

# 20202021 Dental Benefit Plan Designs

Date: March 14	4 <del>, 2019</del> January 9, 2020	Individual and Small Business			
Summary of B	enefits and Coverage	Children's Dental Plan			
		Coinsura	Copay Plan		
Member Cost Sh Enrollee's out of	are amounts describe the pocket costs.	Pediatric [	Pediatric Dental EHB		
designs can be c	l Plan and Family Dental Plan ffered in both the Individual Covered California for Small	Up to Age 19		Up to Age 19	
Actuarial Value		86.2%	86.2%	<mark>84.8<u>85.0</u>%</mark>	
		In-Network	Out-of-Network	In-Network	
Individual Dedu	ctible	\$75	\$75	None	
Family Deductik	ble (Two or more children)	\$150	\$150	Not Applicable	
	f Pocket Maximum	\$350	None	\$350	
Family Out of P Children)	ocket Maximum (Two or More	\$700	None	\$700	
Office Copay		\$0	\$0	\$0	
	provision, as defined in Health & Safety J)(4) and Insurance Code 10198.6(d)	None	None	None	
Annual Benefit (the maximum amou	Limit nt the dental plan will pay in the benefit year)	None	None	None	
Procedure Category	Service Type	Member Cost Share	Member Cost Share	Member Cost Share	
	Oral Exam	No charge	10%	No charge	
	Preventive - Cleaning Preventive - X-ray	No charge	10% 10%	No charge	
Diagnostic &	Sealants per Tooth	No charge No charge	10%	No charge No charge	
Preventive				-	
	Topical Fluoride Application	No charge	10%	No charge	
	Space Maintainers - Fixed	No charge	10%	No charge	
Basic Services	Restorative Procedures	20%	30%	See <del>20202021</del> Dental	
	Periodontal Maintenance Services	Deductible Applies	Deductible Applies	Copay Schedule	
	Periodontics (other than maintenance)				
Major Services	Endodontics	50% Deductible Applies	50% Deductible Applies	See <u>20202021</u> Dental Copay Schedule	
	Crowns and Casts				
	Prosthodontics				
	Oral Surgery				
Orthodontia	Medically Necessary Orthodontia	50% Deductible Applies	50% Deductible Applies	\$350	



### 20202021 Dental Benefit Plan Designs

#### Date: March 14, 2019 January 9, 2020

### Summary of Benefits and Coverage

Member Cost Share amounts describe the Enrollee's out of pocket costs.

Children's Dental Plan and Family Dental Plan designs can be offered in both the Individual

designs can be offered in both the Individual Marketplace and Covered California for Small Business.	Up to	Age 19	Age 19 aı	nd Older
Actuarial Value	86.2%	86.2%	Not Calculated	Not Calculated
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$75	\$75	\$50	\$50
Family Deductible (Two or more children)	\$150	\$150	Not Applicable	Not Applicable
Individual Out of Pocket Maximum	\$350	None	Not Applicable	Not Applicable
Family Out of Pocket Maximum (Two or More Children)	\$700	None	Not Applicable	Not Applicable
Office Copay	\$0	\$0	\$0	\$0
Waiting Period (Waivered Condition provision, as defined in Health & Safety Code 1357.50 (a)(3)(J)(4) and Insurance Code 10198.6(d)	None	None	6 months for Major Services, Waived with Proof of Prior Coverage	6 months for Major Services, Waived with Proof of Prior Coverage
Annual Benefit Limit (the maximum amount the dental plan will pay in the benefit year)	None	None	\$1,5	500

**Pediatric Dental EHB** 

Individual and Small Business

Family Dental Plan **Coinsurance Plan** 

Adult Dental

	int the dental plan will pay in the benefit year)				
Procedure Category	Service Type	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share
	Oral Exam	No charge	10%	No Charge	10%
	Preventive - Cleaning	No charge	10%	No Charge	10%
<b>D</b> : (1 0	Preventive - X-ray	No charge	10%	No Charge	10%
Diagnostic & Preventive	Sealants per Tooth	No charge	10%	No Charge if Covered	10% if Covered
	Topical Fluoride Application	No charge	10%	No Charge if Covered	10% if Covered
	Space Maintainers - Fixed	No charge	10%	No Charge if Covered	10% if Covered

Basic Services	Restorative Procedures	20%	30%	20%	30%
	Periodontal Maintenance Services			Deductible Applies	Deductible Applies
	Periodontics (other than maintenance)				
Major Services	Endodontics	50% Deductible Applies	50% Deductible Applies	50% Deductible Applies	50% Deductible Applies
	Crowns and Casts	Deductible Applies	Deductible Applies	Deductible Applies	Deductible Applies
	Prosthodontics				
	Oral Surgery				
Orthodontia	Medically Necessary Orthodontia	50% Deductible Applies	50% Deductible Applies	Not Covered	Not Covered



## 20202021 Dental Benefit Plan Designs

Date: March 14, 2019 January 9, 2020

## Sum

Date: March 14, 2019 January 9, 2020		Individual and Small Business		
Summary of B	enefits and Coverage	Family Dental Plan		
-	-	Copay Plan		
Member Cost Sh Enrollee's out of	are amounts describe the pocket costs.	Pediatric Dental EHB	Adult Dental	
Children's Dental Plan and Family Dental Plan designs can be offered in both the Individual Marketplace and Covered California for Small Business.		Up to Age 19	Age 19 and Older	
Actuarial Value		<del>84.8<u>85.0</u>%</del>	Not Calculated	
		In-Network	In-Network	
Individual Deductible		None	None	
Family Deductil	ole (Two or more children)	Not applicable	Not Applicable	
Individual Out o	f Pocket Maximum	\$350	Not Applicable	
	ocket Maximum (Two or More	\$700	Not Applicable	
Children) Office Copay		\$0	\$0	
Office Copay Waiting Period (Waivered Condition provision, as defined in Health & Safety Code 1357.50 (a)(3)(J)(4) and Insurance Code 10198.6(d)		None	None	
Annual Benefit (the maximum amou	Limit nt the dental plan will pay in the benefit year)	None	None	
Procedure Category	Service Type	Member Cost Share	Member Cost Share	
	Service Type Oral Exam	Member Cost Share	Member Cost Share No Charge	
	Oral Exam Preventive - Cleaning	No charge No charge	No Charge No Charge	
	Oral Exam	No charge No charge No charge	No Charge No Charge No Charge	
Category	Oral Exam Preventive - Cleaning	No charge No charge	No Charge No Charge	
Category Diagnostic &	Oral Exam Preventive - Cleaning Preventive - X-ray	No charge No charge No charge	No Charge No Charge No Charge	
Category Diagnostic &	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth	No charge No charge No charge No charge	No Charge No Charge No Charge No Charge if Covered	
Category Diagnostic &	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application	No charge No charge No charge No charge No charge No charge	No Charge No Charge No Charge No Charge if Covered No Charge if Covered No Charge if Covered	
Category Diagnostic & Preventive	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed	No charge No charge No charge No charge No charge	No Charge No Charge No Charge No Charge if Covered No Charge if Covered No Charge if Covered	
Category Diagnostic & Preventive	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures	No charge No charge No charge No charge No charge No charge See <u>20202021</u> Dental	No Charge No Charge No Charge No Charge if Covered No Charge if Covered No Charge if Covered	
Category Diagnostic & Preventive	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Periodontics (other than	No charge No charge No charge No charge No charge No charge See <u>20202021</u> Dental	No Charge No Charge No Charge No Charge if Covered No Charge if Covered See <u>20202021</u> Dental Copay Schedule	
Category Diagnostic & Preventive Basic Services	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Periodontics (other than maintenance)	No charge No charge No charge No charge No charge No charge See <u>20202021</u> Dental Copay Schedule	No Charge No Charge No Charge No Charge if Covered No Charge if Covered No Charge if Covered See <u>20202021</u> Dental Copay Schedule	
Category Diagnostic & Preventive Basic Services	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Periodontics (other than maintenance)	No charge No charge No charge No charge No charge No charge See <u>20202021</u> Dental	No Charge No Charge No Charge No Charge if Covered No Charge if Covered See <u>20202021</u> Dental Copay Schedule	
Category Diagnostic & Preventive Basic Services	Oral Exam Preventive - Cleaning Preventive - X-ray Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed Restorative Procedures Periodontal Maintenance Services Periodontics (other than maintenance) Endodontics	No charge No charge No charge No charge No charge No charge See <u>20202021</u> Dental	No Charge No Charge No Charge No Charge if Covered No Charge if Covered See <u>20202021</u> Dental Copay Schedule	

Individual and Small Business