

Capital Health Plan

PEDIATRIC DENTAL PLAN (BUNDLED WITH MEDICAL)

DELTA DENTAL PPO FOR SMALL BUSINESSES

Pediatric Basic Plan

Delta Dental PPO Plan		
Network	PPO Network	Premier Network or Non-Contracted
Maximum Contract Allowance (Reimbursement Basis)	PPO Contracted Fee*	PPO Contracted Fee**
<u>Dental Services Proposed</u>	<u>Paid By Plan</u>	<u>Paid By Plan</u>
Diagnostic	100%	100%
Preventive	100%	100%
Basic Restorative	50%	50%
Oral Surgery	50%	50%
Endodontics	50%	50%
Periodontics	50%	50%
Major Restorative	50%	50%
Prosthodontics	50%	50%
Orthodontics	50%	50%
Annual out-of-pocket maximum per child	\$350	N/A
Annual out-of-pocket maximum for 2+ children	\$700	N/A
Patient deductible per year	\$60	\$60
Deductible applies to all services. Orthodontic services are covered for medical necessity only. See attached schedule for a complete listing of all covered services and limitations.		

* PPO dentists agree to accept the PPO Contracted Fees as payment in full.

** Premier dentists agree to accept their Premier Contracted Fee as payment in full and cannot balance bill enrollees more than the difference between the contracted PPO fee and their Premier fee. Enrollees treated by non-contracted dentists may be responsible for the difference between the PPO Contracted Fees and the total fees submitted.

Fully Insured

One-Year Rate Guarantee

Monthly Rates (Per Child)
Small Group
\$25.58

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Assumptions and Guidelines

The products proposed are for small businesses purchasing dental coverage in Florida outside the exchange. Health care reform requirements are not finalized at the Federal level or within the state of Florida. Therefore, Delta Dental reserves the right to modify these products, plan designs and rates to meet Regulatory requirements as necessary. The proposed plan designs and rates are contingent upon receiving Regulatory approval.

Rates assume an effective date of January 1, 2019.

Pediatric Enrollees are covered to age 19.

Rates include 10.0% producer commission for small groups.

Rates are illustrative and statewide. Delta Dental reserves the right to modify these rates to a regional rate basis, as necessary.

Deductible amounts for Delta Dental PPO, Delta Dental Premier and Non-Participating providers are inclusive of each other and not in addition to.

Rates assume that this plan will be purchased in conjunction with a Capital Health Plan medical plan in a bundled arrangement (i.e. plans are separate) and that Capital Health Plan will be performing marketing, enrollment, billing payment and renewal functions.

Rates assume that the small group products renew annually, beginning January 1, 2020 and that each small group with these products would renew on their anniversary date, which is based on date of purchase.