



Rating Region: Western NY

Version Updated: 09/10/2021

| Package ID | HSFD-1-PPO | | HSPD-1-PPO | |
|--|--|--|--|--|
| Plan Name | Healthy Smile Family Dental | | Healthy Smile Premier Dental | |
| Plan Type | Passive PPO ACA Qualified | | Passive PPO ACA Qualified | |
| Effective Date | 01/01/2022 | | 01/01/2022 | |
| Rate (\$) | | | | |
| Single | \$24.52 | | \$31.63 | |
| Subscriber & Spouse | \$49.04 | | \$63.27 | |
| Subscriber & Child | \$63.45 | | \$78.97 | |
| Subscriber & Child(ren) | \$63.45 | | \$78.97 | |
| Family | \$97.94 | | \$122.72 | |
| Dental Plan Features | | | | |
| In Network | Coverage provided through Univera dental provider network | | Coverage provided through Univera dental provider network | |
| Out of network | Covered at fee schedule, subject to balance billing | | Covered at fee schedule, subject to balance billing | |
| Out of area | Covered at fee schedule, subject to balance billing | | Covered at fee schedule, subject to balance billing | |
| Dependents and students | Qualified dependents and students are covered to age 26 | | Qualified dependents and students are covered to age 26 | |
| Domestic partner | Covered | | Covered | |
| Waiting Periods | Adult only 12 month waiting period on major services | | Adult only 12 month waiting period on major services | |
| Orthodontia Lifetime Maximum includes dependents to age 19 | Does not apply | | Does not apply | |
| Dental Plan Benefits | | | | |
| Dental Plan Benefits | Pediatric (members to 19) | Adult | Pediatric (members to 19) | Adult |
| Annual Deductible | \$50 enrollee / \$150 two+ enrollees. Does not apply to preventive services. | \$50 Single / \$150 Family. Does not apply to preventive services. | \$50 enrollee / \$150 two+ enrollees. Does not apply to preventive services. | \$50 Single / \$150 Family. Does not apply to preventive services. |
| Annual Maximum | None | \$750 applies to all covered services | None | \$1,250 applies to all covered services |
| Out of Pocket Maximum | \$350 / \$700 (In network only) | None | \$350 / \$700 (In network only) | None |
| Covered Services | | | | |
| Covered Services | Pediatric (members to 19) | Adult | Pediatric (members to 19) | Adult |
| Preventive Cleanings | Covered at 100% | Covered at 100% | Covered at 100% | Covered at 100% |
| Exams | Covered at 50%, subject to deductible | Covered at 100% | Covered at 80%, subject to deductible | Covered at 100% |
| Fluoride treatments | Covered at 100% | Not Covered | Covered at 100% | Not Covered |
| Sealants | Covered at 100% | Not Covered | Covered at 100% | Not Covered |
| | | | | |

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|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Plan Name | Healthy Smile Family Dental | | Healthy Smile Premier Dental | |
| Bitewing x-rays | Covered at 50%, subject to deductible | Covered at 100% | Covered at 80%, subject to deductible | Covered at 100% |
| Full mouth and panorex x-rays | Covered at 50%, subject to deductible | Covered at 100% | Covered at 80%, subject to deductible | Covered at 100% |
| Space maintainers | Covered at 100% | Not Covered | Covered at 100% | Not Covered |
| Emergency palliative treatment | Covered at 100% | Covered at 100% | Covered at 100% | Covered at 100% |
| Fillings | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 80%, subject to deductible | Covered at 80%, subject to deductible |
| Simple Extraction Oral Surgery | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 80%, subject to deductible | Covered at 80%, subject to deductible |
| Oral surgery | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 80%, subject to deductible |
| Endodontics | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 80%, subject to deductible |
| Limited non-surgical Periodontic services due to medical conditions | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 80%, subject to deductible |
| Periodontal surgery | Not Covered | Covered at 50%, subject to deductible | Not Covered | Covered at 80%, subject to deductible |
| Periodontal scaling and root planing | Not Covered | Covered at 50%, subject to deductible | Not Covered | Covered at 80%, subject to deductible |
| Periodontal maintenance following surgery | Not Covered | Covered at 50%, subject to deductible | Not Covered | Covered at 80%, subject to deductible |
| Fixed prosthetics (limited Pediatric services covered) | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible |
| Removable prosthetics | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible |
| Inlays / Onlays | Not Covered | Covered at 50%, subject to deductible | Not Covered | Covered at 50%, subject to deductible |
| Crowns (Pediatric stainless steel only) | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 80%, subject to deductible | Covered at 50%, subject to deductible |
| Relines / rebases | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible | Covered at 50%, subject to deductible |
| Implants | Not Covered | Not Covered | Not Covered | Not Covered |
| Medically Necessary Orthodontics | Covered at 50%, subject to deductible | Not Covered | Covered at 50%, subject to deductible | Not Covered |
| Orthodontics | Not Covered | Not Covered | Not Covered | Not Covered |

This is not a contract or binding agreement, but a summary of benefits and services. You should rely on the subscriber contract as the complete description of member rights, responsibilities, benefits available under the benefit plan, and the definition of contract year as it applies to any benefit limitations. In the event of a dispute between this summary and your member contract, the member contract will prevail.

Certain services require pre-certification. Please refer to your contract for additional information regarding applicable services and penalties charged if pre-certification is not obtained.

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