2025 MONTHLY COBRA RATES

Administered by iSolved Benefit Services

Anthem $2,000/$4,000 High Deductible Health Plan, Includes Base Dental Plan

Coverage Tier	Monthly Cost
Individual Only	$981.52
Individual + Spouse	$1981.79
Individual + Child(ren)	$1708.98
Family	$2709.24

Anthem $4,000/$8,000 High Deductible Health Plan, Includes Base Dental Plan

Coverage Tier	Monthly Cost
Individual Only	$902.15
Individual + Spouse	$1815.12
Individual + Child(ren)	$1566.13
Family	$2479.08

Anthem Dental Plan

Coverage Tier	Monthly Cost Base	Monthly Cost Enhanced
Individual Only	$23.87	$31.04
Individual + Spouse	$47.33	$61.61
Individual + Child(ren)	$61.53	$95.75
Family	$85.81	$127.45

Anthem Vision Plan

Coverage Tier	Monthly Cost Base
Individual Only	$6.40
Individual + Spouse	$11.21
Individual + Child(ren)	$12.18
Family	$18.57

2025 MONTHLY COBRA RATES

Dental Carrier Change from Delta Dental to Anthem FAQ

HOW DO I CHECK TO SEE IF MY DENTIST IS IN THE ANTHEM-DENTAL COMPLETE NETWORK?

To see if your current dentist is in the network go to:

1. Visit: https://www.anthem.com/find-care
2. Select “Basic search as guest”
3. Under select the type of plan or network, choose “dental plan or network”
4. Under Select the state choose Indiana
5. Under Select a plan/network choose “Dental Complete”. Hit Continue button
6. Search based on type of provider or facility, locations near you or by a provider’s name
7. View our results and find out about the providers training, languages spoken, location and phone number

If you have trouble navigating the search tool, call 1-877-604-2142.

WHAT IF I DO NOT FIND MY DENTIST IN THE SEARCH TOOL?

Call your dentist office and confirm whether they are in the Anthem-Dental Complete Network. This is also your opportunity to ask them if they would consider exploring joining the Anthem-Dental network.

MY DENTIST IS NOT IN THE ANTHEM-DENTAL COMPLETE NETWORK. NOW WHAT?

While The Heritage Group dental plans provide adequate coverage for out-of-network services, we encourage you to find an in-network provider, when possible, to ensure you are receiving the best possible coverage available through the insurance network from a financial perspective and to avoid any additional billing that can result when going out of-network.

However, we also encourage you to contact your dentist directly and understand how your dentist has worked with patients in similar circumstances in the past. You can ask them to have a better understanding of cost to expect to be billed for services. You can also ask them to consider joining the Anthem-Dental Complete Network. We encourage you to start these conversations sooner rather than later, so you have time to find a new provider and get in their scheduling queue.

While Anthem will be proactively reaching out to ask your dentist to join the network, we also encourage you to complete the provider nomination form to begin the nomination process.

WHY AM I AT RISK FOR BEING BILLED DIRECTLY FROM THE DENTIST WHEN USING AN OUT-OF-NETWORK DENTIST?

Unlike in-network dentists, out-of-network dentists may send you a bill and collect for the charge that exceeds Anthem’s Maximum Allowed Amount. You are responsible for paying the difference between the Maximum Allowed Amount and the amount charged. This amount may be significant. Choosing a Participating In-Network Dentist will likely result in lower out of pocket costs to you.

Anthem Customer Service is available to assist you in determining the Maximum Allowed Amount for a particular service from a Non-Participating Dentist. For Anthem to assist you, you will need to obtain the specific procedure code(s) from your Dentist for the services the Dentist will render. You will also need to know the Dentist’s charges to calculate your out-of-pocket responsibility. Although Customer Service can assist you with this pre-service information, the Maximum Allowed Amount for your claim will be based on the actual claim submitted by the dentist.

2025 MONTHLY COBRA RATES

Dental Carrier Change from Delta Dental to Anthem FAQ

WILL I NEED TO PRESENT AN INSURANCE CARD WHEN GOING TO THE DENTIST?

Yes, with Anthem you will be required to share your card at point of service. You will receive a new card in the mail from Anthem in the coming months. If you are on the medical plan, you will get a combined medical/dental card. If you take dental ONLY, you will receive an Anthem card for dental. Anthem's cards are sent in an unmarked envelope.

WHERE CAN I FIND OUT WHAT IS COVERED UNDER THE NEW PLANS?

While dental plan deductibles, annual plan maximums, in-network and out-of-network cost share remain unchanged, there are a few changes with the new plans with Anthem. For a comprehensive list refer to the Summary and Certificate Documents.

HOW ARE MY CURRENT AND HISTORICAL ORTHODONTIA BENEFITS IMPACTED?

The lifetime maximum amount of 50% up to $1500 for orthodontia coverage for dependents up to age 19. If you are currently in treatment for orthodontia services and have not yet met the lifetime maximum allowed amount you will be eligible for the remaining balance under the Anthem plan. If you have already met the ortho maximum, you will not be newly eligible under the Anthem plan. For more information on specifics of orthodontia coverage view this resource.

WHAT ARE ORTHODONTIC SERVICES?

Orthodontic services, often referred to as "ortho," are services, treatment and procedures used to correct misaligned teeth. These services can include braces, retainers, and other orthodontic appliances.

WHO IS ELIGIBLE FOR ORTHODONTIC SERVICES?

Dependent children up to the age of 19 are eligible.

HOW MUCH IS COVERED BY THE PLAN?

Orthodontic services include a lifetime maximum benefit of $1,500 per eligible dependent. There is no deductible for orthodontic services.

DO I NEED A REFERRAL TO VISIT AN ORTHODONTIST?

No referral is necessary to visit an orthodontist. To find a participating Anthem orthodontist, go to www.anthem.com or call their Customer Service Department at 1-877-604-2142.

HOW WILL ORTHODONTIC SERVICES BE PAID?

Anthem requires your dentist to submit an orthodontic treatment plan. When orthodontic treatment starts, Anthem will pay a percentage of the total fee. They will continue to make payments based on the type of treatment or until the lifetime orthodontic maximum is reached. Payments will be made quarterly.

HOW ARE MY CURRENT AND HISTORICAL ORTHODONTIA BENEFITS IMPACTED?

The lifetime maximum amount of 50% up to $1500 for orthodontia coverage for dependents up to age 19. If you are currently in treatment for orthodontia services and have not yet met the lifetime maximum allowed amount you will be eligible for the remaining balance under the Anthem plan. If you have already met the ortho maximum, you will not be newly eligible under the Anthem plan. For more information on specifics of orthodontia coverage view this resource.

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WHAT IF ORTHO TREATMENT HAS ALREADY BEGUN UNDER A DIFFERENT CARRIER?

If your child is in the middle of an active orthodontic treatment, like having bands placed, Anthem will 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 the treatment
- number of months treatment will take place
- the orthodontist's signature.

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

IF MY CHILD TURNS 19 WHILE UNDERGOING TREATMENT, WILL MY BENEFITS CONTINUE?

Yes, if the child has been banded prior to age 19.

HOW CAN I FIND OUT WHAT IS COVERED UNDER MY PLAN?

For more information on what's covered by the plan, please refer to the Summary of Dental Plan Benefits and Certificate.