



## 2023 Pediatric Dental Coverage Requirement

As part of the Affordable Care Act’s (ACA) Essential Health Benefits provision, pediatric dental coverage is an Essential Health Benefit. According to the current interpretation of the federal laws and regulations by the New York State Department of Financial Services, individuals who obtain medical insurance directly from an insurance carrier (meaning outside of the New York State of Health (NYSOH) marketplace) must also obtain ACA-compliant pediatric dental coverage.

Independent Health’s medical products outside of the NYSOH marketplace do not include pediatric dental coverage as part of the medical plan. If one or more people seeking medical coverage are under the age of 19, then you will need to purchase this pediatric dental coverage **before you submit your** Independent Health enrollment application for medical coverage. The medical enrollment application contains an attestation for you to indicate your pediatric dental carrier for 2023, you must indicate “yes” you have obtained pediatric dental coverage and write in the name of your pediatric dental carrier on your enrollment application if you are seeking medical coverage for anyone that will be under the age of 19 as of the effective date of medical coverage.

**We will be unable to process your medical enrollment application form if the application includes anyone under the age of 19 as of the effective date of the medical policy, unless:**

- **you indicate on the form that you have obtained this required pediatric dental coverage; and**
- **you include the name of your pediatric dental carrier.**

Independent Health is offering pediatric dental coverage through Delta Dental of New York. This dental plan, named *Delta Dental PPO<sup>sm</sup> Pediatric Basic Plan*, provides comprehensive pediatric dental benefits that comply with the ACA requirements at an affordable monthly premium.

You are free to choose an ACA-compliant pediatric dental plan offered through another dental carrier certified by the New York State of Health. However, we have included information about the Delta Dental PPO pediatric dental plan for your consideration. For additional coverage details, please refer to the enclosed pediatric dental summary.

Please also note that Independent Health’s medical plan and Delta Dental’s pediatric dental plan have separate member liabilities, such as deductibles, copayments, coinsurance and out-of-pocket maximums.

The 2023 monthly premium for the Delta Dental PPO<sup>sm</sup> Pediatric Basic Plan for Children plan is \$14.33 per person under the age of 19, up to a maximum of \$42.99 per family per month as shown below.

# of People Under Age 19	Monthly Rate
1	\$14.33
2	\$28.66
3 or more	\$42.99

To complete the online enrollment process for the Delta Dental pediatric dental plan at least one person for whom you are seeking coverage must be under the age of 19. Please visit <https://www.deltadentalins.com/indEnroll?issuerCode=IH>. If you enroll online, you must complete the enrollment process at least three days before the date you want coverage to begin. Enrollment for January 1st, 2023 will begin on November 15th, 2022.

If you do not enroll online, you may enroll by telephone up until the 15th day of any month to request coverage that begins on the first of that same month. To enroll in Delta Dental by telephone, please call 1-888-282-9501 between 8 a.m. and 9 p.m. Eastern Time Monday through Friday.

### Questions?

- If you have any questions about Delta Dental’s pediatric dental plan benefits or the electronic enrollment process please call Delta Dental at 1-888-282-9501 Monday through Friday from 8 a.m. to 9 p.m. Eastern Time.
- If you have any questions about Independent Health’s medical coverage, please call us at 1-716- 505-8515 or toll free at 1-855-210-9930, TTY at 1-888-357-9167 Monday through Friday from 8 a.m. to 5 p.m. Eastern Time.

Thank you for your interest in Independent Health.

# A healthy mouth starts here.

Get covered. Save money.  
Smile bright.

## DELTA DENTAL INDIVIDUAL

Delta Dental PPO<sup>SM</sup>  
Pediatric Basic Plan

Get the coverage you need and access to a nationwide network of dentists with Delta Dental PPO.<sup>1</sup> Our easy-to-use plan helps keep your smile healthy. Learn more and enroll today!



### Why choose this plan?

- Checkups, cleanings and x-rays covered
- Large network for maximum savings
- Visit any licensed dentist
- No ID card needed
- Easy claims
- Plan information, claims, dentists and ID cards on your smartphone or PC

### Go PPO!

A Delta Dental PPO plan gives you access to a large network of dentists who've agreed to keep costs low for you.<sup>2</sup> Chances are, one of our dentists is near your work or home. In fact, you may already be visiting one of our dentists.

Our plan covers checkups, cleanings and x-rays to help keep your smile bright. It covers lots of other services, too, providing great value for your money. After you satisfy the plan's deductible, you'll be responsible for a coinsurance percentage, which is your share of the remaining charges not paid by your plan.<sup>3</sup>

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#### Delta Dental of New York, Inc.

One Delta Drive  
Mechanicsburg, PA 17055

#### Customer Service

800-471-0275

#### Claims Address

One Delta Drive  
Mechanicsburg, PA 17055

[deltadentalins.com](http://deltadentalins.com)





## Dental is important...

People who see the dentist regularly tend to have healthier mouths and need fewer expensive dental procedures.<sup>4</sup> Major dental treatment could easily cost more than a full year's premium and may result in lost time at work or school. Enjoy peace of mind with a Delta Dental PPO plan to help you stay healthy and avoid costly care.

### More ways to save

#### Visit a Delta Dental PPO dentist.

You will usually pay less when you visit a PPO network dentist. Our large network makes it easy to find the right dentist for you and your family. Once you have enrolled, go to [deltadentalins.com](http://deltadentalins.com) to register and then log in to Online Services to search our dentist directory for PPO dentists. If you want to check PPO dentists before enrolling, go to the Find a dentist tool on our home page. If you use a smartphone, we provide search results by your location, too.

If you can't find a PPO dentist, our Delta Dental Premier<sup>®</sup> dentists can give you another way to save. These dentists are not "in-network" for your plan, but it's likely you'll pay less than if you visit a non-Delta Dental dentist.

### Easy to use

#### No ID card needed.

On your first dental visit, simply provide the dental office your name, date of birth and social security or enrollee identification number so the office can verify your eligibility and benefits. No ID card is required. Or, if you have a smartphone, you can display your electronic ID card.

#### Simple claims.

Pay only your portion of the bill when you visit a Delta Dental dentist — we take care of the rest. After a claim is processed, you will receive a statement from us that explains the services provided, costs of the treatment and any fees you owe your dentist. Your claims information is automatically available online. For added convenience, sign up under "My Profile" to go paperless and receive an email when a new statement is available.

#### Find it fast.

You can manage your online account wherever you are — work, home or on the go. Our tools help you access benefits, eligibility and claim information, find a dentist and more.

#### Get educated.

You can learn more about keeping a healthy smile by visiting our SmileWay<sup>®</sup> Wellness site at [mysmileway.com](http://mysmileway.com). Sign up for a free subscription to *Grin!*, our dental wellness e-magazine, and find oral health information, a risk self-assessment tool, videos and fun stuff for kids.

<sup>1</sup> In Texas, Delta Dental Insurance Company underwrites a Dental Provider Organization (DPO) plan.

<sup>2</sup> NetMinder Dental Network Trend Report, March 2016. Based on total unique dentists nationwide.

<sup>3</sup> Plus amounts for non-covered services. For adult benefits, once the plan maximum is reached, all charges are the responsibility of the patient.

<sup>4</sup> Information courtesy of Delta Dental Plans Association, "Preventive Dental Care Study," 2014.

This benefit information is only a summary and is not intended to replace or serve as the plan Policy. Please consult the plan Policy for a complete description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the plan Policy, the terms of the Policy will prevail.

Delta Dental is a registered mark of Delta Dental Plans Association.

# Delta Dental Individual

## Delta Dental PPO<sup>SM</sup> Pediatric Basic Plan

Plan Highlights	Pediatric Benefits (up to age 19)	
<b>Deductibles &amp; Maximums per Calendar Year</b>		
<b>Deductible</b>	Per enrollee	\$65
	Family	\$195
<b>Deductible Waived for Diagnostic and Preventive Services</b>		
No		
<b>Annual Maximum</b>		
Maximum the plan will pay each year for services per person.		None
<b>Out-of-Pocket Maximum</b>		
After this amount is reached, the plan pays 100% of the remaining covered services for that year. Applies only to in-network services.		\$350 for one pediatric enrollee \$700 for two or more pediatric enrollees
<b>Covered Services<sup>1,2</sup></b>		
	<i>Delta Dental pays</i>	<i>Enrollee pays</i>
<b>Diagnostic and Preventive Services</b>	100%	0%
<b>Basic Services</b>	50%	50%
<b>Major Services</b>	50%	50%
<b>Orthodontic Services</b>		
Medically necessary (requires prior authorization)	50%	50%
<b>Waiting Period(s)</b>	None	

<sup>1</sup> Reimbursement to dentists is based on contracted fees. Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Please refer to your plan Policy or Evidence of Coverage for complete limitations and exclusions for this plan.

<sup>2</sup> Coverage may not be available in all areas. Service area coverage and/or restrictions are listed in the limitations and exclusions.

**SCHEDULE OF BENEFITS**

<b>COST-SHARING</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	
<b>PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT</b>			
<b>Deductible</b> <ul style="list-style-type: none"> <li>One (1) Member under Age 19</li> <li>Two (2) or More Members under Age 19</li> </ul> <b>Out-of-Pocket Limit</b> <ul style="list-style-type: none"> <li>One (1) Member under Age 19</li> <li>Two or More Members under Age 19</li> </ul> <p>Deductibles, Coinsurance and Copayments that make up Your Out-of-Pocket Limit accumulate on a on a calendar year ending on December 31 of each year.</p>	\$65 each Plan Year  \$195 each Plan Year  \$350 each Plan Year  \$700 each Plan Year	\$65 each Plan Year  \$195 each Plan Year  Not Applicable  Not Applicable	The Deductible is a combined In-Network and Out-of-Network Deductible
<b>SUMMARY OF PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT &amp; CARE</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Limits</b>
<b>Pediatric Dental Care</b> <ul style="list-style-type: none"> <li>Emergency Dental Care</li> <li>Preventive Dental Care</li> <li>Routine Dental Care</li> </ul>	50% Coinsurance after Deductible  0% Coinsurance after Deductible  0%-50% Coinsurance after Deductible	50% Coinsurance after Deductible  0% Coinsurance after Deductible  0%-50% Coinsurance after Deductible	Two (2) Cleanings per Plan Year  Two (2) Dental Exams per Plan Year Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals

<ul style="list-style-type: none"> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics</li> <li>• Oral Surgery</li> <li>• Orthodontics</li> </ul> <p><b>Orthodontics require Preauthorization</b></p>	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
<b>PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Limits</b>
<ul style="list-style-type: none"> <li>• Dental examinations and consultations</li> </ul>	0% Coinsurance after Deductible	0% Coinsurance after Deductible	Two (2) Dental Exams per Plan Year
<ul style="list-style-type: none"> <li>• X-rays, full mouth x-rays or panoramic x-rays</li> </ul>	0% Coinsurance after Deductible	0% Coinsurance after Deductible	Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals
<ul style="list-style-type: none"> <li>• Visits; Simple extractions and other routine dental surgery not requiring hospitalization; In-office conscious sedation; Amalgam, composite restorations and stainless steel crowns; Other restorative materials</li> </ul>	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
<ul style="list-style-type: none"> <li>• Temporomandibular Joint (TMJ) Dysfunction</li> </ul>	50% Coinsurance after Deductible	50% Coinsurance after Deductible	

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not covered under the Contract, You will be responsible for the full cost of these services.

## Nondiscrimination statement and language assistance services

If you, or someone you're helping, have questions about Independent Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-501-3439.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Independent Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-501-3439.

如果您，或是您正在協助的對象，有關於[插入 Independent Health 項目的名稱 Independent Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-501-3439。

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Independent Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-501-3439.

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Independent Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-501-3439.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Independent Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-501-3439 로 전화하십시오.

Se tu o qualcuno che stai aiutando avete domande su Independent Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-501-3439.

אויב איר, אודר עמזעער איר העלפסט, האט פראגעס וועגן Independent Health איר האט דאס רעכט צו באקומען הילף און אינפארמאציע און אייער שפראך אומזיסט. צו רעדן מיט דער איבערזעצער, קלונג 1-800-501-3439

যদি আপনি, অথবা আপনি অন্য কাউকে সহায়তা করছেন, সম্পর্কে প্রশ্ন আছে Independent Health আপনার অধিকার আছে বিনা খরচে আপনার নিজস্ব ভাষাতে সাহায্য পাবার এবং তথ্য জানবার। অনুবাদকের সাথে কথা বলার জন্য, কল করুন 1-800-501-3439

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Independent Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-501-3439.

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Independent Health ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-501-3439

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Independent Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-501-3439.

اگر آپ کسی کو مدد دے رہے ہیں اور آپ دونوں کو سوال ہے Independent Health کے بارے میں، تو آپ دونوں کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ترجمان سے بات کرنے کے لیے، 1-800-501-3439 فون کریں۔

Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Independent Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap angisang tagasalin, tumawag sa 1-800-501-3439.

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Independent Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-501-3439.

Nëse ju, ose dikush që po ndihmoni, ka pyetje për Independent Health, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-800-501-3439.

## Discrimination is Against the Law

Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independent Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independent Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Independent Health's Member Services Department.

If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 1-800-432-1110, fax (716) 635-3504, [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health's Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>