Independence Blue Cross Dental

Independence

We give you something to smile about

For over 85 years, we've been committed to the people and communities we serve, providing access to affordable, high-quality care in the Philadelphia region. By pairing our deep local expertise with our national reach, we're able to deliver the best access to health care coverage for our customer and members.

Independence Blue Cross (IBX) Dental plans are designed to deliver on our whole-person health strategy, offering affordable dental coverage that encourages prevention, early diagnosis, and treatment.

Customers can choose from a wide variety of customizable, affordable plan options that feature rich, value-added services. And employees will have access to a robust local network as well as expanding national networks, so they can find a dentist wherever they are.

Best of all, IBX health plan customers and members will benefit from the convenience and ease of administration when the company they know and trust can help meet all their health and dental care needs.

Table of contents

Comprehensive dental benefits 2

Additional value-added services 4

Unified administration and experience 6

IBX Dental plans 7

PPO plans 8

EPO plans 14

Managed Care plans 16

Standard limitations and exclusions

PPO plans 18

EPO plans 21

Managed Care plans 24

Underwriting guidelines 26

Footnotes 27

Comprehensive, money-saving dental benefits

Oral health is an important part of members' overall health — it not only helps keep teeth healthy but can also help detect serious medical conditions, like high blood pressure and diabetes. Our dental coverage encourages prevention to maintain good oral habits and help save money.

Plans designed for prevention and savings

All plans feature **low monthly premiums** and coverage of routine preventive exams, cleanings, and X-rays.

Plus, market leading in-network **discounts and unique value-adds** can help employees save on out-of-pocket expenses.

Robust provider network

Members in PPO and EPO plans have access to one of the **largest dental networks** in the Pennsylvania five-county area and also have access to the **GRID/GRID+** — a national network of **20 Blue Plans** representing **42 Blue Plan service areas**, with over **500,000 access points**. We also have one of the **largest Managed Care-style networks in the region**.*

Find the right dentist

Use our Find a dentist tool at ibx.com/findadentist to find the dentist that's right for you.

In-network and out-of-network benefits

Members save more when they use in-network providers.

No waiting periods

Members can begin using their dental benefits on day one.

Nominate your dentist

If your dental provider is not in your network, download and fill out the *Nominate your dentist form* at ibx.com/findadentist.

Why customers should choose IBX Dental

- **Comprehensive product portfolio** offers a variety of options, including PPO, EPO, and Managed Care dental plans.
- Enrolled members will receive an **IBX Dental ID card**.
- **Customization opportunities** are available on some plans. These options may include, but are not limited to: Annual maximum amounts, out-of-network reimbursement options including Maximum Allowable Charges (MAC) or Usual, Customary, and Reasonable (UCR) charges, and adding orthodontia coverage.

  Talk to your IBX account representative for details.

Your one-stop shop for dental and medical benefits

IBX health plan customers and members will benefit from the convenience and ease of administration when the company they know and trust can help meet all their health care needs.

96% **first call resolution rate for our dental plans***

Additional value-added services are available

Preventive Rewards program

The primary subscriber will receive a **$20 payment for each insured family member** that gets two cleanings during the calendar year. For example, for a family of four, the primary subscriber would receive $80 if each family member gets two cleanings from an in-network dentist within the plan year.

Teledentistry[1]

Members can use a credentialed virtual dentist from wherever they are to get virtual exams, second opinions, and expert advice fast.

Savings incentive for preventive services

Preventive services do not count against the annual maximum and **are covered at 100 percent** on most plans, which allows members to use their coverage for other necessary, more costly services.

Also, white fillings are included on all our standard plans when basic services are included.

Pregnancy benefit

Pregnant members are eligible for an additional cleaning.

Chronic condition periodontal coverage[2]

Periodontal disease doesn't just affect your oral health; it can have a profound impact on your overall well-being. Studies have established a strong connection between gum disease and serious health conditions such as heart disease, diabetes, and respiratory infections. By treating gum disease, you can improve your oral health and overall well-being. Periodontal treatment can help prevent tooth loss, reduce inflammation and bleeding gums, stop bad breath (halitosis), and prevent bone loss.

Pregnant members and members with certain chronic medical conditions, including diabetes, heart disease, lupus, rheumatoid arthritis, and stroke, have **100 percent coverage for additional periodontal services, surgery, and select procedures** such as scaling and root planning.

20M+ workdays are lost each year due to dental illness.[3]

Annual maximum rollover in our standard portfolio[2]

With our maximum rollover feature, you can make the most of your dental insurance by rolling over a portion of your unused annual benefit for future dental care. It's the smart way to prepare for tomorrow while taking care of today!

Why maximum rollover is perfect for your employees:

- **Build your own dental savings**: A portion of a member's unused annual plan maximum is added to their individual maximum rollover account, giving them extra funds to use when they need it most. Each covered family member has their own account, ensuring personalized savings tailored to their dental needs.
- **No expiration, no worries**: Rollover funds never expire as long as the plan stays active, so covered members can continue to accumulate savings year after year.
- **Flexible support for big procedures**: Whether it's a crown, oral surgery, or other major dental work, your maximum rollover account helps cover the costs when your dental needs go beyond your standard annual benefits.

How it works:

Meet the requirements

- **PPO plans**: Use less than the threshold of your annual maximum and complete a preventive dental visit during the year to qualify.
- **EPO plans**: Use less than the threshold of your annual maximum, have at least one claim submitted for Class 1 covered services during the calendar year, and the member must have received services in excess of any deductible.

Roll it over

A portion of your unused benefits automatically rolls into your maximum rollover account, so you can save for the future. Enjoy peace of mind knowing you're prepared for more extensive dental care whenever it's needed.

- Once you qualify, some of the unused plan year maximum benefit dollars will automatically roll over for use in the next plan year and beyond.
- Each covered member has their own annual maximum rollover benefit amount.
- Maximum rollover does not include orthodontia benefits.

1 All provider offices may not offer teledentistry. Check with your provider.

2 Groups can add this benefit as a plan customization.

3 Agency for Healthcare Research and Quality (US); October 2022

The chart below is a three-year example of how maximum rollover is applied based on a member's annual maximum. Plan annual maximum is $2,000; plan threshold is $1,000; plan annual maximum rollover is $2,500.

Plans annual maximum	$2,000
Annual rollover maximum	Up to $1,000 (is allowed to be rolled over)
Total rollover maximum allowed	$2,500 (the max amount allowed to be rolled over year-to-year, i.e. member could get to a $4,500 annual maximum)
2025 annual maximum used	$1,000
2025 unused maximum	$1,000
Amount rolled over to 2026 annual maximum	$1,000
2026 annual maximum	$3,000 ($2,000 maximum + $1,000 rollover)
2026 annual maximum used	$200
2026 unused maximum	$1,800
Amount rolled over to 2027	$1,000 (rollover maximum)
2027 annual maximum	$4,000 ($2,000 annual maximum + $1,000 rollover from 2025 + $1,000 rollover from 2026)
2027 annual maximum used	$800
2027 unused maximum	$1,200
Amount rolled over	$500 (capped because member reached rollover maximum of $2,500)
2028 annual maximum	$4,500 ($2,000 annual maximum + $1,000 rollover from 2025 + $1,000 rollover from 2026 + $500 rollover from 2027)

Unified administration and experience

IBX is proud to be a one-stop shop for health care needs, providing customers and members with the convenience and security of one service team and a single platform for administering both medical and dental benefits.

With a single point of contact and one IBX platform, your health plan information is always conveniently accessible.

Customers can:	Members can:
• Access medical, dental, vision benefits, and more • Check eligibility and billing	• Access medical, dental, vision benefits, and more • Contact Member Services for all benefits • View dental plan documents • Use the Find a Dentist tool to locate local and national points of access

IBX Dental plans

Choose from a variety of PPO, EPO, and Managed Care plan options to meet the needs of your business, as well as those of your employees and their families.
Talk to your IBX specialty sales representative about plan customization opportunities.

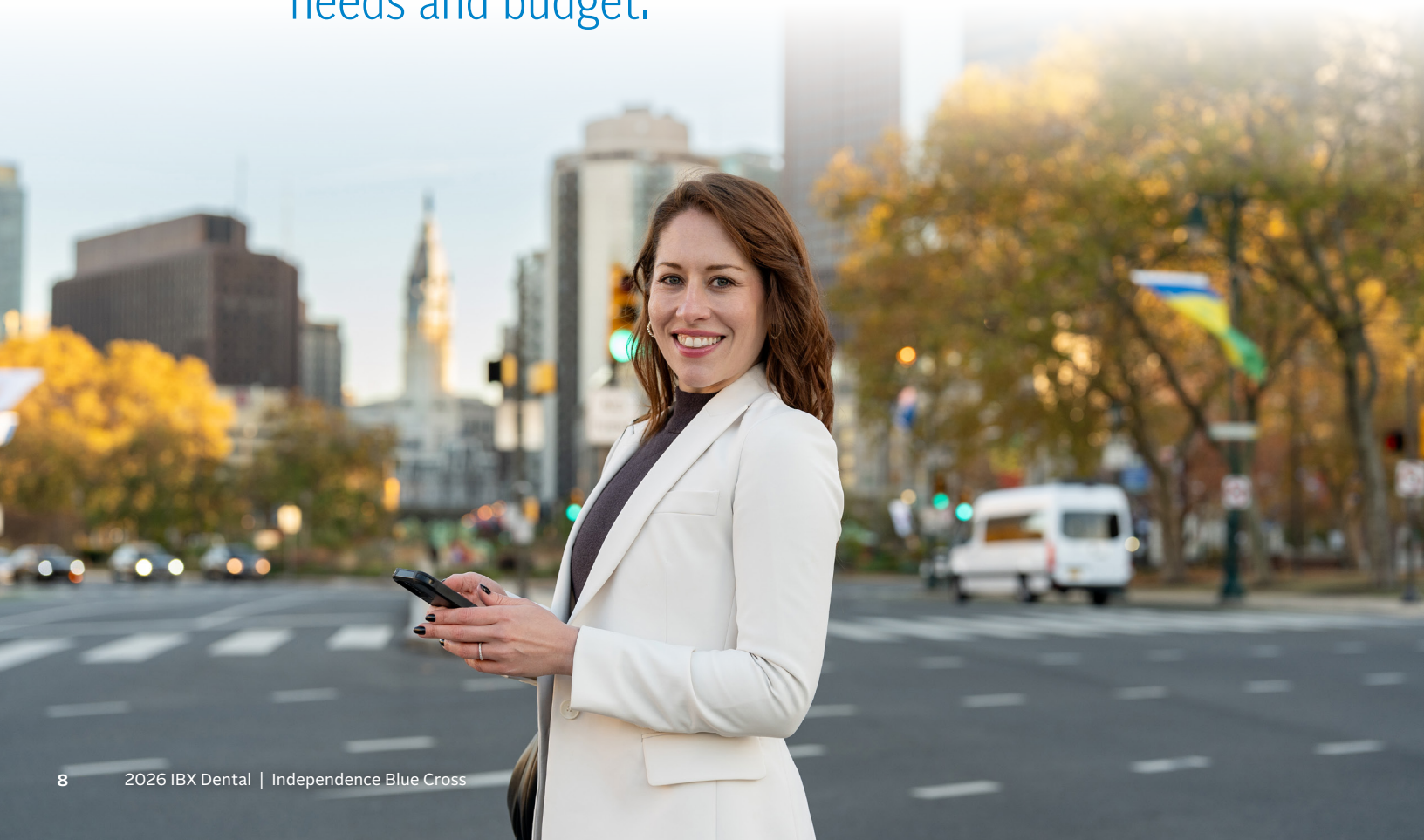
IBX Dental — PPO plans

Our suite of PPO dental plans offer members the most flexibility, in- and out-of-network benefits, and value-added services, along with one of the nation's largest PPO dental networks.

Highlights of our PPO dental plans:

- Members can visit any dentist without a referral.
- National network of over 500,000 access points.
- Full coverage from in-network providers for routine preventive exams, cleanings, and X-rays — pay $0 at the time of visit on most plans.
- PPO plans offer customization opportunities for 100+ groups.
- PPO plan out-of-network reimbursements available as either MAC or 90th percentile.
- Most plan options are available with or without cosmetic orthodontia coverage for members up to age 19.

IBX Dental offers more than 20 PPO plan options to suit you and your employees' needs and budget.



Preventive

- Preventive PPO is designed for members who just want preventive and diagnostic services, such as annual exams, cleanings and X-rays, fluoride, and sealants.
- Preventive and diagnostic services covered at 100 percent.

Preferred

- Preferred PPO provides 100 percent coverage for preventive services, including exams, X-rays, and cleanings. Basic services, such as fillings and root canals, are covered at 50 percent.
- This is a low cost plan option for members that don't need major services, such as dentures, crowns, or orthodontia.

Value

- Value PPO offers a good balance between ample coverage for important preventive, basic, and major services while keeping health care costs down.
- Available with or without cosmetic orthodontia option for members up to age 19.
- Low out-of-pocket costs for preventive services.

Active

- Our Active PPO plans are the only plans in the portfolio where in-network benefits are paid at different percentages than benefits paid for out-of-network care. Members will save money when they use their in-network benefits.

Premier

- Our Premier PPO plan options provide even more flexibility, savings, and protection, and feature lower out-of-pocket costs.
- Orthodontia is available on some plans.
- Annual rollover maximum benefit and implant coverage is included on the IBX Dental Premier PPO 100/80/50/50 $1,500 w/ Rollover.
- Implant coverage is included on:
  Premier PPO 100/80/50/50 $1,500,
  Premier PPO 100/80/50/50 $2,000,
  Premier PPO 100/80/50/50 $2,500, and
  Premier PPO 100/80/50/50 $3,000.

Deluxe

- Our Deluxe PPO plans are designed for members who anticipate needing more dental services and feature a higher level of coverage.
- Most plans available with or without cosmetic orthodontia coverage for members up to age 19.
- Annual maximum rollover benefit and implant coverage is included on the Deluxe PPO 100/90/60/50 $1,500 w/ Rollover.
- Implant coverage is included on the Deluxe PPO 100/90/60/50 $3,000.

Elite

- Our Elite PPO plans are designed for members who want the highest level of coverage.
- Orthodontia coverage is available on some plans.
- Annual maximum rollover benefit is included on Elite PPO 100/100/50/50 $2,000 w/ Rollover.

PPO plans	Preventive PPO 100/0/0/0 $1,000 Preferred PPO 100/50/0/0 $1,000	Active PPO plans 100/80/50/0/0 $1,000 100/80/50/00 $1,500
Maximums and deductibles		
Annual deductible (per person/family)[1]	$0 or $50/$150	$50/$150
Annual maximum dental benefit per insured person[1,2]	$1,000	$1,000 or $1,500
Orthodontia lifetime maximum per insured person for under age 19	Not covered	Not covered
Network		
Network reimbursement	IBX Dental PPO network	IBX Dental PPO network
Out-of-network reimbursement	MAC or 90th	MAC or 90th
Class 1 diagnostic and preventive services	**In-network/ Out-of-network**	**In-network/ Out-of-network**
Exams and cleanings	100%	100%/80%
Extra cleaning for diabetes and pregnancy	100%	100%/80%
Preventive Reward[3]	Yes	Yes
X-rays	100%	100%/80%
Topical fluoride and sealants	100%	100%/80%
Teledentistry, synchronous or asynchronous	100%	100%/80%
Class 2 basic services		
Space maintainers	Not covered or 50%	80%/60%
Restorative services (including white fillings)	Not covered or 50%	80%/60%
Endodontic services	Not covered or 50%	80%/60%
Periodontal services	Not covered or 50%	80%/60%
Oral surgery	Not covered or 50%	80%/60%
General anesthesia	Not covered or 50%	80%/60%
Class 3 major services		
Crowns, inlays, and onlays	Not covered	50%/50%
Prosthetics (bridges, dentures)	Not covered	50%/50%
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	Not covered	50%/50%
Implants	Not covered	Not covered
Orthodontics (for dependents to age 19)		
Orthodontia	Not covered	Not covered
Annual maximum rollover		
Annual maximum rollover	Not covered	Not covered

1 Class 1 services: Deductible does not apply and does not count towards the annual maximum

2 Applies to the combination of services received from network and non-network dentists

3 In-network only benefit

PPO plans	Active PPO plans 100/90/60/00 $1,000 100/90/60/00 $1,500	Premier PPO plans 100/80/50/0 $1,000 100/80/50/50 $1,000 100/80/50/0 $1,500 100/80/50/50 $1,500 100/80/50/50 $2,000 100/80/50/50 $2,500 100/80/50/50 $3,000 100/80/50/500 $1,500 w/ Rollover
Maximums and deductibles		
Annual deductible (per person/family)[1]	$50/$150	$50/$150
Annual maximum dental benefit per insured person[1,2]	$1,000 or $1,500	$1,000, $1,500, $2,000, $2,500, or $3,000
Orthodontia lifetime maximum per insured person for under age 19	Not covered	Not covered or $1,000
Network		
Network reimbursement	IBX Dental PPO network	IBX Dental PPO network
Out-of-network reimbursement	MAC or 90th	MAC or 90th
Class 1 diagnostic and preventive services	**In-network/ Out-of-network**	**In-network/ Out-of-network**
Exams and cleanings	100%	100%
Extra cleaning for diabetes and pregnancy	100%	100%
Preventive Reward[3]	Yes	Yes
X-rays	100%	100%
Topical fluoride and sealants	100%	100%
Teledentistry, synchronous or asynchronous	100%	100%
Class 2 basic services		
Space maintainers	90%/80%	80%
Restorative services (including white fillings)	90%/80%	80%
Endodontic services	90%/80%	80%
Periodontal services	90%/80%	80%
Oral surgery	90%/80%	80%
General anesthesia	90%/80%	80%
Class 3 major services		
Crowns, inlays, and onlays	60%/50%	50%
Prosthetics (bridges, dentures)	60%/50%	50%
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	60%/50%	50%
Implants	Not covered	Not covered or at 50%[4,5]
Orthodontics (for dependents to age 19)		
Orthodontia	Not covered	Not covered or 50%
Annual maximum rollover		
Annual maximum rollover*	Not covered	Included on one plan (Premier Plan 100/80/50/500 $1,500 w/ Rollover)[4]

* Please see footnote 2 on page 27.

1 Class 1 services: Deductible does not apply and does not count towards the annual maximum

2 Applies to the combination of services received from network and non-network dentists

3 In-network only benefit

4 Implant coverage is included on: Premier PPO 100/80/50/50 $1,500, Premier PPO 100/80/50/50 $2,000, Premier PPO 100/80/50/50 $2,500, and Premier PPO 100/80/50/50 $3,000

5 Includes implant coverage and rollover benefit: Premier PPO 100/80/50/50 $1,500 (MAC) w/ Rollover.

PPO plans	Deluxe PPO plans 100/90/60/0 $1,500 100/90/60/50 $1,500 100/90/60/0 $2,000 100/90/60/50 $2,000 100/90/60/50 $2,500 100/90/60/50 $3,000 100/90/60/50 $1,500 w/ Rollover	Elite PPO plans 100/100/50/0 $2,000 100/100/50/50 $2,000 100/100/50/50 $2,000 w/ Rollover
Maximums and deductibles		
Annual deductible (per person/family)[1]	$50/$150	$50/$150
Annual maximum dental benefit per insured person[1,2]	$1,500, $2,000, $2,500, $3,000	$2,000
Orthodontia lifetime maximum per insured person for under age 19	Not covered or $1,000	Not covered or $1,000
Network		
Network reimbursement	IBX Dental PPO network	IBX Dental PPO network
Out-of-network reimbursement	MAC or 90th	MAC or 90th
Class 1 diagnostic and preventive services	**In-network/ Out-of-network**	**In-network/ Out-of-network**
Exams and cleanings	100%	100%
Extra cleaning for diabetes and pregnancy	100%	100%
Preventive Reward[3]	Yes	Yes
X-rays	100%	100%
Topical fluoride and sealants	100%	100%
Teledentistry, synchronous or asynchronous	100%	100%
Class 2 basic services		
Space maintainers	90%	100%
Restorative services (including white fillings)	90%	100%
Endodontic services	90%	100%
Periodontal services	90%	100%
Oral surgery	90%	100%
General anesthesia	90%	100%
Class 3 major services		
Crowns, inlays, and onlays	60%	50%
Prosthetics (bridges, dentures)	60%	50%
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	60%	50%
Implants	Not covered or 60%[4]	Not covered or 50%
Orthodontics (for dependents to age 19)		
Orthodontia	Not covered or 50%	Not covered or 50%
Annual maximum rollover		
Annual maximum rollover*	Included on one plan (Deluxe PPO 100/90/60/50 $1,500 w/ Rollover)	Included on Elite PPO 100/100/50/50 $2,000 w/ Rollover

* Please see footnote 2 on page 27.

1 Class 1 services: Deductible does not apply and does not count towards the annual maximum

2 Applies to the combination of services received from network and non-network dentists

3 In-network only benefit

4 Implant coverage is included on only available on PPO 100/90/60/50 $3,000.

PPO plans	Value PPO plans 80/50/20/0 $1,000 Low 80/50/20/50 $1,000 Low	Premier PPO plans 100/80/50/0 $1,000 Low 100/80/50/50 $1,000 Low
Maximums and deductibles		
Annual deductible (per person/family)[1]	$50/$150	$50/$150
Annual maximum dental benefit per insured person[1,2]	$1,000	$1,000
Orthodontia lifetime maximum per insured person for under age 19	Not covered or $1,000	Not covered or $1,000
Network		
Network reimbursement	IBX Dental PPO network	IBX Dental PPO network
Out-of-network reimbursement	MAC or 90th	MAC or 90th
Class 1 diagnostic and preventive services	**In-network/ Out-of-network**	**In-network/ Out-of-network**
Exams and cleanings	80%	100%
Extra cleaning for diabetes and pregnancy	80%	100%
Preventive Reward[3]	Yes	Yes
X-rays	80%	100%
Topical fluoride and sealants	80%	100%
Teledentistry, synchronous or asynchronous	80%	100%
Class 2 basic services		
Space maintainers	50%	80%
Restorative services (including white fillings)	50%	80%
Class 3 major services		
Endodontic services	20%	50%
Periodontal services	20%	50%
Oral surgery	20%	50%
General anesthesia	20%	50%
Crowns, inlays, and onlays	20%	50%
Prosthetics (bridges, dentures)	20%	50%
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	20%	50%
Implants	Not covered	Not covered
Orthodontics (for dependents to age 19)		
Orthodontia	Not covered or 50%	Not covered or 50%
Annual maximum rollover		
Annual maximum rollover	Not covered	Not covered

1 Class 1 services: Deductible does not apply and does not count towards the annual maximum

2 Applies to the combination of services received from network and non-network dentists

3 In-network only benefit

IBX Dental — EPO plans

Our two EPO dental plans (EPO High and EPO Low) help save money by offering lower premiums than typical PPO plans and feature fixed copays to help members predict out-of-pocket costs when they visit an in-network provider. EPO plans have no waiting period, and members will have access to the IBX PPO and GRID/GRID+ networks.

EPO

High

- Enhanced level of coverage featuring lower copays and orthodontia coverage for members up to age 19

Low

- Predictable, fixed copay schedule with a more affordable premium
- Plan does not include orthodontia

Both of our EPO dental plans include the annual maximum rollover benefit to help members maintain good oral health

A maximum of $2,500 can be rolled over per individual on the plan over time, helping members' dental dollars go further. Preventive services do not count towards the annual maximum.

EPO plans	EPO High and Low plans*
Maximums and deductibles	
Annual deductible (per person/family)	$25/$75
Annual maximum dental benefit per insured person	$2,000
Orthodontia lifetime maximum per insured person for under age 19	Not covered or $1,000
Network	
Network reimbursement	IBX Dental PPO network
Out-of-network reimbursement	N/A = Not covered
Class 1 diagnostic and preventive services	**In-network only**
Exams and cleanings	$0 – $40
Extra cleaning for diabetes and pregnancy	$0 – $40
Preventive Reward	Yes
X-rays	$0 – $0
Topical fluoride and sealants	$0 – $18
Teledentistry, synchronous or asynchronous	$20
Class 2 basic services	
Space maintainers	$30 – $115
Restorative services (including white fillings)	$15 – $115
Class 3 major services	
Endodontic services	$10 – $780
Periodontic services	$23 – $626
Oral surgery	$29 – $2,300
General anesthesia	$0 – $117
Crowns, inlays, and onlays	$20 – $625
Periodontal (bridges, dentures)	$20 – $625
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	$20 – $625
Implants	$24 – $1,360
Orthodontics (for dependents to age 19)	
Orthodontia	Not covered or 50%
Annual maximum rollover	
Annual maximum rollover†	Covered

*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

†Please see footnote 2 on page 27.

IBX Dental — Managed Care plans

We offer two Managed Care copay plans (Managed Care High and Managed Care Low) that offer coverage for the whole family. These plans are ideal for members who require lower dental maintenance. These plans feature no deductible, no waiting periods, and no annual maximum.

Managed Dental Care plan options require the selection of a Primary Dental Office (PDO) from the plan's Managed Dental Care network. The member's PDO provides routine care and arranges or provides most other necessary and appropriate dental services. Except for emergency services, benefits are covered only when provided or properly referred by the member's PDO. The manner of accessing benefits through the PDO is made clear in the terms of the Group Contract and Certificate of Coverage.

Managed Care

High

- Offers an enhanced level of coverage featuring lower copays, deeper discounts, and orthodontia coverage for members up to age 19

Low

- Features predictable, fixed copays at a more affordable premium
- Plan does not include orthodontia

Large network of providers

Our Managed Care plans have one of the largest Managed Care networks in the region with over 6,600 points of access.

Managed Care plans	Managed Care High and Low Plans*
Maximums and deductibles	
Annual deductible (per person/family)	N/A
Annual maximum dental benefit per insured person	N/A
Orthodontia lifetime maximum per insured person for under age 19	N/A
Network	
Network reimbursement	IBX Dental Managed Care network
Out-of-network reimbursement	N/A = Not covered
Class 1 diagnostic and preventive services	**In-network only**
Exams and cleanings	$0 – $40
Extra cleaning for diabetes and pregnancy	$0 – $40
Preventive Reward	Yes
X-rays	$0 – $30
Topical fluoride and sealants	$0 – $18
Teledentistry, synchronous or asynchronous	$0
Class 2 basic services	
Space maintainers	$30 – $184
Restorative services (including white fillings)	$19 – $175
Class 3 major services	
Endodontic services	$21 – $379
Periodontal services	$32 – $576
Oral surgery	$25 – $360
General anesthesia	$0 – $103
Crowns, inlays, and onlays	$18 – $723
Prosthetics (bridges, dentures)	$124 – $664
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	$29 – $333
Implants	Not covered
Orthodontics (for dependents to age 19)	
Orthodontia	$118 – $3,658 (Up to age 19)
Annual max rollover	
Annual max rollover	Not covered

*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

PPO plans	Limitations
Diagnostic and preventive services	
Oral evaluations (exams)	Two per calendar year, including a maximum of one comprehensive evaluation per 36 months
Emergency or problem-focused exam	One per calendar year
Prophylaxis (cleaning, scaling, and polishing teeth)	Two per calendar year; one additional cleaning is covered for pregnancy or diabetes
Preventive Rewards	Primary subscriber will receive a $20 payment for each family member that receives two cleanings during the calendar year from a participating PPO network dentist. Contact your Benefit Administrator for details.
Topical fluoride	One per calendar year, up to age 16
Bitewing X-rays	Two per calendar year
Full mouth or panoramic X-ray	One per 60 months
Emergency palliative treatment	Only if no services other than exam and X-rays were performed on the same date of service
Sealants	Sealants – One per tooth per three calendar year(s) under age 16 on permanent first and second molars
Teledentistry, synchronous or asynchronous	No limits (must be accompanied by a covered procedure)
Space maintainers	Used to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment)
Restorative services	
Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations)	Per tooth, per surface every 24 months
Pin retention of fillings	Multiple pins on the same tooth are allowable as one pin
Oral surgery	
Oral surgery, including postoperative care for coronectomy, intentional partial tooth removal	One per tooth per lifetime
Endodontic services	
Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to root canal therapy	Not covered if pulp chamber was opened before effective date of coverage
Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to retrograde fillings	One per root per lifetime
Periodontic services	
Periodontic services, limited to periodontal maintenance	Periodontal maintenance following active periodontal therapy – Two per 12 months in addition to routine prophylaxis
Periodontic services, limited to root scaling and planing	One per quadrant per 24 months
Periodontic services, limited to pedicle or free soft tissue graft	One per 24 months, per area of the mouth
Periodontic services, limited to occlusal guard (night guards)	One per five years within six months of osseous surgery
Periodontic services, limited to full mouth debridement	One per lifetime
Periodontic services, limited to scaling in presence of generalized moderate or severe gingival inflammation	Full mouth, after oral evaluation and in lieu of a covered prophylaxis (cleaning, scaling, and polishing teeth), limited to one per two years

PPO plans	Limitations
Repairs and adjustments	
Recementing bridges, inlays, onlays, and crowns	After first 12 months of insertion and per 12 months per tooth thereafter
Anesthesia	
General anesthesia and analgesia, including intravenous sedation	Covered in conjunction with covered oral surgery or periodontal surgery
Crowns, inlays, onlays, and restorative services	
Restoration services, limited to cast metal, resin-based or porcelain/ceramic inlay, onlay, and crown	Limited to a tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
Restoration services, limited to replacement of existing inlay, onlay, or crown	Single crowns, inlays, onlays – Not within five calendar years of previous placement of any of the procedures in this category Replacement of natural tooth/teeth in an arch – Not within five calendar years of a fixed partial denture, full denture, or partial removable denture
Restoration services, limited to stainless steel crowns	Up to age 14 (one per tooth per lifetime)
Restoration services, limited to post and core	Buildups and post and cores – Not within five calendar years of previous placement of any of the procedures in this category
Prosthetics	
Prosthetic services, limited to replacement of removable dentures or fixed bridges	That cannot be repaired after five years from the date of last placement
Prosthetic services, limited to relining or rebasing of existing removable dentures	One per 24 months (only after 24 months from date of last placement)
Prosthetic services, limited to tissue conditioning	One treatment per seven years (not covered when performed within six months of any denture)
Implants and related services	
Implants and related services	Replacement limited to five years from the date of original placement
Orthodontia	
Orthodontia services not covered	No limits when a covered benefit. Payment for orthodontic services, if covered, shall cease at the end of the month after termination by the Company
Other	
Diagnostic cast (study model)	One per 36 months

PPO plan exclusions

1. Services which are covered under worker's compensation or employer's liability laws or the PA Motor Vehicle Financial Responsibility Law.
2. Services which are not necessary and appropriate dental services for the patient's dental health as determined by the plan.
3. Reconstructive, plastic, cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism, or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs (with the exception of antibiotic injections administered by a dentist).
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement of dentures, bridges, inlays, onlays, or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of temporomandibular disorder (TMD) syndromes, problems, and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of nonpathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen, or damaged prosthetic or orthodontic appliances.
14. Athletic mouthguards.
15. Precision or semi-precision attachments
16. Denture duplication.
17. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
18. Procedures that in the opinion of the plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the member's condition.
19. Preventive restorations.
20. Periodontal splinting of teeth by any method.
21. For which in the absence of insurance, the member would incur no charge.
22. For plaque control programs, tobacco counseling, oral hygiene, and dietary instructions.
23. Incomplete treatment (e.g. patient does not return to complete treatment) and temporary services (e.g. temporary restorations).
24. Procedures that are: part of a service but are reported as separate services; reported in a treatment sequence that is not appropriate; and misreported or that represent a procedure other than the one reported.
25. Fees for broken appointments.
26. Implants and related services, including implant removal.*

* This exclusion would be included when the plan does not cover implants.

EPO plans	Limitations
Diagnostic and preventive services	
Oral evaluations (exams)	Two evaluations per calendar year, including a maximum of one comprehensive evaluation per 36 months
Emergency or problem-focused exam	One emergency or problem-focused exam per calendar year
Prophylaxis (cleaning, scaling, and polishing teeth)	Two teeth cleanings (prophylaxis) are covered per calendar year; one additional cleaning is covered during pregnancy and for diabetic patients
Preventive Rewards	Primary subscriber will receive a $20 payment for each family member that receives two cleanings during the calendar year from a participating PPO network dentist. Contact your Benefit Administrator for details.
Topical fluoride	One topical fluoride per calendar year, up to age 16
Bitewing X-rays	Two per calendar year
Full mouth or panoramic X-ray	One full mouth or panoramic X-ray per 60 months
Emergency palliative treatment	Only covered at the same cost-share as if the member visited a participating dentist
Sealants	One sealant per tooth per lifetime, up to age 16 (limited to permanent first and second molars)
Teledentistry, synchronous or asynchronous	Limited to two per calendar year (must be accompanied by a covered procedure)
Space maintainers	Space maintainers to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment)
Restorative services	
Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations)	Per tooth, per surface every 24 months
Pin retention of fillings	Multiple pins on the same tooth are allowable as one pin
Oral surgery	
Oral surgery, including postoperative care for coronectomy, intentional partial tooth removal	One per tooth per lifetime
Oral surgery, including postoperative care for: removal of teeth, including impacted teeth; extraction of tooth root; alveolectomy, alveoplasty, and frenectomy; excision of periocoronal gingiva, exostosis, or hyperplastic tissue and excision of oral tissue for biopsy; tooth reimplantation and/or stabilization; tooth transplantation; excision of a tumor or cyst and incision and drainage of an abscess or cyst	a. Removal of teeth, including impacted teeth b. Extraction of tooth root c. Alveolectomy, alveoplasty, and frenectomy d. Excision of periocoronal gingiva, exostosis, or hyperplastic tissue, and excision of oral tissue for biopsy e. Tooth reimplantation and/or stabilization; tooth transplantation f. Excision of a tumor or cyst and incision and drainage of an abscess or cyst
Endodontic services	
Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to root canal therapy	Root canal therapy not covered if pulp chamber was opened before effective date of coverage
Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to retrograde fillings	Retrograde fillings, per root per lifetime
Periodontic services	
Periodontic services, limited to periodontal maintenance	Two periodontal maintenance visits following surgery per calendar year
Periodontic services, limited to root scaling and planing	One scaling and root planing per quadrant per 24 months from age 21
Periodontic services, limited to pedicle or free soft tissue graft	One pedicle or free soft tissue graft per site per lifetime
Periodontic services, limited to occlusal guard (night guards)	One appliance (night guard) per five years within six months of osseous surgery
Periodontic services, limited to full mouth debridement	One full mouth debridement per lifetime
Periodontic services, limited to scaling in presence of generalized moderate or severe gingival inflammation	Scaling in presence of generalized moderate or severe gingival inflammation — Full mouth, after oral evaluation and in lieu of a covered cleaning (prophylaxis), limited to one per two years

EPO plans	Limitations
Repairs and adjustments	
Recementing bridges, inlays, onlays, and crowns	Recementing bridges, inlays, onlays, and crowns after 12 months of insertion and per 12 months per tooth thereafter
Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to retrograde fillings	One repair of dentures or fixed bridgework per 24 months
Anesthesia	
General anesthesia and analgesia, including intravenous sedation	General anesthesia and analgesia, including intravenous sedation, in conjunction with covered oral surgery, periodontal surgery, or implant placement procedures
Crowns, inlays, onlays, and restorative services	
Restoration services	Restoration services limited to: a. Cast metal, resin-based, gold, or porcelain/ceramic inlay, onlay, and crown for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling b. Replacement of existing inlay, onlay, or crown, after seven years of the restoration initially placed or last replaced c. Stainless steel crowns up to age 14 (one per tooth per lifetime) d. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally
Prosthetics	
Prosthetic services	Prosthetic services limited to: a. Initial placement of removable dentures or fixed bridges b. Replacement of removable dentures or fixed bridges that cannot be repaired after seven years from the date of last placement c. Addition of teeth to existing partial denture d. One relining or rebasing of existing removable dentures per 24 months e. One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two years
Implants and related services	
Implants and related services	Endosteal implant, a device surgically inserted into the bone to provide support for a single restoration when used in lieu of a three unit bridge and adjacent abutment teeth are not to be restored, age 16 or older, once per tooth per 60 months
Prosthetic services related to implants and related services	One scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two years
Orthodontia	
Orthodontia services	Orthodontic services limited to diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy
Other	
Study model (diagnostic cast)	One study model per 36 months

EPO plan exclusions

Please refer to the section in your Certificate of Coverage titled "State Specific Exclusions" for additional exclusions, if applicable.

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the plan.
3. Reconstructive, plastic, cosmetic, elective, or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures and dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism, or development malformations where such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement of dentures, bridges, inlays, onlays, or crowns that can be repaired or restored to normal function.
10. Diagnosis or treatment of temporomandibular disorder (TMD) syndrome, problems, and/or occlusal disharmony.
11. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
12. Procedures not listed as covered services under this plan.
13. Replacement of lost, stolen, or damaged prosthetic or orthodontic appliances, athletic mouthguards, precision or semi-precision attachments, denture duplication, and periodontal splinting of teeth.
14. Services for increasing vertical dimension, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions.
15. Procedures that in the opinion of the plan are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the member's condition.

Managed Care plans	Limitations
Diagnostic and preventive services	
Oral evaluations (exams)	Two evaluations are covered per calendar year, including a maximum of one comprehensive evaluation
Emergency or problem-focused exam	One problem-focused exam is covered per calendar year
Prophylaxis (cleaning, scaling, and polishing teeth)	Two teeth cleanings (prophylaxis) are covered per calendar year; one additional cleaning is covered during pregnancy and for diabetic patients
Preventive Rewards	Primary subscriber will receive a $20 payment for each family member that receives two cleanings during the calendar year from a participating network dentist. Contact your Benefit Administrator for details.
Topical fluoride	One topical fluoride or fluoride varnish is covered per calendar year
Bitewing X-rays	Two bitewing X-rays are covered per calendar year
Full mouth or panoramic X-ray	One set of full mouth X-rays or panoramic film is covered every three years
Sealants	One sealant or preventive resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent first and second molars)
Teledentistry, synchronous or asynchronous	Limited to two per calendar year
Space maintainers	Distal shoe space maintainer – fixed – unilateral, limited to once per lifetime
Restorative services	
Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single surface restorations)	Replacement of a filling is covered if it is more than two years from the date of original placement
Oral surgery	
Oral surgery, including postoperative care for coronectomy, intentional partial tooth removal	Coronectomy, intentional partial tooth removal, once per tooth per lifetime
Endodontic services	
Endodontic services	Retreatment of root canal is covered if it is more than two years from the original treatment
Periodontic services	
Periodontic services, limited to periodontal maintenance	Periodontal maintenance after periodontal surgery is covered twice per calendar year, within 24 months after definitive periodontal therapy
Periodontic services, limited to root scaling and planing	Root planing or scaling is covered once every 24 months per quadrant
Periodontic services, limited to full mouth debridement	Full mouth debridement is covered once per lifetime
Periodontic services, limited to scaling in presence of generalized moderate or severe gingival inflammation	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years
Other periodontic services	Localized delivery of antimicrobial agents via a controlled release vehicle into disease cravicular tissue per tooth is limited to one benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per 12 months. Must have pocket depths of five millimeters or greater. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site
Crowns, inlays, onlays, and restorative services	
Restoration services	Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's usual, customary, and reasonable (UCR) fee minus 25 percent. All fees exclude material upgrades, including the cost of noble and precious metals. An additional fee will be charged by the participating dentist if these materials are used.
Prosthetics	
Prosthetic services	Replacement of a bridge, crown, or denture is covered if it is more than seven years from the date of original placement. Relining and rebasing of dentures is covered once every 24 months.
Implants and related services	
Implants and related services	Not covered in Managed Care standard plans
Prosthetic services related to implants and related services	Not covered in Managed Care standard plans
Orthodontia	
Orthodontia services	Orthodontia treatment is covered once per lifetime (High plan only)

Managed Care plan exclusions

1. Services which are covered under worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
2. Services which are not necessary for the patient's dental health as determined by the plan.
3. Cosmetic, elective, or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism, or development malformations where, in the opinion of the plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the plan (with the exception of out-of-area emergency dental services and/or for services provided when a member is referred to an out-of-network specialist).
12. Services related to the treatment of TMD (temporomandibular disorder).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a participating general dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth including third molars.
15. The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.*

* This exclusion will be Included on the High Plan only because orthodontia is standardly covered.

Underwriting guidelines

Maximum products offered

- Small employers (2–50) are allowed a maximum of one dental plan.
- Employers of 51+ are allowed a maximum of two dental plans. Certain plan combinations may not be eligible to be offered side by side.
- Any IBX PPO, EPO, and Managed Care dental plan may be paired with any IBX medical plan.
- Dental coverage must be offered alongside a fully insured medical plan.

Participation requirements

- For small employers, the participation requirement must match the medical participation requirement.
- For groups of 51+, a minimum of 75 percent of the medical enrollment is required.
- There must be enrollment in each plan offered.
- Orthodontia coverage is not available for employers with under 10 subscribers enrolled.
- For employers with under 25 enrolled subscribers, proof of prior coverage is required for orthodontia coverage.
- For large employers (51+), a dental plan may be offered to retirees if the medical plan includes coverage for retirees.

Employer contribution requirements

Employers must contribute a minimum of 50 percent of the calculated gross monthly premium for employee-only coverage or at least 25 percent of the premium for employee-plus dependent coverage.

Off anniversary changes

Upgrades and downgrades will only be allowed on anniversary.

Submission guidelines

- All offerings are subject to final underwriting review and acceptance.
- Additional guidelines and policies may apply. This document is for informational purposes only and is not intended to be all inclusive.

Footnotes

1 Available to be added to groups on a custom basis if not included on a standard plan.

2 To qualify for Annual maximum rollover, PPO dental plan members must meet the criteria below:

- Receive at least one preventive Class 1 service per year and have used less than the threshold amount. Each member on the plan (subscriber and dependents) would be eligible for the rollover.
- Be eligible for major services.
- Not exceed the rollover threshold amount in paid claims during the benefit year.
- Not have any gaps in coverage.

For EPO dental plans, a member may be eligible for a rollover of the unused annual maximum for Class 1, 2, and 3 Services. The following requirements must be adhered to:

- At least one claim must be submitted for Class 1 covered services during the benefit period.
- Must have received services in excess of any deductible.
- Must not have received services that exceed the service maximum, which is the amount paid by the dental plan.
- If eligible, the amount of rollover services may not be greater than the rollover maximum.

Please note the following additional information for PPO/EPO maximum rollover payments:

- Once the calendar/policy year maximum is exhausted, members can use the accrued maximum rollover account towards future covered services. Note: Services are still considered and paid according to the plan's benefits.
- Maximum rollover does not act like a flexible spending account; members do not receive money for services that are not covered.
- The account does not carry a cash value.
- The account is a per-person benefit, and each covered person has their own account.
- Each covered family member has their own account, and each must meet the requirements to have funds roll over. The funds accumulated in the account do not have an expiration date and remain in the account as long as the member/plan is active with no gaps/breaks in coverage.
- Maximum rollover does not apply to cosmetic services when there is a separate maximum for these services.
- Maximum rollover does not apply to orthodontia.
- A PPO or EPO dental plan member's rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service maximum is exceeded in any given benefit period.
- The rollover threshold is the maximum amount of paid benefits you can have during a benefit year and still receive the maximum rollover benefit; only claims incurred while you are covered by the plan count toward the threshold.

Independence

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.

Managed Dental Care plans require the selection of a Primary Dental Office (PDO) from the Plan's dental Managed Care network. The member's PDO provides routine care and arranges or provides most other necessary and appropriate Dental services. Except for emergency services, benefits are covered only when provided or properly referred by the member's PDO. The manner of accessing benefits through the PDO is made clear in the terms of the Group Contract and Certificate of Coverage.

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.

Independence

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