

Dental plans

Stand-alone dental plans are available for adults ages 19 and older and families with children up to age 26.

Learn more about our dental plans

NEW There are three new family plans available for 2026 coverage.

Here are the comprehensive benefits you can expect from Independence Blue Cross (IBX) dental plans.



A network that goes the distance

You have access to one of the largest dental networks in the region and a national network with more than 500,000 access points.



Full coverage on most preventive and diagnostic services

Fully covered services include routine exams, cleanings, and X-rays. You pay \$0 cost-sharing with an in-network provider.*



Coverage for most basic and major services

There's no waiting period for preventive care and certain basic services like fillings and extractions. Review the benefits for each plan to see how major services are covered and if waiting periods apply.

Note: Pediatric dental coverage is included in all IBX individual and family medical plans.



Flexibility to see any dentist you want

With our PPO dental plans, you'll maximize your savings using an in-network dentist, but you can see any dentist you want without a referral. Our new EPO dental plan includes in-network coverage only.



NEW Rewards for getting preventive care

The primary subscriber will receive \$20 for each insured family member who gets two cleanings from an in-network dentist in the plan year. For example, for a family of four, the primary subscriber would receive \$80 if each family member gets two cleanings that meet the criteria.

Next step: Apply!

There are several ways to enroll in a vision plan:

- Visit ibx.com/enrolldental.
- Call your broker or speak with one of our licensed sales agents at **1-844-762-2140 (TTY: 711)**.
- Stop by **Independence LIVE** on the 2nd floor of 1919 Market Street in Philadelphia for help from a licensed sales agent. Visit ibx.com/events to see our hours.



* Plan maximums apply. Refer to the benefit grids for each dental plan on the following pages for more details.

Choose your dental plan

Refer to the benefit overviews to learn more about our 2026 adult and family dental plans. These plans are available for adults ages 19 and older and families with children up to age 26.

Plan description ^{1,2}	IBX Adult Preferred Dental PPO	IBX Adult Premier Dental PPO
In-network benefits		
Annual deductible — Individual/family	\$50/\$150	\$50/\$150
Annual maximum dental benefit	\$1,500 per insured person	\$2,000 per insured person
Reimbursement		
In-network/Out-of-network	IBX Dental PPO Network/MAC ³	IBX Dental PPO Network/MAC ³
Benefit (% paid by plan)	In-network & out-of-network	In-network & out-of-network
Exams and cleanings	100%	100%
Extra cleaning — Pregnancy	100%	100%
Preventive reward (in-network only)	\$20 payment to the subscriber	\$20 payment to the subscriber
Radiographs (all X-rays)	100%	100%
Fluoride treatments and sealants	Not covered	Not covered
Teledentistry, synchronous or asynchronous	100%	100%
Space maintainers	Not covered	Not covered
Restorative services (including white fillings)	50% after deductible	80% after deductible
Endodontic therapy (e.g., root canals)	50% after deductible (12-month waiting period)	80% after deductible (12-month waiting period)
Periodontics services (surgical and non-surgical)	50% after deductible (12-month waiting period)	80% after deductible (12-month waiting period)
Oral surgery	50% after deductible (12-month waiting period)	80% after deductible (12-month waiting period)
General anesthesia, nitrous oxide, and/or iv sedation	50% after deductible (12-month waiting period)	80% after deductible (12-month waiting period)
Crowns, inlays, and onlays	Not covered	50% after deductible (12-month waiting period)
Prosthetics (bridges, dentures)	Not covered	50% after deductible (12-month waiting period)
Implant services	Not covered	Not covered
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	50% after deductible (12-month waiting period)	80% after deductible (12-month waiting period)
Orthodontics	Not covered	Not covered

Monthly premiums per member

Age	IBX Adult Preferred Dental PPO	IBX Adult Premier Dental PPO ¹
19 – 25	\$18.89	\$39.39
26 – 39	\$20.07	\$41.85
40 – 49	\$23.61	\$49.24
50 – 63	\$27.74	\$57.86
64+	\$28.33	\$59.09

Rates are subject to change pending approval from the Pennsylvania Insurance Department.

¹ Independence Dental Benefits are administered by Dominion Dental Services, Inc., an independent company. Dental Plans are underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

² This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, please refer to the dental contract.

³ MAC – Maximum allowable charge: This is the amount that is paid for out-of-network services as determined by Independence Blue Cross. If a member goes out of network, they may be balanced billed for the difference between the reimbursement amount and the provider’s charge.

Dental plans (continued)

NEW Our new dental plans for 2026 offer coverage for all family members, shorter waiting periods, and orthodontia coverage.

Plan description ^{1,2}	IBX PPO 100/50/30/0 \$1,000 (MAC) ³	IBX Active PPO 100/80/50/50 \$1,500 (MAC) ³
In-network benefits		
Annual deductible — Individual/family	\$50/\$150	\$50/\$150
Annual maximum dental benefit per insured person	\$1,000	\$1,500
Orthodontia lifetime maximum per insured person under age 19	Not covered	\$1,000
Reimbursement		
In-network/Out-of-network	IBX Dental PPO Network/MAC ³	
Benefit (% paid by plan)	In-network & out-of-network³	In-network/out-of-network³
Exams and cleanings	100%	100%/90%
Extra cleaning — Pregnancy	100%	100%/90%
Preventive reward (in-network only)	\$20 payment to the subscriber	\$20 payment to the subscriber
Radiographs (all X-rays)	100%	100%/90%
Fluoride treatments and sealants	100%	100%/90%
Teledentistry, synchronous or asynchronous	100%	100%/90%
Space maintainers	100%	100%/90%
Restorative services (including white fillings)	50% after deductible	80%/70% after deductible
Endodontic therapy (e.g., root canals)	50% after deductible	80%/70% after deductible
Periodontics services (surgical and non-surgical)	50% after deductible	80%/70% after deductible
Oral surgery	50% after deductible	80%/70% after deductible
General anesthesia, nitrous oxide, and/or IV sedation	50% after deductible	80%/70% after deductible
Crowns, inlays, and onlays	30% after deductible (3-month waiting period)	50%/40% after deductible (6-month waiting period)
Prosthetics (bridges, dentures)	30% after deductible (3-month waiting period)	50%/40% after deductible (6-month waiting period)
Implant services	Not covered	Not covered
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	50% after deductible	80%/70% after deductible
Orthodontics (up to age 19)	Not covered	50%/40% (12-month waiting period)

Monthly premiums per member

Age	IBX PPO 100/50/30/0 \$1,000 (MAC) ³	IBX Active PPO 100/80/50/50 \$1,500 (MAC) ³
0 – 18	\$32.10	\$45.60
19 – 25	\$31.68	\$38.56
26 – 39	\$33.66	\$40.97
40 – 49	\$39.60	\$48.20
50 – 63	\$46.53	\$56.64
64 +	\$47.52	\$57.84

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³ MAC – Maximum allowable charge: This is the amount that is paid for out-of-network services as determined by Independence Blue Cross. If a member goes out of network, they may be balanced billed for the difference between the reimbursement amount and the provider's charge.

Dental plans (continued)

The IBX EPO Low plan is an in-network only, copay-based plan. Copay ranges displayed below cover a wide range of services within a certain benefit category. Please see the policy for exact procedures covered and corresponding copay amounts.

Plan description ^{1,2}	IBX EPO Low (in-network only plan)
In-network benefits	
Annual deductible — Individual/family	\$25/\$75
Annual maximum dental benefit per insured person	\$2,000
Orthodontia lifetime maximum per insured person under age 19	Not covered
Reimbursement	
In-network	IBX Dental PPO Network (in-network only plan)
Benefit	In-network copay³
Exams and cleanings	\$0 – \$40
Extra cleaning — Pregnancy	\$0 – \$40
Preventive reward (in-network only)	\$20 payment to the subscriber
Radiographs (all X-rays)	\$0 – \$0
Fluoride treatments and sealants	\$0 – \$18
Teledentistry, synchronous or asynchronous	\$20 (3-month waiting period)
Space maintainers	\$30 – \$115
Restorative services (including white fillings)	\$15 – \$115
Endodontic therapy (e.g., root canals)	\$10 – \$780 (3-month waiting period)
Periodontics services (surgical and non-surgical)	\$23 – \$626 (3-month waiting period)
Oral surgery	\$29 – \$2,300 (3-month waiting period)
General anesthesia, nitrous oxide, and/or IV sedation	\$0 – \$117 (3-month waiting period)
Crowns, inlays, and onlays	\$20 – \$625 (3-month waiting period)
Prosthetics (bridges, dentures)	\$20 – \$625 (3-month waiting period)
Implant services	\$24 – \$1,360 (3-month waiting period)
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	\$20 – \$625 (3-month waiting period)
Orthodontics (up to age 19)	Not covered
Rollover covered ⁴	Yes
Rollover threshold	\$1,000
Rollover max	\$2,500

Monthly premiums per member

Age	IBX EPO Low
0 – 18	\$27.20
19 – 25	\$26.44
26 – 39	\$28.09
40 – 49	\$33.05
50 – 63	\$38.83
64+	\$39.66

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³ Copay ranges vary greatly based on the service. Please see the benefit booklet for the exact copay of each service and whether it is covered.

⁴ Please see benefit booklet for additional details and requirements in order to be eligible for the Rollover Benefit.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.

