



# Independence Blue Cross Dental

Independence 

**IBX**

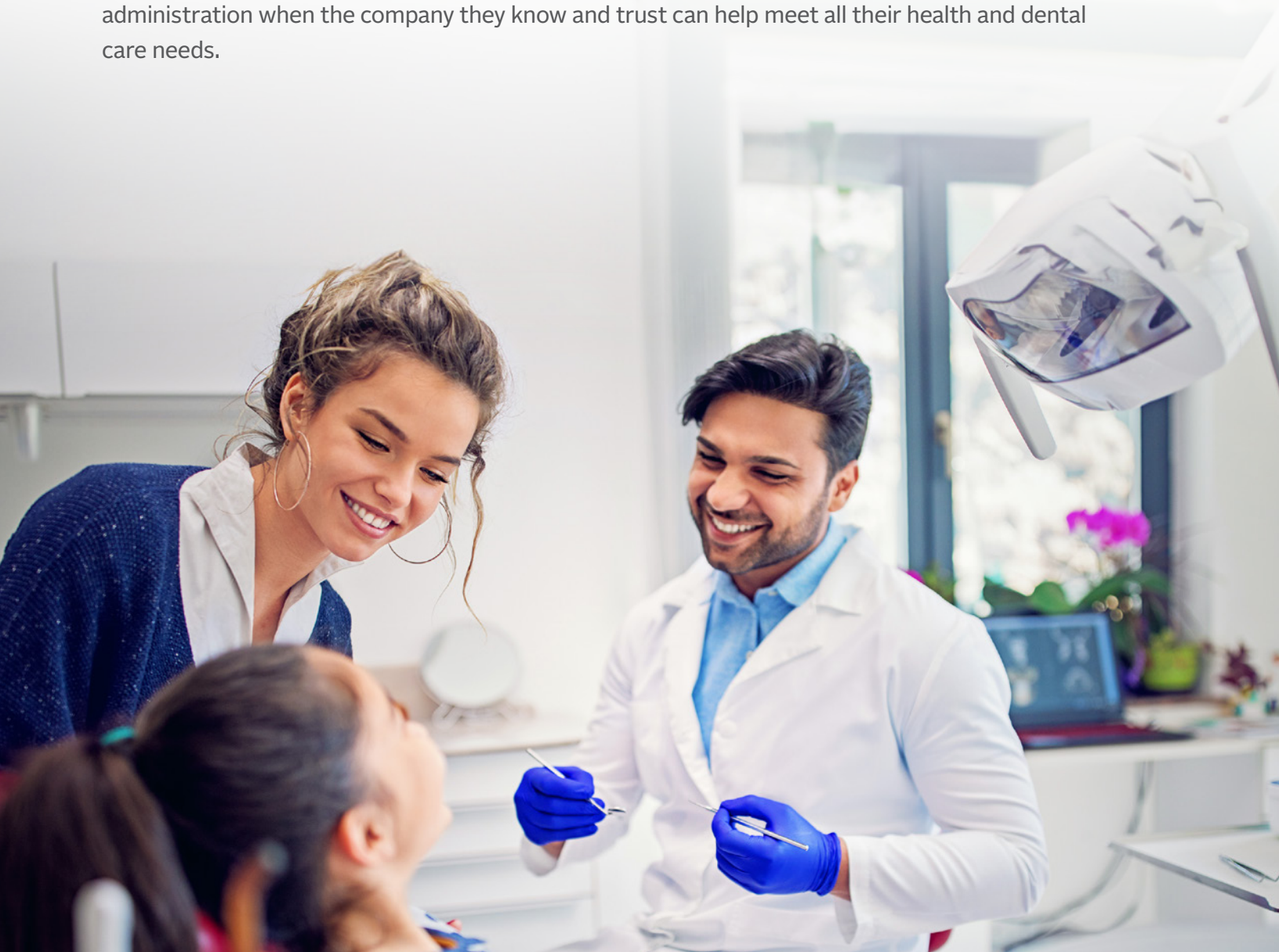
# We give you something to smile about

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. We're always looking for new ways to improve care. That's why we're proud to unveil our new Independence Blue Cross (IBX) Dental plans and network.

Designed to deliver on our whole-person health strategy, our affordable dental coverage 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.



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# 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**.\*
- **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.

## Why customers should choose IBX Dental

- **Comprehensive product portfolio** offers a variety of options, including PPO, EPO, and Managed Care dental plans.
- **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 specialty 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\*

\* Based on internal data.

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\*

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.

• Pregnancy benefit

Pregnant members are eligible for an additional cleaning.

• Chronic condition periodontal coverage\*\*

Members with certain chronic medical conditions, including diabetes and heart disease, have 100 percent coverage for additional periodontal services, surgery, and select procedures.

• Annual maximum rollover\*\*

Members can roll over a set amount of unused coverage dollars into the next benefit year. The rollover benefit encourages preventive care and good oral health, year over year, while reducing the potential for additional dental claims and costly medical conditions.



20M+ workdays are lost each year due to dental illness.\*\*\*

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:
<ul style="list-style-type: none"><li>• Access medical, dental, vision benefits, and more</li><li>• Check eligibility and billing</li></ul>	<ul style="list-style-type: none"><li>• Access medical, dental, vision benefits, and more</li><li>• Contact Member Services for all benefits</li><li>• View dental plan documents</li><li>• Use the Find a Dentist tool to locate local and national points of access</li></ul>

\* All provider offices may not offer teledentistry. Check with your provider.  
\*\* Available to be added to groups on a custom basis.  
\*\*\* Agency for Healthcare Research and Quality (US); October 2022



# IBX Dental plans

Choose from a variety of **PP0**, **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 offers 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 300+ groups.
- PPO plan out-of-network reimbursements available as either MAC or 90th percentile of UCR fees.
- 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.

### 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.

### Elite

- Our Elite PPO plans are designed for members who want the highest level of coverage.

# PPO plans

Plan names	Preventive PPO 100%/0%/0%/0% \$1000	Active PPO plan options PPO 100%/80%/50%/0% 0 \$1000 or PPO 100%/80%/50%/0% \$1500
	Preferred PPO 100%/50%/0%/0% \$1000	
<b>Maximums and deductibles</b>		
Annual deductible (per person/family)*	\$0	\$50/\$150
Annual Maximum dental benefit per insured person**	\$1000	\$1000 or \$1500
Orthodontia Lifetime Maximum per insured person for under age 19	Not covered	Not covered
<b>Network</b>		
Network reimbursement	IBX PPO network	IBX PPO network
OOB reimbursement	MAC or 90th UCR	MAC or 90th UCR
<b>Class 1 diagnostic and preventive services</b>		
Exams and cleanings	100%	100%/80%
Extra cleaning for diabetes and pregnancy	100%	100%/80%
Preventive Reward***	Yes	Yes
X-rays	100%	100%/80%
Topical fluoride and sealants	100%	100%/80%
Teledentistry, synchronous or asynchronous	100%	100%/80%
<b>Class 2 basic services</b>		
Space maintainers	Not covered or 50%	80%/60%
Restorative services (including white fillings)	Not covered or 50%	80%/60%
Endodontic services (root canals, etc.)	Not covered or 50%	80%/60%
Periodontics services (surgical and non-surgical)	Not covered or 50%	80%/60%
Oral surgery	Not covered or 50%	80%/60%
General anesthesia	Not covered or 50%	80%/60%
<b>Class 3 major services</b>		
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
<b>Orthodontics (for dependents to age 19)</b>		
Orthodontia	Not covered	Not covered

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

\*\* Applies to the combination of services received from network and non-network dentists.

\*\*\* In-network only benefit.



# PPO plans

Plan names	Active PPO plan options PPO 100%/90%/60%/0% \$1000 or PPO 100%/90%/60%/0% \$1500	Premier PPO plan options PPO 100%/80%/50%/0% \$1000 or PPO 100%/80%/50%/50% \$1000 or PPO 100%/80%/50%/0% \$1500 or PPO 100%/80%/50%/50% \$1500 or PPO 100%/80%/50%/50% \$2000 or PPO 100%/80%/50%/50% \$2500 or PPO 100%/80%/50%/50% \$3000
<b>Maximums and deductibles</b>		
Annual deductible (per person/family)*	\$50/\$150	\$50/\$150
Annual Maximum dental benefit per insured person**	\$1000 or \$1500	\$1000, \$1500 or \$3000
Orthodontia Lifetime Maximum per insured person for under age 19	Not covered	Not covered or \$1000
<b>Network</b>		
Network reimbursement	IBX PPO network	IBX PPO network
OON reimbursement	MAC or 90th UCR	MAC or 90th UCR
<b>Class 1 diagnostic and preventive services</b>	<b>In-network/ Out-of-network</b>	<b>In-network/ Out-of-network</b>
Exams and cleanings	100%	100%
Extra cleaning for diabetes and pregnancy	100%	100%
Preventive Reward***	Yes	Yes
X-rays	100%	100%
Topical fluoride and sealants	100%	100%
Teledentistry, synchronous or asynchronous	100%	100%
<b>Class 2 basic services</b>		
Space maintainers	90%/80%	80%
Restorative services (including white fillings)	90%/80%	80%
Endodontic services (root canals, etc.)	90%/80%	80%
Periodontics services (surgical and non-surgical)	90%/80%	80%
Oral surgery	90%/80%	80%
General anesthesia	90%/80%	80%
<b>Class 3 major services</b>		
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
<b>Orthodontics (for dependents to age 19)</b>		
Orthodontia	Not covered	Not covered or 50%

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

\*\* Applies to the combination of services received from network and non-network dentists.

\*\*\* In-network only benefit.

# PPO plans

Plan names	Deluxe PPO plan options	Elite PPO plan options
	PPO 100%/90%/60%/0% \$1500 or PPO 100%/90%/60%/50% \$1500 or PPO 100%/90%/60%/0% \$2000 or PPO 100%/90%/60%/50% \$2000 or PPO 100%/90%/60%/50% \$2500 or PPO 100%/90%/60%/50% \$3000	PPO 100%/100%/50%/0% \$2000 or PPO 100%/100%/50%/50% \$2000
<b>Maximums and deductibles</b>		
Annual deductible (per person/family)*	\$50/\$150	\$50/\$150
Annual Maximum dental benefit per insured person*, **	\$1500, \$2000, \$2500, \$3000	\$2000
Orthodontia Lifetime Maximum per insured person for under age 19	Not covered or \$1000	Not covered or \$1000
<b>Network</b>		
Network reimbursement	IBX PPO network	IBX PPO network
OON reimbursement	MAC or 90th UCR	MAC or 90th UCR
<b>Class 1 diagnostic and preventive services</b>		
Exams and cleanings	100%	100%
Extra cleaning for diabetes and pregnancy	100%	100%
Preventive Reward***	Yes	Yes
X-rays	100%	100%
Topical fluoride and sealants	100%	100%
Teledentistry, synchronous or asynchronous	100%	100%
<b>Class 2 basic services</b>		
Space maintainers	90%	100%
Restorative services (including white fillings)	90%	100%
Endodontic services (root canals, etc.)	90%	100%
Periodontics services (surgical and non-surgical)	90%	100%
Oral surgery	90%	100%
General anesthesia	90%	100%
<b>Class 3 major services</b>		
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%****	Not covered or 50%*****
<b>Orthodontics (for dependents to age 19)</b>		
Orthodontia	Not covered or 50%	Not covered or 50%

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

\*\* Applies to the combination of services received from network and non-network dentists.

\*\*\* In-network only benefit.

\*\*\*\* Only available on PPO 100%/90%/60%/50% \$3000.

\*\*\*\*\* Only available on:

PPO 100%/80%/50%/50% \$1500  
PPO 100%/80%/50%/50% \$2000  
PPO 100%/80%/50%/50% \$2500  
PPO 100%/80%/50%/50% \$3000

# PPO plans

Plan names	Value PPO plan options	Premier PPO plan options
	PPO 80%/50%/20%/50% \$1000 Low or PPO 80%/50%/20%/0% \$1000 Low	PPO 100%/80%/50%/0% \$1000 Low or PPO 100%/80%/50%/50% \$1000 Low
<b>Maximums and deductibles</b>		
Annual deductible (per person/family)*	\$50/\$150	\$50/\$150
Annual Maximum dental benefit per insured person*, **	\$1000	\$1000
Orthodontia Lifetime Maximum per insured person for under age 19	Not covered or \$1000	Not covered or \$1000
<b>Network</b>		
Network reimbursement	IBX PPO network	IBX PPO network
OON reimbursement	MAC or 90th UCR	MAC or 90th UCR
<b>Class 1 diagnostic and preventive services</b>	<b>In-network/ Out-of-network</b>	<b>In-network/ Out-of-network</b>
Exams and cleanings	80%	100%
Extra cleaning for diabetes and pregnancy	80%	100%
Preventive Reward***	Yes	Yes
X-rays	80%	100%
Topical fluoride and sealants	80%	100%
Teledentistry, synchronous or asynchronous	80%	100%
<b>Class 2 basic services</b>		
Space maintainers	50%	80%
Restorative services (including white fillings)	50%	80%
<b>Class 3 major services</b>		
Endodontic Services (Root canals, etc.)	20%	50%
Periodontics Services (Surgical and non-surgical)	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
<b>Orthodontics (for dependents to age 19)</b>		
Orthodontia	Not covered or 50%	Not covered or 50%

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

\*\* Applies to the combination of services received from network and non-network dentists.

\*\*\* 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

## EPO Low

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



### Our EPO dental plans encourage preventive care to 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.

# 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

## Managed Care 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.



Plan names	EPO High and Low Plans	Managed Care High and Low Plans
<b>Maximums and deductibles</b>		
Annual deductible (per person/family)	N/A	N/A
Annual Maximum dental benefit per insured person	\$2000	N/A
Orthodontia Lifetime Maximum per insured person for under age 19	Not covered or \$1000	N/A
<b>Network</b>		
Network reimbursement	IBX PPO network	IBX Managed Care network
OON reimbursement	N/A = Not covered	N/A = Not covered
<b>Class 1 diagnostic and preventive services</b>		
	<b>In-network only</b>	<b>In-network only</b>
Exams and cleanings	\$0 – \$40	\$0 – \$40
Extra cleaning for diabetes and pregnancy	\$0 – \$40	\$0 – \$40
Preventive Reward	Yes	Yes
X-rays	\$0 – \$0	\$0 – \$30
Topical fluoride and sealants	\$0 – \$18	\$0 – \$18
Teledentistry, synchronous or asynchronous	\$20	\$0
<b>Class 2 basic services</b>		
Space maintainers	\$30 – \$115	\$30 – \$184
Restorative services (including white fillings)	\$15 – \$115	\$19 – \$175
<b>Class 3 major services</b>		
Endodontic services (root canals, etc.)	\$10 – \$780	\$21 – \$379
Periodontic services (surgical and non-surgical)	\$23 – \$626	\$32 – \$576
Oral surgery	\$29 – \$2300	\$25 – \$360
General anesthesia	\$0 – \$117	\$0 – \$103
Crowns, inlays, and onlays	\$20 – \$625	\$18 – \$723
Prosthetics (bridges, dentures)	\$20 – \$625	\$124 – \$664
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	\$20 – \$625	\$29 – \$333
Implants	\$24 – \$1360	Not covered
<b>Orthodontics (for dependents to age 19)</b>		
Orthodontia	Not covered or 50%	\$118 – \$3658 (Up to age 19)

## Standard limitations – PPO plans

Service description	Limitations
<b>Diagnostic and preventive services</b>	
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)
<b>Restorative services</b>	
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
<b>Oral surgery</b>	
Oral surgery, including postoperative care for coronectomy, intentional partial tooth removal	One per tooth per lifetime
<b>Endodontic services</b>	
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
<b>Periodontic services</b>	
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
<b>Repairs and adjustments</b>	
Recementing bridges, inlays, onlays, and crowns	After first 12 months of insertion and per 12 months per tooth thereafter
<b>Anesthesia</b>	
General anesthesia and analgesia, including intravenous sedation	Covered in conjunction with covered oral surgery or periodontal surgery
<b>Crowns, inlays, onlays, and restorative services</b>	
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
<b>Prosthetics</b>	
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)
<b>Implants and related services</b>	
Implants and related services	Replacement limited to five years from the date of original placement
<b>Orthodontia</b>	
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
<b>Other</b>	
Diagnostic cast (study model)	One per 36 months

## Standard limitations – EPO plans

Service description	Limitations
<b>Diagnostic and preventive services</b>	
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)
<b>Restorative services</b>	
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
<b>Oral surgery</b>	
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 pericoronal 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	<ul style="list-style-type: none"> <li>a. Removal of teeth, including impacted teeth</li> <li>b. Extraction of tooth root</li> <li>c. Alveolectomy, alveoplasty, and frenectomy</li> <li>d. Excision of pericoronal gingiva, exostosis, or hyperplastic tissue, and excision of oral tissue for biopsy</li> <li>e. Tooth reimplantation and/or stabilization; tooth transplantation</li> <li>f. Excision of a tumor or cyst and incision and drainage of an abscess or cyst</li> </ul>
<b>Endodontic services</b>	
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
<b>Periodontic services</b>	
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
<b>Repairs and adjustments</b>	
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
<b>Anesthesia</b>	
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
<b>Crowns, inlays, onlays, and restorative services</b>	
Restoration services	Restoration services limited to: <ul style="list-style-type: none"> <li>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</li> <li>b. Replacement of existing inlay, onlay, or crown, after seven years of the restoration initially placed or last replaced</li> <li>c. Stainless steel crowns up to age 14 (one per tooth per lifetime)</li> <li>d. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally</li> </ul>
<b>Prosthetics</b>	
Prosthetic services	Prosthetic services limited to: <ul style="list-style-type: none"> <li>a. Initial placement of removable dentures or fixed bridges</li> <li>b. Replacement of removable dentures or fixed bridges that cannot be repaired after seven years from the date of last placement</li> <li>c. Addition of teeth to existing partial denture</li> <li>d. One relining or rebasing of existing removable dentures per 24 months</li> <li>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</li> </ul>
<b>Implants and related services</b>	
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
<b>Orthodontia</b>	
Orthodontia services	Orthodontic services limited to diagnostic services, active and retention treatment to include removable, fixed appliance therapy and limited and comprehensive therapy
<b>Other</b>	
Study model (diagnostic cast)	One study model per 36 months

## Standard limitations – Managed Care plans

Service description	Limitations
<b>Diagnostic and preventive services</b>	
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
<b>Restorative services</b>	
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
<b>Oral surgery</b>	
Oral surgery, including postoperative care for coronectomy, intentional partial tooth removal	Coronectomy, intentional partial tooth removal, once per tooth per lifetime
<b>Endodontic services</b>	
Endodontic services	Retreatment of root canal is covered if it is more than two years from the original treatment
<b>Periodontic services</b>	
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
<b>Crowns, inlays, onlays, and restorative services</b>	
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.
<b>Prosthetics</b>	
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.
<b>Implants and related services</b>	
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
<b>Orthodontia</b>	
Orthodontia services	Orthodontia treatment is covered once per lifetime (High plan only)



# 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.

# Important plan details

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.



**Contact your IBX specialty account  
representative for a quote.**

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.



3678950 (05-25)  
Effective July 1, 2024