



## 2015 Dental Standard Benefit Plan Designs

**DRAFT**

### Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

3/20/2014

	Standalone Dental Plan	Standalone Dental Plan
	Pediatric EHB Copay Plan	Pediatric EHB Coinsurance Plan
	Up to Age 19	Up to Age 19
<b>Actuarial Value</b>	83.0%	86.8%
<b>Overall Deductible (Waived for Diagnostic &amp; Preventive)</b>	\$0	\$65 In Network/ \$65 Out of Network
<b>Individual Out of Pocket Maximum</b>	\$350	\$350
<b>Family Out of Pocket Maximum (Two or More Children)</b>	\$700	\$700
<b>Office Copay</b>	\$0	\$0
<b>Waiting Period</b>	None	None
<b>Annual Limit</b>	None	None

Procedure Category	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
<b>Diagnostic &amp; Preventive</b>	Oral Exam	\$0		0%	
	Preventive - Cleaning	\$0		0%	
	Preventive - X-ray	\$0		0%	
	Sealants per Tooth	\$0		0%	
	Topical Fluoride Application	\$0		0%	
	Space Maintainers - Fixed	\$0		0%	
<b>Basic Services</b>	Amalgam Fill - One Surface	\$25		20%	x
<b>Major Services - Crowns and Casts, Endodontics, Periodontics, Prosthodontics, Oral Surgery</b>	Root Canal - Molar	\$300		50%	x
	Gingivectomy per Quad	\$150			
	Extraction- Single Tooth Exposed Root or Erupted	\$65			
	Extraction - Complete Bony	\$160			
	Crown - Porcelain with Metal	\$300			
<b>Orthodontia</b>	Medically Necessary Orthodontia	\$350		50%	x

**Notes:**

- 1) The family deductible and out-of-pocket maximum are equal to 2 times the individual values.
- 2) In a family Standalone Dental Plan or Family Dental Plan, an individual child is responsible only for an individual deductible and an individual out-of-pocket maximum. Deductibles and other cost sharing payments made by each individual child in a family contribute to the family deductible or out-of-pocket maximum. Once the family deductible is satisfied, plan copays or coinsurance apply until the family out-of-pocket maximum is reached, after which the plan pays all costs for covered services for all family members.
- 3) In a Family Dental Plan, the family deductible applies to adult members. There are no out-of-pocket maximums on adult dental benefits.
- 4) Families eligible to purchase a Family Dental Plan must include at least one adult who has purchased a Covered California health insurance plan through the Exchange.



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3/20/2014

	Family Dental Plan	Family Dental Plan
	Pediatric EHB Copay Plan	Pediatric EHB Coinsurance Plan
	Up to Age 19	Up to Age 19
<b>Actuarial Value</b>	83.0%	86.8%
<b>Overall Deductible (Waived for Diagnostic &amp; Preventive)</b>	\$0	\$65 In Network/ \$65 Out of Network
<b>Individual Out of Pocket Maximum</b>	\$350	\$350
<b>Family Out of Pocket Maximum (Two or More Children)</b>	\$700	\$700
<b>Office Copay</b>	\$0	\$0
<b>Waiting Period</b>	None	None
<b>Annual Limit</b>	None	None

Procedure Category	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
<b>Diagnostic &amp; Preventive</b>	Oral Exam	\$0		0%	
	Preventive - Cleaning	\$0		0%	
	Preventive - X-ray	\$0		0%	
	Sealants per Tooth	\$0		0%	
	Topical Fluoride Application	\$0		0%	
	Space Maintainers - Fixed	\$0		0%	
<b>Basic Services</b>	Amalgam Fill - One Surface	\$25		20%	x
<b>Major Services - Crowns and Casts, Endodontics, Periodontics, Prosthodontics, Oral Surgery</b>	Root Canal - Molar	\$300		50%	x
	Gingivectomy per Quad	\$150			
	Extraction- Single Tooth Exposed Root or Erupted	\$65			
	Extraction - Complete Bony	\$160			
	Crown - Porcelain with Metal	\$300			
<b>Orthodontia</b>	Medically Necessary Orthodontia	\$350		50%	x

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- 2) In a family Standalone Dental Plan or Family Dental Plan, an individual child is responsible only for an individual deductible and an individual out-of-pocket maximum. Deductibles and other cost sharing payments made by each individual child in a family contribute to the family deductible or out-of-pocket maximum. Once the family deductible is satisfied, plan copays or coinsurance apply until the family out-of-pocket maximum is reached, after which the plan pays all costs for covered services for all family members.
- 3) In a Family Dental Plan, the family deductible applies to adult members. There are no out-of-pocket maximums on adult dental benefits.
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	Family Dental Plan	Family Dental Plan
	Adult Dental Copay Plan	Adult Dental Coinsurance Plan
	Age 19 and Older	Age 19 and Older
Actuarial Value	Not Calculated	Not Calculated
Overall Deductible (Waived for Diagnostic & Preventive)	\$0	\$50 In Network/ \$50 Out of Network
Individual Out of Pocket Maximum	Not Applicable	Not Applicable
Family Out of Pocket Maximum (Two or More Children)	Not Applicable	Not Applicable
Office Copay	\$0	\$0
Waiting Period	None	6 months for Major Services, Waived with Proof of Prior Coverage
Annual Limit	None	\$1,500

Procedure Category	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Diagnostic & Preventive	Oral Exam	\$0		0%	
	Preventive - Cleaning	\$0		0%	
	Preventive - X-ray	\$0		0%	
	Sealants per Tooth	Not Covered		Not Covered	
	Topical Fluoride Application	Not Covered		Not Covered	
	Space Maintainers - Fixed	Not Covered		Not Covered	
Basic Services	Amalgam Fill - One Surface	\$25		20%	x
Major Services - Crowns and Casts, Endodontics, Periodontics, Prosthodontics, Oral Surgery	Root Canal - Molar	\$300		50%	x
	Gingivectomy per Quad	\$150			
	Extraction- Single Tooth Exposed Root or Erupted	\$65			
	Extraction - Complete Bony	\$160			
	Crown - Porcelain with Metal	\$300			
Orthodontia	Medically Necessary Orthodontia	Not Covered		Not Covered	

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- 1) The family deductible and out-of-pocket maximum are equal to 2 times the individual values.
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