



FOR SMALL BUSINESS

2016 Standard Benefits  
Covered California for Small Business

2016 Dental Plans

Key Benefits	Family Dental HMO Plan Access Dental, Delta Dental, Dental Health Services, Liberty Dental Plan, Safeguard				Family Dental PPO Plan Delta Dental, Premier Access				
	Children's Dental Benefits Also available as a standalone Children's Dental HMO Plan		Adult Dental Benefits		Children's Dental Benefits Also available as a standalone Children's Dental PPO Plan Delta Dental, Metlife, Premier Access		Adult Dental Benefits		
	Up to Age 19		Age 19 and Older		Up to Age 19		Age 19 and Older		
Actuarial Value	83.0%		Not Calculated		86.8%		Not Calculated		
Individual Deductible (waived for Diagnostic & Preventive)	\$0		\$0		\$65 In Network / \$65 Out of Network		\$50 In Network / \$50 Out of Network		
Family Deductible (Two or more children) (Waived for Diagnostic & Preventive)	\$0		\$0		\$130 In Network / \$130 Out of Network		Not Applicable		
Individual Out of Pocket Maximum	\$350*		Not Applicable		\$350		Not Applicable		
Family Out of Pocket Maximum (Two or More Children)	\$700		Not Applicable		\$700		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 (10)(d))	None		None		None		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		None		\$1,500		
Procedure Category	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Diagnostic & Preventive	Oral Exam	\$0		\$0		0%		0%	
	Preventive - Cleaning	\$0		\$0		0%		0%	
	Preventive - X-ray	\$0		\$0		0%		0%	
	Sealants per Tooth	\$0		Not Covered		0%		Not Covered	
	Topical Fluoride Application	\$0		Not Covered		0%		Not Covered	
	Space Maintainers - Fixed	\$0		Not Covered		0%		Not Covered	
Basic Services	Amalgam Fill - One Surface	\$25		\$25		20%	X	20%	X
Major Services - Crowns and Casts, Endodontics, Periodontics, Prosthodontics, Oral Surgery	Root Canal - Molar	\$300		\$300		50%	X	50%	X
	Gingivectomy per Quad	\$150		\$150					
	Extraction - Single Tooth Exposed Root or Erupted	\$65		\$65					
	Extraction - Cocomplete Bony	\$160		\$160					
	Crown - Porcelain with Metal	\$300		\$300					
Orthodontia	Medically Necessary Orthodontia	\$350		Not Covered		50%	X	Not Covered	

Please note: this document is a high level benefit overview and is not intended as a substitution for the Summary of Benefits and Coverage (SBC) which can be viewed online at [www.coveredca.com](http://www.coveredca.com) or requested from the Covered California for Small Business Customer Service Center at 877-453-9198.

\* Blue Shield, CCHP, Sharp, and Western Health Advantage includes pediatric dental embedded. These plan benefits are illustrated in the above plan summary under Children's Dental DHMO.

1) Only Enrollees of a Platinum, Gold, Silver, or Bronze Qualified Health Plan are eligible to purchase the Children or Family Dental Plans.

**Pediatric Dental EHB Notes (only applicable to the pediatric portion of the Standalone Dental Plan or Family Dental Plan)**

2) In a coinsurance plan, each child is responsible for the individual deductible unless the family deductible has been met. Once a child's individual deductible or the family deductible is reached, cost sharing applies until the child's out-of-pocket maximum is reached.

3) Cost sharing payments made by each individual child for in-network services accrue to the child's out-of-pocket maximum. Once the child's individual out-of-pocket maximum has been reached, the plan pays all costs for covered services for that child.

4) In a plan with two or more children, cost sharing payments made by each individual child for in-network services contribute to the family deductible, if applicable, as well as the family out-of-pocket maximum.

**Adult Dental Benefit Notes (only applicable to the Family Dental Plan)**

5) Each adult is responsible for an individual deductible.

6) Families eligible to purchase a Family Dental Plan must include at least one adult who has purchased a Qualified Health Plan through the Exchange.

7) If a child is enrolled in the Family Dental Plan, all children in the family under age 19 years must be enrolled in the same Family Dental Plan.