



2023 Pediatric Dental Coverage Requirement

As part of the Affordable Care Act's 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, small employers purchasing medical insurance outside of the New York State of Health (NYSOH) marketplace are required to purchase ACA-compliant pediatric dental coverage.

Independent Health's medical products outside of NYSOH do not include pediatric dental coverage as part of the medical plan. However, Independent Health has partnered with Delta Dental of New York to offer a low-cost pediatric dental benefit that complies with ACA requirements.

As a small employer group, you have two options:

Option 1

You may choose to offer the Delta Dental PPOsm Pediatric Basic Plan for Children for Small Businesses through Independent Health. This plan has 70% actuarial value and a monthly premium of \$15.44 per person under the age of 19, up to a maximum of \$46.32 per family per month. There is no premium for members age 19 or older.

Independent Health's medical plan and Delta Dental PPOsm Pediatric Basic Plan have separate member liabilities, such as deductibles, copayments, coinsurance and out-of-pocket maximums.

For additional coverage details, please refer to the attached pediatric dental summary.

Option 2

You may choose an ACA-compliant pediatric dental plan offered through another dental carrier certified by New York State of Health. To select this option, check the appropriate box on the Pediatric Dental Group Application/Election Form AND include the name of the dental insurer.

The enclosed Pediatric Dental Group Application/Election Form provides further information. **You must return the Pediatric Dental Group Application/Election Form to Independent Health when you return your group medical rate agreement.**

We will automatically enroll your group in the Delta Dental PPOsm Pediatric Basic Plan if:

- you do not return this form to us; or
- you have indicated on the form that you have not already obtained this required coverage; or
- the form is incomplete.

The required premium will be combined with your medical premium on the invoice.

If you have any questions, please contact your account manager.

Account Name: _____

Medical Account ID: _____

Pediatric Dental Contract Effective Date: _____

2023 PPO Basic Summary for Pediatric Dental Benefits	
Services covered at:	
Diagnostic & Preventive (D&P)	100%
Basic	50%
Major	50%
Orthodontics – Medically Necessary (Requires Prior Authorization)	50%
TMJ	50%
Deductible:	
Waived on D&P	No
Deductible per person	\$65
Deductible per family	\$195
Annual Maximum	Not Applicable
Out-of-Pocket Maximum	\$350 child \$700 multi-child
TMJ Lifetime Maximum	Not Applicable
Waiting Periods (Major Benefits)	0 months
Dental Accident Benefit	Not a Benefit
Deductible is applied to all services	
2023 Rates	\$15.44 per person under age 19 per month*
*Maximum of \$46.32 per family per month.	

Please select one of the following and then sign, date and return this form with your medical rate agreement.

A. Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York State of Health-certified stand-alone dental plan outside of the New York State of Health marketplace?

Yes No

B. If you answered “yes,” please provide the name of the company issuing the stand-alone dental coverage.

If you answered “no,” we will provide your group coverage of the pediatric dental essential health benefit.

NOTE: You will be billed monthly for this benefit.

Signature: _____ Date: _____

Please return form to:

Mail: Independent Health Sales Department, 511 Farber Lakes Drive, Buffalo, NY 14221

Fax: (716) 631-8554 or **Email:** SalesAdministration@Independenthealth.com

For questions, please call the Independent Health Sales department at (716) 631-5392.

Delta Dental PPO Pediatric Dental Coverage is underwritten and administered by Delta Dental of New York, Inc.

DELTA DENTAL PPOSM

Pediatric Basic Plan
for Small Businesses

A healthy mouth starts here.
Get covered. Save money. Smile bright.



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
- Find plan information, claims, dentists and ID cards using a smartphone or PC

SMILE HEALTHY

Get the coverage enrollees need and access to the largest number of network dentists nationally with Delta Dental PPO.^{1,2} Our easy-to-use plan helps keep smiles healthy. Learn more and purchase today!

GO PPO!

A Delta Dental PPO plan gives enrollees access to a network of dentists who've agreed to keep costs low. And since four out of five dentists nationally are participating dentists, enrollees may already be visiting a network dentist.

Delta Dental PPO covers checkups, cleanings and x-rays to help keep smiles bright. It covers lots of other great services, too. After enrollees satisfy the plan's deductible, they'll be responsible for a coinsurance percentage, which is their share of the charges — Delta Dental pays the rest.³

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





Dental is important...

Give employees peace of mind with a Delta Dental PPO plan. The right coverage can help them protect their smiles and their wallets.

More ways to save

Visit a Delta Dental PPO dentist.

Enrollees usually pay less when they visit a PPO network dentist. Enrollees can go to the Find a Dentist tool on our home page to search for a PPO dentist. (We offer results by mobile device location too!) Our large network makes it easy to find a convenient participating dentist.

For additional choice, our Delta Dental Premier® dentists offer enrollees another way to save. These dentists are not “in-network,” but enrollees will usually pay less than if they visit a non-Delta Dental dentist.

Easy to use

No ID card needed.

Enrollees can simply provide the dental office their name, date of birth and social security or enrollee identification number. No ID card is required. Or they can log in on their smartphone or mobile device and display their mobile ID card.

Claims are a breeze.

Enrollees pay only their portion of the bill for services when they visit a Delta Dental dentist; we take care of the rest. After a claim is processed, we provide enrollees a statement that explains the services provided and their share of the cost. Increase the convenience by signing up for paperless statements.

Quick and easy online information

Enrollees can manage their accounts online wherever they are — work, home or on the go. Our tools help enrollees access plan information, view claims, find dentists and display ID cards.

Support healthy habits

Access to the SmileWay® Wellness Program

Check out our great oral health resources! They can help your employees stay informed and stay healthy. SmileWay offers risk assessment quizzes, articles, videos, fun stuff for kids and a subscription to *Grin!*, our free dental wellness e-magazine.

Coverage for peace of mind

Skipping preventive care can lead to more expensive treatment that could easily cost more than a full year’s premium (and could contribute to lost time at work). A Delta Dental PPO plan can help your employees and their families stay healthy and avoid more costly care.

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

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

³ Enrollees are responsible for amounts for non-covered services. For adult benefits, once the plan maximum is reached, all charges are the responsibility of the patient.

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

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

Delta Dental PPOSM

Pediatric Basic Plan for Small Businesses

Plan Highlights	Pediatric Benefits (up to age 19)	
Deductibles & Maximums per Contract Year		
Deductible	Per enrollee	\$65
	Family	\$195
Deductible Waived for Diagnostic and Preventive Services		
No		
Annual Maximum		
Maximum the plan will pay each year for services per person.		
None		
Out-of-Pocket Maximum		
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		
Covered Services^{1,2}		
	<i>Delta Dental pays</i>	<i>Enrollee pays</i>
Diagnostic and Preventive Services	100%	0%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services		
Medically necessary (requires prior authorization)	50%	50%
Waiting Period(s)	None	

¹ 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.

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

SCHEDULE OF BENEFITS

COST-SHARING	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	
PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT			
Deductible <ul style="list-style-type: none"> • One (1) Member under Age 19 • Two (2) or More Members under Age 19 Out-of-Pocket Limit <ul style="list-style-type: none"> • One (1) Member under Age 19 • Two or More Members under Age 19 	<p>\$65 each Plan Year</p> <p>\$195 each Plan Year</p> <p>\$350 each Plan Year</p> <p>\$700 each Plan Year</p>	<p>\$65 each Plan Year</p> <p>\$195 each Plan Year</p> <p>Not Applicable</p> <p>Not Applicable</p>	<p>The Deductible is a combined In-Network and Out-of-Network Deductible</p>
SUMMARY OF PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT & CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Pediatric Dental Care <ul style="list-style-type: none"> • Emergency Dental Care • Preventive Dental Care • Routine Dental Care 	<p>50% Coinsurance after Deductible</p> <p>0% Coinsurance after Deductible</p> <p>0%-50% Coinsurance after Deductible</p>	<p>50% Coinsurance after Deductible</p> <p>0% Coinsurance after Deductible</p> <p>0%-50% Coinsurance after Deductible</p>	<p>Two (2) Cleanings per Plan Year</p> <p>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</p>

<ul style="list-style-type: none"> • Endodontics • Periodontics • Prosthodontics • Oral Surgery • Orthodontics <p>Orthodontics require Preauthorization</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	
PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
<ul style="list-style-type: none"> • Dental examinations and consultations • X-rays, full mouth x-rays or panoramic x-rays • 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 • Temporomandibular Joint (TMJ) Dysfunction 	0% Coinsurance after Deductible	0% Coinsurance after Deductible	Two (2) Dental Exams per Plan Year
	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
	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
	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 the services.