

Adult Dental Plan Comparison Guide — Small Group

In 2014, Independence introduced standalone adult dental plans to provide dental coverage for adults age 19 and older. Pediatric dental benefits are an essential health benefit included in most ACA-compliant medical plans. **Independence is the only area health plan to offer standalone adult dental plans so that once enrolled, members can continue dental coverage after their pediatric dental benefits expire at age 19.**

Starting January 1, 2016, we will introduce two new adult dental plans. In all, there will be four adult dental plans for groups to choose from:

- Adult Preventive Dental PPO — no benefit change from 2015
- Adult Dental Preferred PPO — NEW PLAN
- Adult Dental Premier PPO with Preventive Incentive — NEW PLAN
- Adult DHMO Rider for HMO and POS Plans — no benefit change from 2015

Please note: The Adult Plus plan will no longer be offered as of January 1, 2016. Existing groups will be transitioned to one of the new dental plans at renewal.

Frequently Asked Questions

Q. Why are we retiring the Adult Plus plan and offering two new adult dental plans — Adult Preferred and Adult Premier?

- A. At Independence, our goal is to serve our customers and members with products that best meet their needs. We conducted additional research and listened to market feedback about the demand for richer plans that provide broader coverage. The result is market-competitive plans with the dental benefits and coverage that members and employers are looking for:
- **Adult Preventive PPO** offers basic coverage for diagnostic and preventive services, like exams, cleanings, and X-rays.
 - **Adult Preferred PPO (NEW)** covers diagnostic and preventive services and covers additional services, like fillings, root canals, and more.
 - **Adult Premier PPO with Preventive Incentive (NEW)** offers the most comprehensive coverage and richest benefits. Certain services, including exams, cleanings, and X-rays, do not count toward the annual benefit maximum, giving employees even more value.
 - **Adult DHMO rider** covers diagnostic and preventive, basic, and major services for customers with HMO and POS medical plans

Q. What is unique about our standalone dental PPO plans?

- A. Though some family dental plans can provide additional pediatric benefits beyond what is covered in an ACA medical plan, they can also create redundancy. Once enrolled in the adult plan, members are able to seamlessly transition from pediatric dental coverage, which ends at age 19, to adult dental coverage. Independence is the **ONLY** area health plan that offers this type of standalone adult dental benefits.

Q. Will existing groups with the Adult Plus plan have to choose a new dental plan?

- A. Yes. Groups that have the Adult Plus plan will be asked to choose a new dental plan at renewal. If no plan is chosen, groups will be automatically renewed into the Adult Preferred PPO plan. Renewal packets will also include information about the new dental plans. Starting January 1, 2016, we will no longer sell the Adult Plus dental plan. Until their 2016 renewal date, employees within these groups will be able to continue to use their current Adult Plus dental plan.

Q. Where can members find in-network dentists (Concordia Advantage for PPO, KHPE for DHMO)?

- A. Members can go online to ibx4you.com/dentalprovider to find dentists in their area.

Comparison of plans for small groups

	Adult Dental Preventive PPO		Adult Dental Preferred PPO		Adult Dental Premier PPO with Preventive Incentive		Adult DHMO ²		Adult Plus Dental PPO (This plan is being retired in 2016)	
Dental deductible	\$0		Member: \$50 Family: \$150		Member: \$50 Family: \$150		\$0		\$0	
Annual maximum dental benefit per insured member	\$1,000		\$1,000		\$1,000		None		\$500	
Benefits	Waiting Period	Member Pays ¹	Waiting Period	Member Pays ¹	Waiting Period	Member Pays ¹	Waiting Period	Member Pays ¹	Waiting Period	Member Pays ¹
Oral Evaluations (Exams)	None	\$0	None	\$0	None	\$0 ³	None	\$0	None	\$0
Radiographs (X-Rays)	None	\$0	None	\$0	None	\$0 ³	None	\$0	None	\$0
Prophylaxis (Cleanings)	None	\$0	None	\$0	None	\$0 ³	None	\$0	None	\$0
Palliative Treatment (Emergency)	Not covered	Not covered	None	\$0	None	\$0 ³	None	\$0	None	\$0
Space Maintainers	Not covered	Not covered	None	50%	None	20% ³	None	\$25 – \$48	Not covered	Not covered
Amalgam Restorations (Metal fillings)	Not covered	Not covered	6 mos.	50%	6 mos.	20%	None	\$13 – \$23	6 mos.	40%
Resin-based Composite Restorations (White fillings)	Not covered	Not covered	6 mos.	50%	6 mos.	20%	None	\$15 – \$25	6 mos.	40%
Crowns, Inlays, Onlays	Not covered	Not covered	Not covered	Not covered	12 mos.	50%	None	\$0 – \$361	Not covered	Not covered
Crown Repair	Not covered	Not covered	12 mos.	50%	12 mos.	20%	None	\$0 – \$341	Not covered	Not covered
Endodontic Therapy (Root canals, etc.)	Not covered	Not covered	12 mos.	50%	12 mos.	20%	None	\$26 – \$178	12 mos.	40%
Other Endodontic Services	Not covered	Not covered	12 mos.	50%	12 mos.	20%	None	\$69 – \$284	12 mos.	40%
Surgical Periodontics	Not covered	Not covered	12 mos.	50%	12 mos.	20%	None	\$51 – \$205	Not covered	Not covered
Non-Surgical Periodontics	Not covered	Not covered	12 mos.	50%	12 mos.	20%	None	\$40 – \$100	Not covered	Not covered
Periodontal Maintenance	Not covered	Not covered	12 mos.	50%	12 mos.	20%	None	\$32	Not covered	Not covered
Prosthetics (Complete or Fixed Partial Dentures)	Not covered	Not covered	12 mos.	50%	12 mos.	50%	None	\$10 – \$242	Not covered	Not covered
Adjustments and Repairs of Prosthetics	Not covered	Not covered	Not covered	Not covered	12 mos.	20%	None	\$10 – \$242	Not covered	Not covered
Other Prosthetic Services	Not covered	Not covered	Not covered	Not covered	12 mos.	50%	None	\$33 – \$89	Not covered	Not covered
Simple Extractions	Not covered	Not covered	None	50%	None	20%	None	\$10 – \$16	None	40%
Surgical Extractions	Not covered	Not covered	None	50%	None	20%	None	\$51 – \$113	None	40%
Oral Surgery	Not covered	Not covered	12 mos.	50%	12 mos.	20%	None	\$0 – \$361	12 mos.	40%
General Anesthesia, Nitrous Oxide and/or IV Sedation	Not covered	Not covered	12 mos.	50%	12 mos.	20%	None	Included ⁴	Not covered	Not covered
Consultations	Not covered	Not covered	None	\$0	None	\$0	None	\$19	None	\$0

¹ Coverage is based on the Maximum Allowable Charge (MAC) for the specific covered service. Participating dentists accept contracted MACs as payment in full for Covered Services. Non-Participating dentists do not limit their charges and may bill you for the difference between their charge and the benefit paid by the Policy.

² Member must select a Primary Dental Office (PDO) and referrals required for specialist services.

³ Included in the Preventive Incentive. The amount paid by the plan (benefit) does not count toward the member's annual maximum.

⁴ Benefit is limited to covered oral surgical services for impacted teeth.

Note: For non-covered services, discounts may be available from participating network dentists.