

Covered California
2015 Proposed Family Dental Benefits Plan Design - Draft - 2/18/14

Standalone Dental Plan				
Procedure Categories	Member Copay		Member Coinsurance	
	Pediatric - up to age 19	Adult - 19 and older	Pediatric - up to age 19	Adult - 19 and older
Diagnostic & Preventive (D&P)	\$0	\$5	0%	0%
Office Visit	\$0	\$0	0%	0%
Basic Services - Basic Restorative	See proposed standardized copay amounts for select procedures		20%	20%
Major Services - Crowns & Casts, Prosthodontics, Endodontics, Periodontics, Oral Surgery ¹			50%	50%
Orthodontics (Medically Necessary)	\$300	No Coverage	50%	No Coverage
Orthodontics (Cosmetic)	\$2,000	No Coverage	50%	No Coverage
Cosmetic Orthodontia Lifetime Max	\$1,600	N/A	\$1,600	N/A
Deductible	\$0	\$0	\$50/\$50 (D&P waived)	\$50/\$50 (D&P waived)
Annual Limit	N/A	\$1,500	N/A	\$1,500
OOP Maximum	\$300	N/A	\$300	N/A
Waiting Periods	12 months waiting period applies only to cosmetic orthodontia	None	12 months waiting period applies only to cosmetic orthodontia	6 months waiting period for major services

¹ Major Services have a 6 month allowable waiting period for adults (not pediatric), waived with proof of prior coverage

2015 Proposed Embedded Dental Benefits Plan Design - Draft - 2/18/14

Embedded Dental		
Procedure Categories	Member Copay	Member Coinsurance
	Pediatric	Pediatric
Diagnostic & Preventive (D&P)	\$0	0%
Office Visit	\$0	0%
Basic Services - Basic Restorative	See proposed standardized copay amounts for select procedures	20%
Major Services - Crowns & Casts, Prosthodontics, Endodontics, Periodontics, Oral Surgery		50%
Orthodontics (Medically Necessary)	\$300	50%
Orthodontics (Cosmetic)	No Coverage	No Coverage
Cosmetic Orthodontia Lifetime Max	not applicable	not applicable
Deductible	\$0	\$0
Annual Limit	no annual limit	no annual limit
OOP Maximum	\$300	\$300
Waiting Periods	No Waiting Period	No Waiting Period

2015 Proposed Standardized Copay Amounts for Selected Procedures
Embedded and Standalone - Draft

Selected Procedure	Copay
Deductible per Child	\$0
Out of Pocket Maximum	\$300
Office Copay	\$0
Oral Exam	\$0
Preventive - Cleaning	\$0
Preventive - X-ray	\$0
Sealents per Tooth	\$0
Fluoride Application	\$0
Space Maintainers - Fixed	\$50
Amalgam Fill - 1 Surface	\$25
Root Canal - Molar	\$300
Gingivectomy per Quad	\$150
Extraction - Single Tooth Exposed Root or Erupted	\$65
Extraction - Complete Bony	\$160
Porcelain w/Metal Crown	\$300
Orthodontia - Child Medically Necessary	\$300