



FOR **SMALL  
BUSINESS**

# Dental Plans

AND RATES FOR **2020**

September 2019

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## About Covered California™

Covered California is the state’s marketplace for the federal Patient Protection and Affordable Care Act. Covered California, in partnership with the California Department of Health Care Services, was charged with creating a new health insurance marketplace in which individuals and small businesses can get access to affordable health insurance plans. Covered California helps individuals determine whether they are eligible for premium assistance that is available on a sliding-scale basis to reduce insurance costs or whether they are eligible for low-cost or no-cost Medi-Cal. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget. Small businesses can purchase competitively priced health insurance plans and offer their employees the ability to choose from an array of plans and may qualify for federal tax credits.

In addition to helping consumers who are eligible for federal premium assistance, Covered California seeks to improve the insurance options for all Californians in the individual market. All of the health insurance plans with embedded children’s dental are available both through Covered California and in the individual market — at the same price. In addition, every health insurance company that sells an insurance product to individuals must sell one that matches Covered California’s standard benefit designs. This means that all consumers can now make true apple-to-apples comparisons of their health insurance options.

Covered California is an independent part of the state government whose job is to make the new market work for California’s consumers. It is overseen by a five-member board appointed by the governor and the Legislature. For more information on Covered California, please visit [www.CoveredCA.com](http://www.CoveredCA.com).

## About Covered California for Small Business Dental Plans

California business owners, their employees and their families have expanded opportunities for improved dental health through Covered California's new family dental plans. Dental plans for children are also offered.

The family dental plans offer comprehensive coverage for both children and adults. Purchase of the plans is optional, and comes at an additional cost. Adults can choose to enroll in family dental plans without enrolling the entire family. However, if one child is enrolled in the family plan, all covered children must enroll.

Covered California for Small Business will continue to offer children's dental plans for children up to 19 years of age. Purchase of children's dental plans is not required. These plans offer comprehensive child dental coverage, which is particularly important for parents who choose not to enroll themselves in dental coverage. Consumers should make sure their child's health plan does not already include child dental coverage before choosing this optional coverage for their child dependents.

The dental carriers participating in Covered California for Small Business are:

- **California Dental Network**
- **Delta Dental of California**
- **Dental Health Services**
- **LIBERTY Dental Plan**

There are two different product types available, depending on where a family lives. The dental preferred provider organization (DPPO) product offers a wide variety of provider choice within a network of participating dentists, as well as coverage for some out-of-network services. The dental health maintenance organization (DHMO) limits coverage to services provided by a dentist within a network and generally requires a referral to be seen by a specialist.

Covered California family dental plans feature standard copayments, deductibles and coinsurance requirements. The children's benefit designs have an actuarial value of 85 percent. An actuarial value is the overall average percentage of costs for benefits that a dental plan will cover.

These premiums are for "stand-alone" plans, or dental benefit products that can be purchased in addition to a health plan.

Dental plans must follow Covered California standard benefit designs. Standardizing benefits ensures that the selected plans define what the consumers get and allows consumers to choose a plan that's right for them based on quality, network and value. Key benefit features include comprehensive treatment services like root canals and crowns, along with diagnostic and preventive services that are available at no charge without being subject to deductible.

## Patient-Centered Dental Standard Benefit Designs – DHMO

ENROLLEE PAYS – DHMO			
Coverage category	Children's Plan	FAMILY PLAN	
		Child	Adult
Diagnostic and preventive (includes X-rays, exams, cleanings and sealants)	\$ 0	\$ 0	\$ 0
Amalgam filling – one surface	\$ 25	\$ 25	\$ 25
Root canal – molar	\$ 300	\$ 300	\$ 300
Gingivectomy per tooth	\$ 50	\$ 50	\$ 50
Extraction – single tooth, exposed root or erupted	\$ 65	\$ 65	\$ 65
Extraction – complete bony	\$ 160	\$ 160	\$ 160
Crown – porcelain with metal	\$ 300	\$ 300	\$ 300
Medically necessary orthodontia	\$ 350	\$ 350	not covered
Enrollee costs			
Deductible <i>(waived for diagnostic and preventive)</i>	\$ 0	\$ 0	\$ 0
Annual benefit limit	none	none	none
Individual out-of-pocket maximum	\$ 350	\$ 350	N/A
Family out-of-pocket maximum <i>(two or more children)</i>	\$ 700	\$ 700	N/A
Office copay	\$ 0	\$ 0	\$ 0
Waiting period	none	none	none

The listed services and the associated cost-sharing amounts represent a summary of services the plan provides. Please refer to the plan's Policy or Evidence of Coverage for a complete list of covered services provided and any exclusions and limitations on those services.

## Patient-Centered Dental Standard Benefit Designs – DPPO

ENROLLEE PAYS – DPPO						
Coverage category	Children's Plan IN network	Children's Plan OUT of network	FAMILY PLAN			
			Child IN network	Child OUT of network	Adult IN network	Adult OUT of network
Diagnostic and preventive (includes X-rays, exams, cleanings and sealants)	0%	10%	0%	10%	0%	10%
Amalgam filling – one surface	20%	30%	20%	30%	20%	30%
Root canal – molar	50%	50%	50%	50%	50%	50%
Gingivectomy per quad	50%	50%	50%	50%	50%	50%
Extraction – single tooth, exposed root or erupted	50%	50%	50%	50%	50%	50%
Extraction – complete bony	50%	50%	50%	50%	50%	50%
Crown – porcelain with metal	50%	50%	50%	50%	50%	50%
Medically necessary orthodontia	50%	50%	50%	50%	not covered	not covered
Enrollee costs						
Deductible ( <i>waived for diagnostic and preventive</i> )	\$ 75	\$ 75	\$ 75	\$ 75	\$ 50	\$ 50
Annual benefit limit	none		none		\$ 1,500	
Individual out-of-pocket maximum	\$ 350	N/A	\$ 350	N/A	N/A	
Family out-of-pocket maximum ( <i>two or more children</i> )	\$ 700	N/A	\$ 700	N/A	N/A	
Office copay	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Waiting period	none	none	none	none	6 months* for major services	6 months* for major services

The listed services and the associated cost-sharing amounts represent a summary of services the plan provides. Please refer to the plan's Policy or Evidence of Coverage for a complete list of covered services provided and any exclusions and limitations on those services.

\* Waived with proof of prior coverage.

# Notes on Patient-Centered Dental Standard Benefit Designs

## Children's dental benefit notes (only applicable to the pediatric portion of the family dental plan)

1. In a coinsurance plan, each child has an 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.
2. 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.
3. 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.
4. Only enrollees in a Covered California Platinum, Gold, Silver or Bronze health insurance plan are eligible to purchase family dental plans.
5. The member cost share for Medically Necessary Orthodontia services applies to the course of treatment, not individual benefit years within a multi-year course of treatment. This member cost share applies to the course of treatment as long as the member remains enrolled in the plan.

## Adult dental benefit notes (only applicable to the family dental plan)

1. Each adult is responsible for an individual deductible.
2. Families that wish to purchase a family dental plan must include at least one adult who has purchased a Platinum, Gold, Silver or Bronze insurance plan through Covered California.
3. If a child is enrolled in the family dental plan, all children in the family under age 19 must be enrolled in the same family dental plan.
4. Tooth whitening, adult orthodontia and implants are not covered services.

## Dental Terms

### Amalgam filling – one surface

A mixture of materials used to repair cavities on a single surface of the tooth.

### Annual benefit limit

The maximum amount a plan will pay in a benefit year toward an adult member's dental care costs.

### Extraction

The removal of a tooth.

### Root canal

A dental procedure to fix a damaged nerve of a tooth by removing the nerve and filling it with suitable material.

### Waiting period

The length of time a newly enrolled adult member must wait before the dental plan pays toward major dental services.

Pricing Regions and Plan Availability for Dental



## Dental Companies by County

The following pages list all the dental rates in each county of the state. This also shows your pricing region which will provide the plan premium rates on pages 8-17.

county	page number(s)	county	page number(s)
Alameda.....	10	Orange .....	16
Alpine.....	8	Placer.....	9
Amador .....	8	Plumas .....	8
Butte .....	8	Riverside .....	16
Calaveras .....	8	Sacramento .....	9
Colusa.....	8	San Benito.....	12
Contra Costa .....	10	San Bernardino .....	16
Del Norte.....	8	San Diego .....	17
El Dorado .....	9	San Francisco .....	9
Fresno .....	13	San Joaquin.....	12
Glenn.....	8	San Luis Obispo.....	13
Humboldt.....	8	San Mateo.....	11
Imperial.....	14	Santa Barbara .....	13
Inyo .....	14	Santa Clara.....	11
Kern .....	14	Santa Cruz.....	12
Kings .....	13	Shasta.....	8
Lake.....	8	Sierra .....	8
Lassen .....	8	Siskiyou .....	8
Los Angeles.....	15	Solano .....	8
Madera.....	13	Sonoma .....	8
Marin .....	8	Stanislaus .....	12
Mariposa.....	12	Sutter .....	8
Mendocino.....	8	Tehama .....	8
Merced.....	12	Trinity.....	8
Modoc .....	8	Tulare .....	12
Mono .....	14	Tuolumne .....	8
Monterey.....	12	Ventura .....	13
Napa .....	8	Yolo .....	9
Nevada.....	8	Yuba.....	8



## Pricing Region 1

Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras, Tuolumne



SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>Delta Dental*</b> DHMO	\$19.99	\$21.99
<b>Delta Dental*</b> DPPO	\$32.99	\$45.99
<b>LIBERTY Dental</b> DHMO	\$33.78	\$40.70

## Pricing Region 2

Napa, Sonoma, Solano, Marin



SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network*</b> DHMO	\$8.91	\$7.51
<b>Delta Dental*</b> DHMO	\$15.49	\$14.99
<b>Delta Dental</b> DPPO	\$36.99	\$50.99
<b>Dental Health Services*</b> DHMO	\$12.20	\$10.95
<b>LIBERTY Dental</b> DHMO	\$19.85	\$19.06

\* Partial Region

## Pricing Region 3

Sacramento, Placer, El Dorado, Yolo

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network*</b> DHMO	\$8.91	\$7.51
<b>Delta Dental*</b> DHMO	\$15.49	\$14.99
<b>Delta Dental</b> DPPO	\$33.99	\$46.99
<b>Dental Health Services*</b> DHMO	\$12.20	\$10.95
<b>LIBERTY Dental</b> DHMO	\$13.58	\$7.99



## Pricing Region 4

San Francisco

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network</b> DHMO	\$8.91	\$7.51
<b>Delta Dental</b> DHMO	\$14.49	\$13.99
<b>Delta Dental</b> DPPO	\$38.99	\$53.99
<b>Dental Health Services</b> DHMO	\$12.20	\$12.25
<b>LIBERTY Dental</b> DHMO	\$13.58	\$7.99



\* Partial Region

## Pricing Region 5

Contra Costa

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network</b> DHMO	\$8.91	\$7.51
<b>Delta Dental*</b> DHMO	\$14.49	\$13.99
<b>Delta Dental</b> DPPO	\$36.99	\$51.99
<b>Dental Health Services</b> DHMO	\$12.85	\$11.50
<b>LIBERTY Dental</b> DHMO	\$19.85	\$19.06



## Pricing Region 6

Alameda

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network</b> DHMO	\$8.91	\$7.51
<b>Delta Dental</b> DHMO	\$14.49	\$13.99
<b>Delta Dental</b> DPPO	\$36.99	\$51.99
<b>Dental Health Services</b> DHMO	\$12.20	\$10.95
<b>LIBERTY Dental</b> DHMO	\$13.58	\$7.99



\* Partial Region

## Pricing Region 7

Santa Clara

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network</b> DHMO	\$8.91	\$7.51
<b>Delta Dental</b> DHMO	\$14.49	\$13.99
<b>Delta Dental</b> DPPO	\$36.99	\$51.99
<b>Dental Health Services</b> DHMO	\$12.20	\$10.95
<b>LIBERTY Dental</b> DHMO	\$13.58	\$7.99



## Pricing Region 8

San Mateo

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network</b> DHMO	\$8.91	\$7.51
<b>Delta Dental</b> DHMO	\$14.49	\$13.99
<b>Delta Dental</b> DPPO	\$36.99	\$51.99
<b>Dental Health Services</b> DHMO	\$12.29	\$10.95
<b>LIBERTY Dental</b> DHMO	\$19.85	\$19.06



\* Partial Region

## Pricing Region 9

Santa Cruz, Monterey, San Benito

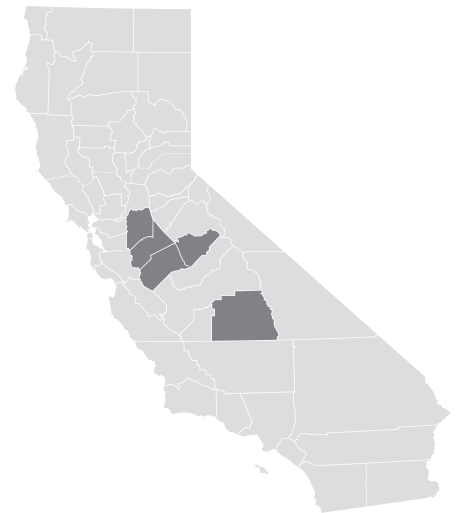
SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network*</b> DHMO	\$8.91	\$7.51
<b>Delta Dental</b> DHMO	\$15.49	\$14.99
<b>Delta Dental</b> DPPO	\$36.99	\$50.99
<b>Dental Health Services*</b> DHMO	\$13.70	\$12.60
<b>LIBERTY Dental</b> DHMO	\$19.85	\$19.06



## Pricing Region 10

San Joaquin, Stanislaus, Merced, Mariposa, Tulare

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network*</b> DHMO	\$8.91	\$7.51
<b>Delta Dental*</b> DHMO	\$15.49	\$14.99
<b>Delta Dental</b> DPPO	\$32.99	\$45.99
<b>Dental Health Services*</b> DHMO	\$12.20	\$10.95
<b>LIBERTY Dental</b> DHMO	\$21.68	\$21.62



\* Partial Region

## Pricing Region 11

Fresno, Kings, Madera

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network*</b> DHMO	\$8.91	\$7.51
<b>Delta Dental*</b> DHMO	\$15.49	\$14.99
<b>Delta Dental</b> DPPO	\$31.99	\$44.99
<b>Dental Health Services*</b> DHMO	\$13.70	\$12.55
<b>LIBERTY Dental</b> DHMO	\$19.85	\$19.06



## Pricing Region 12

San Luis Obispo, Ventura,  
Santa Barbara

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network*</b> DHMO	\$8.73	\$7.36
<b>Delta Dental</b> DHMO	\$15.49	\$14.99
<b>Delta Dental</b> DPPO	\$34.99	\$48.99
<b>Dental Health Services*</b> DHMO	\$12.20	\$10.95
<b>LIBERTY Dental</b> DHMO	\$21.73	\$22.29



\* Partial Region

## Pricing Region 13

Mono, Inyo, Imperial

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network*</b> DHMO	\$8.73	\$7.36
<b>Delta Dental*</b> DHMO	\$15.49	\$14.99
<b>Delta Dental*</b> DPPO	\$31.99	\$44.99
<b>LIBERTY Dental</b> DHMO	\$33.26	\$38.73



## Pricing Region 14

Kern

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network*</b> DHMO	\$8.73	\$7.36
<b>Delta Dental*</b> DHMO	\$14.49	\$13.99
<b>Delta Dental*</b> DPPO	\$31.99	\$44.99
<b>Dental Health Services*</b> DHMO	\$11.70	\$9.95
<b>LIBERTY Dental</b> DHMO	\$11.65	\$7.39



\* Partial Region

## Pricing Region 15

Los Angeles

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network</b> DHMO	\$8.73	\$7.36
<b>Delta Dental</b> DHMO	\$14.49	\$13.99
<b>Delta Dental</b> DPPO	\$33.99	\$46.99
<b>Dental Health Services*</b> DHMO	\$11.70	\$9.95
<b>LIBERTY Dental</b> DHMO	\$11.65	\$7.39



## Pricing Region 16

Los Angeles

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network</b> DHMO	\$8.73	\$7.36
<b>Delta Dental</b> DHMO	\$14.49	\$13.99
<b>Delta Dental</b> DPPO	\$34.99	\$48.99
<b>Dental Health Services*</b> DHMO	\$11.70	\$9.95
<b>LIBERTY Dental</b> DHMO	\$11.65	\$7.39



\* Partial Region



## Pricing Region 17

San Bernardino, Riverside

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network*</b> DHMO	\$8.73	\$7.36
<b>Delta Dental*</b> DHMO	\$14.49	\$13.99
<b>Delta Dental*</b> DPPO	\$32.99	\$45.99
<b>Dental Health Services*</b> DHMO	\$11.70	\$9.95
<b>LIBERTY Dental</b> DHMO	\$11.65	\$7.39



## Pricing Region 18

Orange

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network</b> DHMO	\$8.73	\$7.36
<b>Delta Dental</b> DHMO	\$14.49	\$13.99
<b>Delta Dental</b> DPPO	\$35.99	\$49.99
<b>Dental Health Services</b> DHMO	\$11.70	\$9.95
<b>LIBERTY Dental</b> DHMO	\$11.65	\$7.39



\* Partial Region

## Pricing Region 19

San Diego

SMALL BUSINESS DENTAL RATES		
PLAN	FAMILY PLAN CHILD	FAMILY PLAN ADULT
<b>California Dental Network*</b> DHMO	\$8.73	\$7.36
<b>Delta Dental*</b> DHMO	\$14.49	\$13.99
<b>Delta Dental</b> DPPO	\$33.99	\$46.99
<b>Dental Health Services</b> DHMO	\$11.70	\$9.95
<b>LIBERTY Dental</b> DHMO	\$11.65	\$7.39



\* Partial Region

# California Dental Network

*A DentaQuest company*

## California Dental Network | [www.caldental.net](http://www.caldental.net) (855) 425-4164

As a DentaQuest company, California Dental Network shares in the mission to improve the oral health of all. California Dental Network, based in Southern California, has been serving individuals, families, employers, unions, and municipalities throughout California since 1998.

### **Improving members' dental and oral health**

Reducing individuals' dental care expenses requires a good dental benefits experience so members can achieve improved dental health. California Dental Network helps members achieve these goals by providing a high quality network of dentists from which to receive dental care and excellent customer service support to help members get the care and benefits they deserve .

### **Quality, accessible dentists**

A good dental benefits experience begins with the dental office. Each California Dental Network provider is screened through the industry's highest credentialing process (NCQA) to ensure that members receive good quality care.

- CDN members rate their dentists' quality 3.58 (on a scale of 4).\*
- 92 percent of CDN members would recommend their dental office.\*

### **Customer service that supports members' needs**

California Dental Network is proud that 95 percent of members would recommend their plan to a friend or family member.\* California Dental Network understands that members and their families are counting on California Dental Network to help them deal with questions about benefits, providers, or just plain "What does this mean?" California Dental Network's dedicated Covered California phone line will help members with all of these issues in their language of comfort. And California Dental Network's online services provide a 24/7 resource to find answers to frequently asked questions and send request for help .

### **Network**

General Dentists: 11,168  
Pediatric Dentists: 537  
Specialists: 4,102

\*CDN Member Satisfaction Surveys 2011-2019

## Participating Dental Companies

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**Delta Dental of California | [deltadentalins.com](https://deltadentalins.com)**

**DHMO: (888) 282-8528 | DPPO: (888) 282-8978**

Delta Dental of California is a not-for-profit dental benefits administrator headquartered in San Francisco. The largest dental benefits carrier in the state, Delta Dental of California and its affiliates cover 36.8 million people across the U.S. Delta Dental is committed to advancing dental health and access through exceptional dental benefits service, technology and professional support. It prides itself on excellent customer service and on listening and responding to its members' needs.

### **A healthy mouth starts here**

Skipping preventive care can lead to serious dental problems. Expensive treatments can quickly add up to more than a full year's premium and result in lost time at work or school. Delta Dental offers different products, so members can choose a plan that best meets their needs.

The Delta Dental PPO™ plan allows members to visit any licensed dentist but gives members industry-leading\* access nationwide to network dentists. PPO dentists agree to never balance bill more than their contracted fees, which helps keep costs low.

The DeltaCare® USA plan (DHMO) requires members to select a participating primary care dentist to visit for treatment. Using the plan is easy, with set copayments, no deductibles or maximums and no claim forms for general care. If a member needs a referral to a specialist, the member's selected primary dentist will assist in coordinating that care.

### **Quick and easy online tools 24/7**

Delta Dental makes it easy to find information from either a mobile device or computer. Members who have registered for an online account on [deltadentalins.com](https://deltadentalins.com) can look up eligibility, view or print their ID card, estimate their out-of-pocket costs (for PPO enrollees only), opting for paperless claims and more.

Delta Dental's online dentist directory lets members search for a network dentist, with enhanced search functions such as Yelp reviews and Google map locations. Members can search for dentists near a specific address, by name or by specialty.

### **Network**

PPO unique dentists: 15,304 general dentists, 595 pediatric dentists and 3,790 specialists total

DHMO dental offices: 10,731 general dentists, 404 pediatric dentists and 5,387 specialists total

\*NetMinder Dental Network Trend Report, March 2019.

## Participating Dental Companies

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### Dental Health Services

#### **Dental Health Services | [www.dentalhealthservices.com/CA/](http://www.dentalhealthservices.com/CA/) (855) 495-0905**

Dental Health Services specializes in affordable dental plans. In 1974, Dr. Pernell started Dental Health Services to serve the needs of individuals, families, groups and unions. Our mission is to advocate for members' optimal oral health and overall wellbeing by incentivizing preventative care.

Plan members have access to an exclusive network of Quality Assured dentists including 8,471 general dentists, 390 pediatric dentists and 1,754 specialists.

Our plans are affordable. Plan members enjoy lower monthly premiums and copayments. Our plans have no waiting periods, no deductibles, no annual maximums, no pre-existing condition exclusions and no age limits.

#### **Our commitment to quality**

Our Quality Assurance program sets high standards for the care our members receive. Our program focuses on prevention and wellness for every member. Our dentists must pass a 107-point Quality Assurance screening process before they can accept members. We visit the offices we work with to make sure dentists maintain safe, clean medical equipment and facilities.

For more information or to find a dentist, visit Dental Health Services at [www.dentalhealthservices.com/CA/](http://www.dentalhealthservices.com/CA/).

#### **Network**

General Dentists: 8,471

Pediatric Dentists: 390

Specialists: 1,754

## Participating Dental Companies

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### **LIBERTY Dental Plan | [www.libertydentalplan.com/coveredca](http://www.libertydentalplan.com/coveredca) (888) 844-3344**

LIBERTY Dental Plan of California, Inc. (LIBERTY) has been administering dental benefits since 2001. Founded and headquartered in California, LIBERTY takes pride in offering a network of quality dental professionals throughout the Golden State. All contracted dentists undergo screening (credentialing), background checks, and office evaluations. This relationship enables LIBERTY members to receive the care they deserve when enrolling in LIBERTY's plans.

LIBERTY's mission is to be the industry leader in providing quality, innovative and affordable dental benefits with the utmost attention to member satisfaction. Their commitment is to deliver cost-effective services while constantly striving to serve the needs of our members and contracted dentists. They currently serve over 3 million members nationwide and continue to experience growth in membership and reputation.

LIBERTY offers their members:

- Benefits at copays – no claims required.
- Concierge-style “live” customer service — they answer calls in real time.
- Online access to claims, eligibility and benefits, inquiries and more.
- Mobile phone app access to electronic ID cards, dentist search, and benefit and copay information.
- Electronic ID cards .
- Access to a network of quality dental professionals throughout the Golden State.
- Service from a local company that specializes in delivering a quality dental benefit experience.

#### **Network**

General dentists: 3,750

Pediatric dentists: 224

Specialists: 750

## **Glossary**

### **Actuarial value**

A health insurance plan's actuarial value is the percentage of total average costs for benefits that a health insurance plan covers. These expenses are usually incurred at the point of receiving health care services — when you visit the doctor or the emergency room, for example. Dental plans come in two actuarial value options: 85 percent, which features higher premiums but lower average out-of-pocket costs; and a 70 percent value plan with lower premiums and higher average out-of-pocket costs. An actuarial value is the percentage of total average costs for benefits that a dental plan will cover.

### **Amalgam filling – one surface**

A mixture of materials used to repair cavities on a single surface of the tooth.

### **Annual benefit Limit**

The maximum amount a plan will pay in a benefit year toward an adult member's dental care costs.

### **Coinsurance**

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20 percent) of the allowed amount for the service, is called coinsurance. You pay coinsurance plus any deductible you may owe. For example, if the health insurance plan's allowed amount for an office visit is \$100, and you have met your deductible for the year, your coinsurance payment of 20 percent would be \$20. The health insurance plan pays the rest of the allowed amount. The allowed amount is the amount the doctor or hospital has agreed to accept for the care provided.

### **Copayment**

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

### **Dental preferred provider organization (DPPO)**

A type of dental plan product that delivers dental services to members through a network of contracted dental care providers and includes limited coverage of out-of-network services.

### **Dental health maintenance organization (DHMO)**

A type of dental plan product that delivers dental services by requiring assignment to a primary dental care provider who is paid a capitated fee for providing all required dental services to the enrollee unless specialty care is needed. DHMOs require referral to specialty dental providers. These products do not include coverage of services provided by dental care providers outside the dental plan.

### **Extraction**

The removal of a tooth.

### **Out-of-pocket maximum**

The most you pay during a policy period (a calendar year) before your health insurance plan begins to pay 100 percent of the cost of covered services. This limit never includes your premium, balance-billed charges or health care your health insurance plan doesn't cover. Some health insurance plans don't count all out-of-network payments toward this limit.

### **Root canal**

A dental procedure to fix a damaged nerve of a tooth by removing the nerve and filling it with suitable material.

### **Waiting period**

The length of time a newly-enrolled adult member must wait before the dental plan pays toward major dental services.



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