# Dental plans

Taking care of your smile is an important part of taking care of your health. Stand-alone dental plans are available for adults and families.

## Learn more about our dental plans

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.

### 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 EPO dental plan includes in-network coverage only.

### 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.*

### Waivers for waiting periods

If you had dental coverage with another carrier, you may be able to skip the waiting period. We'll need you to complete a quick form to confirm your eligibility.†

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

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

†To qualify, your coverage must be continuous, with no gap between your previous dental plan and your new IBX dental plan.

### 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.

### 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.

## How to apply

There are several ways to enroll in an adult dental 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. Monday – Friday, 8 a.m. – 4 p.m.

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# Choose your dental plan

Refer to the benefit overviews to learn more about our 2027 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%[4] |
| 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%[4] |
| 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) |
| Extractions, simple and surgical | 50% after deductible | 80% after deductible |
| 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 |

1 IBX 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 determined by IBX. If a member goes out of network, they may be balanced billed for the difference between the reimbursement amount and the provider's charge.

4 Benefits for this covered service do not count toward the annual maximum.

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

# Dental plans (continued)

Our adult and family dental plans offer comprehensive coverage, shorter waiting periods, and pediatric 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-network[3]** | **In-network/out-of-network[3]** |
| Exams and cleanings | 100%[4] | 100%/90%[4] |
| 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%[4] | 100%/90%[4] |
| 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%/50% (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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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 determined by IBX. If a member goes out of network, they may be balanced billed for the difference between the reimbursement amount and the provider's charge.

4 Benefits for this covered service do not count toward the annual maximum.

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

# 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 copay[3]** |
| 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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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 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.

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

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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.

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