

2015 Dental Standard Benefit Plan Designs

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Summary of Benefits and Coverage		Standalone Dental Plan		Standalone Dental Plan	
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Pediatric EHB Copay Plan		Pediatric EHB Coinsurance Plan	
3/20/2014		Up to Age 19		Up to Age 19	
Actuarial Value		83.0%		86.8%	
Overall Deductible (Waived for Diagnostic & Preventive)		\$0		\$65 In Network/ \$65 Out of Network	
Individual Out of Pocket Maximum		\$350		\$350	
Family Out of Pocket Maximum (Two or More Children)		\$700		\$700	
Office Copay		\$0		\$0	
Waiting Period		None		None	
Annual Limit		None		None	
Procedure Category	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
	Oral Exam	\$0		0%	
	Preventive - Cleaning	\$0		0%	
Diagnostic & Proventive	Preventive - Cleaning Preventive - X-ray	T -		0% 0%	
Diagnostic & Preventive	Preventive - X-ray Sealants per Tooth	\$0 \$0 \$0			
Diagnostic & Preventive	Preventive - X-ray Sealants per Tooth Topical Fluoride Application	\$0 \$0 \$0 \$0 \$0		0% 0% 0%	
	Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed	\$0 \$0 \$0 \$0 \$0 \$0		0% 0% 0% 0%	
Diagnostic & Preventive Basic Services	Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface	\$0 \$0 \$0 \$0 \$0 \$0 \$25		0% 0% 0%	X
Basic Services	Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar	\$0 \$0 \$0 \$0 \$0 \$0 \$25 \$300		0% 0% 0% 0%	X
Basic Services Major Services - Crowns	Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad	\$0 \$0 \$0 \$0 \$0 \$0 \$25		0% 0% 0% 0%	X
Basic Services	Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad Extraction- Single Tooth Exposed Root	\$0 \$0 \$0 \$0 \$0 \$0 \$25 \$300		0% 0% 0% 0%	X
Basic Services Major Services - Crowns and Casts, Endodontics, Periodontics, Prosthodontics, Oral	Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad	\$0 \$0 \$0 \$0 \$0 \$25 \$300 \$150		0% 0% 0% 0% 20%	
Basic Services Major Services - Crowns and Casts, Endodontics, Periodontics,	Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad Extraction- Single Tooth Exposed Root or Erupted	\$0 \$0 \$0 \$0 \$0 \$0 \$25 \$300 \$150		0% 0% 0% 0% 20%	

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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Summary of Benefits and Coverage		Family Dental Plan		Family Dental Plan	
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Pediatric EHB Copay Plan		Pediatric EHB Coinsurance Plan	
3/20/2014		Up to Age 19		Up to Age 19	
Actuarial Value		83.0%		86.8%	
Overall Deductible (Waived for Diagnostic & Preventive)		\$0		\$65 In Network/ \$65 Out of Network	
Individual Out of Pocket Maximum		\$350		\$350	
	kimum (Two or More Children)	\$700		\$700	
Office Copay		\$	0	\$0	
Waiting Period		None		None	
Annual Limit		None		None	
Procedure Category	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Procedure Category	Service Type Oral Exam				
Procedure Category		Cost Share		Share	
	Oral Exam	Cost Share \$0		Share 0%	
Procedure Category Diagnostic & Preventive	Oral Exam Preventive - Cleaning	\$0 \$0		Share 0% 0%	
	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application	\$0 \$0 \$0 \$0		Share 0% 0% 0%	
Diagnostic & Preventive	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		Share 0% 0% 0% 0% 0% 0% 0% 0%	
	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$25		Share 0% 0% 0% 0% 0% 0%	
Diagnostic & Preventive Basic Services	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$25 \$300		Share 0% 0% 0% 0% 0% 0% 0% 0%	Applies
Diagnostic & Preventive Basic Services Major Services - Crowns	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$25		Share 0% 0% 0% 0% 0% 0% 0% 0%	Applies
Diagnostic & Preventive Basic Services Major Services - Crowns and Casts, Endodontics, Periodontics,	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad Extraction- Single Tooth Exposed Root or Erupted	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$25 \$300 \$150		Share 0% 0% 0% 0% 0% 0% 0% 0%	Applies
Diagnostic & Preventive Basic Services Major Services - Crowns and Casts, Endodontics, Periodontics, Prosthodontics, Oral	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad Extraction- Single Tooth Exposed Root	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$25 \$300 \$150		Share 0% 0% 0% 0% 0% 0% 20%	Applies
Diagnostic & Preventive Basic Services Major Services - Crowns and Casts, Endodontics, Periodontics,	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad Extraction- Single Tooth Exposed Root or Erupted	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$25 \$300 \$150		Share 0% 0% 0% 0% 0% 0% 20%	Applies

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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Summary of Benefits and Coverage		Family Dental Plan		Family Dental Plan		
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Adult Dental Copay Plan		Adult Dental Coinsurance Plan		
3/20/2014		Age 19 and Older		Age 19 and Older		
Actuarial Value		Not Calculated		Not Calculated		
				\$50.1.11.	,	
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 Max	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	
Procedure Category	Service Type Oral Exam					
Procedure Category		Share		Share		
	Oral Exam	Share \$0		Share 0%		
Procedure Category Diagnostic & Preventive	Oral Exam Preventive - Cleaning	\$0 \$0		Share 0% 0%		
	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application	\$0 \$0 \$0 \$0		Share 0% 0% 0%		
Diagnostic & Preventive	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed	\$0 \$0 \$0 \$0 Not Covered Not Covered Not Covered		Share 0% 0% 0% Not Covered Not Covered Not Covered		
	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface	\$0 \$0 \$0 \$0 Not Covered Not Covered Not Covered \$25		Share 0% 0% 0% Not Covered Not Covered		
Diagnostic & Preventive Basic Services	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar	\$0 \$0 \$0 \$0 Not Covered Not Covered Not Covered \$25 \$300		Share 0% 0% 0% Not Covered Not Covered Not Covered	Applies	
Diagnostic & Preventive Basic Services Major Services - Crowns	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad	\$0 \$0 \$0 \$0 Not Covered Not Covered Not Covered \$25		Share 0% 0% 0% Not Covered Not Covered Not Covered	Applies	
Diagnostic & Preventive Basic Services Major Services - Crowns and Casts, Endodontics, Periodontics,	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad Extraction- Single Tooth Exposed Root or Erupted	\$0 \$0 \$0 \$0 Not Covered Not Covered Not Covered \$25 \$300 \$150 \$65		Share 0% 0% 0% Not Covered Not Covered Not Covered	Applies	
Diagnostic & Preventive Basic Services Major Services - Crowns and Casts, Endodontics, Periodontics, Prosthodontics, Oral	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad Extraction- Single Tooth Exposed Root	\$0 \$0 \$0 \$0 Not Covered Not Covered Not Covered \$25 \$300 \$150		Share 0% 0% 0% Not Covered Not Covered Not Covered 20%	Applies	
Diagnostic & Preventive Basic Services Major Services - Crowns and Casts, Endodontics, Periodontics,	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Amalgam Fill - One Surface Root Canal - Molar Gingivectomy per Quad Extraction- Single Tooth Exposed Root or Erupted	\$0 \$0 \$0 \$0 Not Covered Not Covered Not Covered \$25 \$300 \$150 \$65	Applies	Share 0% 0% 0% Not Covered Not Covered Not Covered 20%	X X	

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