child Orthodontic Services	Not Covered	50% coinsurance (deductible does not apply). \$2,000 Orthodontic Lifetime Benefit Maximum per eligible member.
Out of Network Services	Deductible amounts and Annual Maximum Benefit Amounts apply to in and out of network services combined. OON covered services are at the same member cost shares as noted above. Out of Network will be paid in the 80th% percentile, which could result in the provider "Balance Billing" you for the difference between their billed charges and Anthem's reimbursement amounts. *Out of Network coinsurance for Endodontic Services will be covered at 100%, after deductible and subject to standard out of network payments.	
Percentages listed above are based on the Anthem Dental Complete allowable charges. ----- This information only highlights the major dental insurance benefits offered to employees through Albemarle County & Schools. Should there be any difference between this information and the Anthem Dental Complete Member Benefit Booklets, formal plan documents or contract, the formal plan document and/or contract shall govern. Out of Network providers can bill you the difference between what they charge and what Anthem allows.		