

## AHCT 2021 Standard Stand-Alone Dental Plan

An Issuer interested in offering certified Stand-Alone Dental Plans (SADPs) in the Individual and/or Small Group marketplace in Connecticut must, as a condition for certification by Access Health CT (AHCT), offer the AHCT standardized SADP.

The standardized SADP was approved by the AHCT Board of Directors effective with the 2019 Plan Year. The standardized benefit design for the Individual and Small Group markets includes:

- Defined in-network only coverage (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.

Issuers interested in offering certified SADPs for the 2021 Plan Year can choose to exclude or include out-of-network coverage for the standardized SADP, subject to form filing approval by the Connecticut Insurance Department (CID).

Additional information regarding Issuer certification requirements for 2021 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/healthplaninformation#one>

SADP Issuers should follow 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 2021 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 &amp; 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	\$350	[ ]
Two or more children	\$700	[ ]
<b>Diagnostic Services</b>		
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>		
<b>Preventive Services</b>		
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>		
<b>Basic Services</b>		
Filings	20% after INET deductible is met	[ ]
Simple Extractions		
<b>Major Services</b>		
Surgical Extractions	40% after INET deductible is met	[ ]
Endodontic Therapy (i.e. Root Canal Treatment)		
Periodontal Therapy		
Crowns and Cast Restorations		
Prostodontics (Complete and Partial Dentures; Fixed Bridgework)		
<b>Other Services <i>(for children under age 19)</i></b>		
Medically-Necessary Orthodontic Services	50% after INET deductible is met	[ ]
<b>Waiting Periods and Plan Maximums <i>(for adults aged 19 and older only)</i></b>		
<b>Applicable Waiting Period for Benefit</b>		
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>		
<b>Plan Maximum</b>	\$2,000 per adult member age 19 and over (combined for In-Network and Out-of-Network Services)	

## AHCT 2021 Standard Stand-Alone Dental Plan

Exhibit 2: For use by Issuers excluding coverage for services obtained out-of-network

Plan Overview	In-Network (INET) Member Pays
Deductible <i>(Does not apply to Preventive &amp; 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>	
<b>Plan Maximum</b>	\$2,000 per adult member age 19 and over