

# Dental Coverage at a Glance

## Small groups



When you select a HAP health plan, you can add high-quality dental coverage through our partnership with Delta Dental. You have two options for purchasing dental benefits:

- **Pediatric-only coverage.** If you have children age 18 or younger, you must have pediatric coverage. That's because pediatric dental coverage is an essential health benefit under the Affordable Care Act.
- **Adult coverage.** This coverage is for all adults age 18 and older on your health plan. It includes pediatric dental coverage for children under age 19; however, adults without children will not be charged the pediatric plan premium. Any children on your plan will automatically convert to the adult plan and rate on Jan. 1 of the year following the child's 19th birthday.

You have the option to purchase pediatric dental coverage elsewhere. However, you must provide proof to HAP that you have this coverage before you can purchase a health plan. Please note that we don't offer adult dental coverage if you purchase a pediatric plan elsewhere.

#### **2018 small group QHP rates:**


- **Pediatric** – \$27.60 per child per month up to the three oldest children (the fourth and up are free)
- **Adult** – \$33.01 per adult per month

For more information on dental benefits and to search for affiliated dentists, please visit [deltadentalmi.com](http://deltadentalmi.com).

If you have any questions, please call Delta Dental Customer Service at **(800) 524-0149** (mention HAP group #2125).

## 2018 Delta Dental Pediatric Benefits

Pediatric dental is an essential health benefit under the Affordable Care Act and is required for all members age 18 and under with a HAP health plan. For pediatric-only dental plans, a child's coverage will stop at the end of the year he or she turns 19. If adult dental coverage is selected, the child's benefit will automatically convert to the adult plan and associated premium on Jan. 1 of the year following his or her 19th birthday.

|   | Pediatric Dental  |                                   |                          |
|--|---|-----------------------------------|--------------------------|
|  | In network  |                                   | Out of network           |
|  | Delta Dental PPO <sup>SM</sup>                                      | Delta Dental Premier <sup>®</sup> | Nonparticipating dentist |
|  | Plan pays   | Plan pays                         | Plan pays                |
| <b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>  |   |                                   |                          |
| Diagnostic and preventive services – exams, cleanings, fluoride and space maintainers  | 100%  | 80%                               | 80%                      |
| Brush biopsy – oral cancer detection   | 100%  | 80%                               | 80%                      |
| Emergency palliative treatment – temporary pain relief   | 100%  | 80%                               | 80%                      |
| Radiographs – X-rays   | 100%  | 80%                               | 80%                      |
| Sealants – to prevent decay of permanent teeth   | 100%  | 80%                               | 80%                      |
| <b>BASIC SERVICES</b>  |   |                                   |                          |
| Minor restorative services – fillings and crown repair   | 50%   | 50%                               | 50%                      |
| Oral surgery services – extractions and dental surgery   | 50%   | 50%                               | 50%                      |
| Endodontic services – root canals  | 50%   | 50%                               | 50%                      |
| Periodontic services – gum disease treatment   | 50%   | 50%                               | 50%                      |
| Relines and repairs – bridges and dentures   | 50%   | 50%                               | 50%                      |
| Other basic services – miscellaneous   | 50%   | 50%                               | 50%                      |
| <b>MAJOR SERVICES</b>  |   |                                   |                          |
| Prosthodontic services – bridges and dentures  | 50%   | 50%                               | 50%                      |
| Major restorative services – crowns  | 50%   | 50%                               | 50%                      |
| <b>OUT-OF-POCKET MAXIMUM AND DEDUCTIBLE</b>  |   |                                   |                          |
| Out-of-pocket maximum  | \$350 per eligible member or \$700 per family                       |                                   |                          |
| Deductible (does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy or sealants) | Limited to a maximum deductible of \$75 per family per benefit year |                                   |                          |

**Note:** This chart and the benefits outlined here are for pediatric dental care only, an essential health benefit under the Affordable Care Act. Adult dental benefits are listed on a separate chart.

**In-network annual out-of-pocket maximum:** An out-of-pocket maximum is the maximum amount that you or an eligible dependent will pay for covered services throughout a benefit year. All in-network covered services for individuals under the age of 19 have maximum out-of-pocket payments of \$350 per benefit year for one covered individual under the age of 19, or \$700 per benefit year for two or more covered individuals under 19. Any coinsurance, copayments or deductibles you pay for in-network covered services for individuals under the age of 19 will count toward the in-network annual out-of-pocket maximum. The in-network annual out-of-pocket maximum will not include any amounts paid for: (i) premiums; (ii) payments you make for noncovered services; (iii) payments you make to out-of-network dentists; (iv) coinsurance, copayments or deductibles you pay for services other than covered services; or (v) coinsurance, copayments or deductibles you pay for covered services provided to individuals 19 and older.

Once you reach your applicable in-network annual out-of-pocket maximum for the benefit year, all in-network covered services for individuals under the age of 19 will be covered at 100 percent of Delta Dental's maximum approved fee.

**Out-of-network out-of-pocket maximum:** There is no annual out-of-pocket maximum for out-of-network covered services. You will be responsible for all coinsurance, copayments, deductibles and balanced billing amounts for all out-of-network covered services you or your eligible dependents receive throughout the benefit year.

**Annual and lifetime maximum payments:** For covered services provided to individuals under 19, there are no annual or lifetime maximum payments.


**Waiting period:** There is no waiting period for individuals under 19 seeking covered services.

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for costs and complete details of coverage, including policy exclusions and limitations, or call us at the number listed on the front of this brochure.

This policy is underwritten by Delta Dental Plan of Michigan, Inc., a nonprofit dental care corporation.

## 2018 Delta Dental Adult Benefits

When you purchase an adult dental plan, all eligible dependents age 18 and over must be covered. Adults without children under age 19 will not be charged a pediatric plan premium. Delta Dental will provide them with proof that they comply with the pediatric coverage requirement. For those with children, only the three oldest children age 18 and under are charged the pediatric rate. If you purchase pediatric coverage elsewhere, adult-only coverage is not available.

|                                   | Adult Dental  |                      |                          |
|--|---|----------------------|--------------------------|
|  | In network  |                      | Out of network           |
|  | Delta Dental PPO  | Delta Dental Premier | Nonparticipating dentist |
|  | Plan pays   | Plan pays            | Plan pays                |
| <b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>  |   |                      |                          |
| Diagnostic and preventive services – exams, cleanings, fluoride and space maintainers                              | 100%  | 80%                  | 80%                      |
| Brush biopsy – oral cancer detection   | 100%  | 80%                  | 80%                      |
| Emergency palliative treatment – temporary pain relief   | 100%  | 80%                  | 80%                      |
| Radiographs – X-rays   | 100%  | 80%                  | 80%                      |
| <b>BASIC SERVICES</b>  |   |                      |                          |
| Minor restorative services – fillings and crown repair   | 50%   | 50%                  | 50%                      |
| Oral surgery services – extractions and dental surgery   | 50%   | 50%                  | 50%                      |
| Endodontic services – root canals  | 50%   | 50%                  | 50%                      |
| Periodontic services – gum disease treatment   | 50%   | 50%                  | 50%                      |
| Relines and repairs – bridges and dentures   | 50%   | 50%                  | 50%                      |
| Other basic services – miscellaneous   | 50%   | 50%                  | 50%                      |
| <b>MAJOR SERVICES</b>  |   |                      |                          |
| Major restorative services – crowns  | 50%   | 50%                  | 50%                      |
| Prosthodontic services – bridges, implants and dentures  | 50%   | 50%                  | 50%                      |
| <b>MAXIMUM PAYMENT AND DEDUCTIBLE</b>  |   |                      |                          |
| Maximum payment per benefit year   | \$1,000 per individual per benefit year                             |                      |                          |
| Deductible (does not apply to diagnostic and preventive services, brush biopsy and emergency palliative treatment) | Limited to a maximum deductible of \$75 per family per benefit year |                      |                          |

**Note:** This chart and the benefits outlined here are for adult dental care only. Pediatric dental benefits are listed on a separate chart, but are included in all adult dental plans.

**Annual and lifetime maximum payments:** For individuals 19 or older, or individuals under 19 seeking covered services that are not considered essential health benefits, the maximum payment is \$1,000 per individual total per benefit year on all services.

**Out-of-pocket maximum payment:** An out-of-pocket maximum is the maximum amount that you or your eligible dependent will pay for covered services throughout a benefit year. There is no annual out-of-pocket maximum payment for covered services. You will be responsible for all coinsurance, copayments, deductibles and balanced billing amounts associated with all covered services provided to you or your eligible dependents throughout the benefit year.

**Waiting period:** There are no waiting periods for covered services under this plan.

**Eligibility:** In addition to you, the following are eligible under this policy: your legal spouse and your children under age 26, including your children who are married, who no longer live with you, who are not your dependents for federal income tax purposes or who are not permanently disabled.

You and your eligible dependents choosing this dental plan are required to remain enrolled for a period of 12 months. Should you or your eligible dependents choose to drop coverage after that time, they may not re-enroll before the date on which 12 months have elapsed.

Benefits will end on the last day of the month for which you've paid your premium.

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