2019 Dental Coverage for Small Group Plans



Pediatric dental coverage is an essential health benefit under the Affordable Care Act (ACA). The law requires small groups and retail plans to offer dental coverage to child dependents up to age 19.

In 2019, we will continue to offer pediatric dental benefits.

Embedded Pediatric Dental Benefits

All BCBSIL small group qualified health plans include pediatric dental coverage as an essential health benefit embedded into the medical plan.

- Pediatric dental is treated as any other benefit in the medical plan — coinsurance, copayments and other cost-sharing rules will apply. Pediatric dental charges will feed into the medical deductible and out-of-pocket maximum (OOPM).
- Groups no longer need to purchase any additional pediatric dental plan to meet ACA requirements.

Optional Coverage: Stand-Alone Dental Plans

Groups can also purchase stand-alone dental coverage. These plans allow employers to offer family dental insurance to employees, expanding coverage beyond the pediatric benefits already included in the medical plan.

- Pediatric coverage and stand-alone dental plans are both offered by BCBSIL. This means that members get the benefit of working with only one insurer.
- Stand-alone dental plans allow employees and dependents over age 19 to purchase dental coverage too.
- Stand-alone dental plans may offer additional benefits to child dependents under age 19 than the pediatric coverage already embedded in the medical plan.

Get more information at **bcbsil.com** or contact your BCBSIL Account Representative.

Optional Coverage: Stand-Alone Dental Plans¹



Small groups can buy these stand-alone dental plans. These options provide coverage beyond the pediatric benefits already included in the medical plan.

Contributory Plans

	DILHR01		DILHR02		DILHR03		DILHR04		DILLR06		DILLR07		DILHM08		DILHM10		DILLM11		DILHM12		DILHR20		DILLM21		
	In- Network	Out-of- Network																							
Deductible (3x Family)	\$25		\$50		\$50		\$50	\$75 \$50		50	\$75		\$50		\$50		\$75		\$25 \$75		\$50	\$50	\$50	\$50	
Annual Maximum	\$3,000		\$2,000		\$1,500		\$1,500	\$1,000 \$1,000		000	\$1,000		\$1,000		\$1,500	\$1,000	\$1,000		\$750		\$1,500		\$1,000		
Ortho Lifetime Maximum	\$2,000		\$2,000		\$1,500		\$1,000		N/A		N/A		\$1,000		N/A		N/A		N/A		N/A		\$1,000		
Diagnostic and Preventive ²	100%		100%		100%		100%	80%	80% 100%		90	90% 100%		10%	100%	100% 80%		90% 70%		100%		100%		100%	
Misc Preventive Services	100%²		100%²		100%²		100%²	80%²	62 80%		70%		10	0%²	100%² 80%²		70%	50%	100%²		100%1		80%		
Basic Restorative	80%		80%		80%		80%	60% 80%		%	70%		8	80% 80% 60%		60%	70%	50%	50% 80%³		80%		80%		
Non-surgical Extractions, Non-surgical Periodontics, and Adjunctive Services	80	%		80%	98	0%	80%	60%	80	%	70	%	8	0%	80%	60%	70%	50%	N,	/A	80	%	80	1%	
Endodontics	80%		80%		80	80% 80%		60%	% 50%		50	50% 80%		0%	80%	80% 60%		50% 30%		N/A		80%		50%	
Oral Surgery	80%			80%)%	80%	60%	50	%	50	%	8	0%	80%	60%	50%	30%	N,	/A	80	1%	50	1%	
Surgical Periodontal	80%			80%	80)%	80%	60%	50	%	50	%	8	0%	80%	60%	50%	30%	N,	/A	80	%	50	1%	
Major Restorative and Prosthodontics	50%		50%		50%		50%		50%		50%		5	0%	50%	40%	50%	30%	N,	/A	50	9%	50)%	
Implants	50%		50%		50%		50%		N,	/A	N/A		N	I/A	N/A		N/A		N/A		N/A		N,	/A	
Orthodontics ²	50%		50%		50%		50	50%		N/A N/		/A	50%		N/A		N/A		N/A		N/A		50%		

For information on rates, contact your BCBSIL Account Representative.

¹ This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the benefit booklet.

² Waived Deductible applies to this service.

³ Only Basic Restorative Services are covered.



Examples

Members' out-of-pocket costs can vary depending on whether they purchase a stand-alone family plan or simply use the embedded pediatric dental coverage included in their medical plan. Here are some sample services and member costs:

Service	Cost Before Deductible	Member with Embedded Benefit Pays	(DILHR01)	(DILLR07)			
Deductible		\$3,000	\$25	\$75			
Preventive: cleaning, exams, and X-ray	\$200	\$200 toward medical deductible and coinsurance. No adult coverage	\$0*	\$0*			
Basic: filling	\$140	\$140 toward medical deductible and coinsurance. No adult coverage	(20% of \$140) + 25 = \$53 Child or adult pays 20% of cost after the \$25 deductible	(30% of \$140) + \$75 = \$117 Child or adult pays 30% of cost after the \$75 deductible			
Major: root canal	\$900	\$900 toward medical deductible and coinsurance. No adult coverage	(50% of \$900) + \$25 = \$475 Child or adult pays 50% of cost after the \$25 deductible	(50% of \$900) + \$75 = \$525 Child or adult pays 50% of cost after the \$75 deductible			

Note: The dollar amounts shown are for illustrative purposes only. Check with your provider and your benefit booklet for provider charges, deductible, coinsurance and dollar maximums that may apply.

^{*}Deductible is waived for preventive services.