

AHCT 2018 Standard Stand-Alone Dental Plan

An Issuer interested in offering Stand-Alone Dental Plans (SADPs) through the Access Health CT (AHCT) Individual and/or Small Group marketplace must, as a condition for participation, offer the AHCT standardized SADP. As approved by the AHCT Board of Directors on February 28, 2017, the AHCT standardized SADP for the 2018 Plan Year contains defined in-network only cost sharing (e.g., deductible; annual out-of-pocket maximum for children under age 19, cost sharing for a specified set of benefits for adults and children) and waiting period and plan maximum for adults for the Individual and Small Group markets.

Issuers interested in offering SADPs via AHCT for the 2018 Plan Year can either:

- submit the standardized plan (including defined in-network benefits & cost sharing) with out-of-network coverage designed by the Issuer (refer to Exhibit 1 below) or,
- for licensed dental health care centers, submit the standardized plan without out-of-network coverage (refer to Exhibit 2 below).

Additional information regarding Issuer participation requirements for 2018 is contained in the AHCT “Solicitation to Stand-Alone Dental Plan (SADP) Issuers for Participation in the Individual and/or Small Business Health Options Program (SHOP) Marketplace” available at the following URL: <http://agency.accesshealthct.com/plan-designs-resources#one>

SADP Issuers should follow Connecticut Insurance Department (CID) guidance related to form and rate filing submission. Any determinations by AHCT to certify a SADP will be conditional upon the CID review/approval of these filings.

AHCT 2018 Standard Stand-Alone Dental Plan

Exhibit 1: For use by Issuers including coverage for services obtained out-of-network

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible <i>(Does not apply to Preventive & Diagnostic Services for In-Network Services)</i>	\$60 per member, up to 3 family members	
Out-of-Pocket Maximum <i>(for children under age 19 only)</i> For one child Two or more children	\$350 \$700	
Diagnostic Services		
Oral Exams <i>(twice per year)</i>	\$0	
X-Rays		
Periapicals <i>(four per year)</i>		
Bitewing Radiographs <i>(once every year)</i>		
Panoramic or Complete Series <i>(once every three years)</i>		
Preventive Services		
Cleanings <i>twice per year</i>	\$0	
Periodontal Scaling and Root Planing		
Periodontal Maintenance <i>(once every 3 months following periodontic surgery)</i>		
Fluoride <i>twice per year, under age 19</i>		
Sealants <i>for children under 19</i>		
Basic Services		
Filings	20% after INET deductible is met	
Simple Extractions		
Major Services		
Surgical Extractions	40% after INET deductible is met	
Endodontic Therapy (i.e. Root Canal Treatment)		
Periodontal Therapy		
Crowns and Cast Restorations		
Prosthodontics (Complete and Partial Dentures; Fixed Bridgework)		
Other Services <i>(for children under age 19)</i>		
Medically-Necessary Orthodontic Services	50% after INET deductible is met	
Waiting Periods and Plan Maximums <i>(for adults aged 19 and older only)</i>		
Applicable Waiting Period for Benefit		
Diagnostic and Preventive Services	no waiting period	
Basic Services	6 months*	
Major Services	12 months*	
<i>*Waiver of waiting period available with proof of prior coverage for these services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan</i>		
Plan Maximum	\$2,000 per adult member age 19 and over [combined In-Network and Out-of-Network Services]	

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Exhibit 2: For use by single purpose dental health care centers

Plan Overview	In-Network (INET) Member Pays
Deductible <i>(Does not apply to Preventive & Diagnostic Services)</i>	\$60 per member, up to 3 family members
Out-of-Pocket Maximum <i>(for children under age 19 only)</i>	
For one child	\$350
Two or more children	\$700
Diagnostic Services	
Oral Exams <i>(twice per year)</i>	\$0
X-Rays	
Periapicals <i>(four per year)</i>	
Bitewing Radiographs <i>(once every year)</i>	
Panoramic or Complete Series <i>(once every three years)</i>	
Preventive Services	
Cleanings <i>(twice per year)</i>	\$0
Periodontal Scaling and Root Planing	
Periodontal Maintenance <i>once every 3 months following periodontic surgery</i>	
Fluoride <i>(twice per year, under age 19)</i>	
Sealants <i>(for children under 19)</i>	
Basic Services	
Filings	20% after deductible is met
Simple Extractions	
Major Services	
Surgical Extractions	40% after deductible is met
Endodontic Therapy (i.e. Root Canal Treatment)	
Periodontal Therapy	
Crowns and Cast Restorations	
Prosthodontics (Complete and Partial Dentures; Fixed Bridgework)	
Other Services <i>(for children under age 19)</i>	
Medically-Necessary Orthodontic Services	50% after deductible is met
Waiting Periods and Plan Maximums <i>(for adults aged 19 and older only)</i>	
Applicable Waiting Period for Benefit	
Diagnostic and Preventive Services	no waiting period
Basic Services	6 months*
Major Services	12 months*
<i>*Waiver of waiting period available with proof of prior coverage for these services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan</i>	
Plan Maximum	\$2,000 per adult member age 19 and over

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