## **INDEPENDENT HEALTH**

## Integrated Small Business Dental

Program 2024 Program

	Adults & Dependents Age 19+		
	High Option	Mid Option	Low Option
Diagnostic & Preventive	100%	100%	100%
Basic Restorative	80%	50%	50%
Endodontics	80%	50%	0%
Periodontics	80%	50%	0%
Oral Surgery	80%	50%	0%
Major Restorative	50%	50%	0%
Prosthodontics	50%	50%	0%
ТМЈ	50%	50%	50%
Deductible - per person	\$25	\$50	\$25
Deductible - per family	\$75	\$150	\$75
Waived for D & P	Yes	Yes	Yes
Maximum	\$1,500	\$1,500	\$1,500
Maximum Contract Allowance	PPO/PPO/PPO	PPO/PPO/PPO	PPO/PPO/PPO
	Pediatric Benefit for Children under age 19		
Diagnostic & Preventive	100%		
Basic Restorative	50%		
Endodontics	50%		
Periodontics	50%		
Oral Surgery	50%		
Major Restorative	50%		
Prosthodontics	50%		
Orthodontics (Medically Necessary)	50%		
TMJ		50%	
Deductible - per person	\$65		
Deductible - per family	\$195		
Waived for D & P	No		
Maximum - Annual Out-of-Pocket per child (*)		\$400	
Maximum - Annual Out-of-Pocket per 2+ children (*)	\$800		
Maximum Contract Allowance	PPO/PPO/PPO		
Marstilla Datas o 40 lives	1/1/24 - 12/31/24		
Monthly Rates 2-49 lives	High Option	Mid Option	Low Option
Enrollee Enrollee/Spouse	\$26.02 \$52.04	\$21.05 \$42.09	\$14.23 \$28.45
Enrollee/Child(ren)	\$52.04 \$58.20	\$42.09 \$53.23	\$28.45 \$46.41
Enrollee/Spouse & Child(ren)	\$84.22	\$74.27	\$60.63
		1/1/24 - 12/31/24	
Monthly Rates 50-99 lives	High Option	Mid Option	Low Option
	\$25.24	\$20.42	\$13.80
Enrollee/Spouse	\$50.48 \$56.46	\$40.83 \$51.62	\$27.60 \$45.00
Enrollee/Child(ren) Enrollee/Spouse & Child(ren)	\$56.46 \$81.70	\$51.63 \$72.05	\$45.02 \$58.82
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(\*) Annual Pediatric Out-of-Pocket Maximium applies for PPO dentists only.