



Dental Plans for Individuals and Families

The Massachusetts Health Connector now offers dental plans from the state's leading dental carriers to suit a variety of needs. You can buy plans for yourself, your children, or your whole family. You can choose from "high plans," which have more comprehensive benefits, "low plans" with more basic coverage, or a pediatric-only plan for children under age 19.

WHAT IS COVERED?

All Health Connector dental plans cover:

- Preventive services, such as regular cleanings and fluoride and sealants for children, and diagnostic services, such as x-rays
- Basic restorative services, such as regular fillings

Major restorative services, such as crowns and dentures, are covered for children under the age of 19. For adults, these services are covered if you purchase one of the high plans, which have more comprehensive coverage.

OUT-OF-POCKET COSTS

All Health Connector plans cover preventive and diagnostic services in full. For plans that include basic and major restorative services, only part of the costs are covered (this is called *co-insurance*) up to a yearly limit. This yearly limit (or *maximum annual per-person benefit*) only applies to adults 19 years and over.

There is no yearly limit on the costs that the plans will cover for children under the age of 19, and you will not have to pay more than \$1,000 a year (this is called your *maximum annual out-of-pocket*) for your child's dental care if you use an in-network provider.

WHICH DENTISTS CAN I CHOOSE?

You should always check to see which networks your preferred dental provider is in before you choose a plan. Some plans have larger networks of dentists, while others have more limited networks. Most plans will let you get care from a dental provider who is outside of their network, but you may have to pay more out of pocket.

COMPARING AND SHOPPING FOR PLANS

The chart on the next page shows the features and costs for the "standardized" Health Connector dental plans. Standardized plans are offered by different carriers and have different names but they all offer the same core benefits.

Non-standardized versions of these plans have different network sizes and deductibles and co-pays. More information about the different plans is available at MAhealthconnector.org.

IF YOU NEED HELP

- **Visit MAhealthconnector.org.** You'll find lots of details here, including information in other languages.
- **Call Customer Service** at 1-877 MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773.
- **For in-person help**, you can work with a Navigator or a Certified Application Counselor. These are people who have been trained to help you with the application process. For a list of Navigators or Certified Application Counselors in your area, visit MAhealthconnector.org.

Standardized Dental Plans

PLAN FEATURE/SERVICE	FAMILY HIGH (COMPREHENSIVE COVERAGE)	FAMILY LOW (BASIC COVERAGE)	PEDIATRIC ONLY
Plan Year Deductible	\$50 (individual) \$150 (family)	\$50 (individual) \$150 (family)	\$50
Deductible applies to:	Major & Minor Restorative	Major & Minor Restorative	Major & Minor Restorative
Maximum yearly per person benefit - For enrollees 19 yrs. and under	\$1,250	\$750	N/A
Maximum yearly out-of-pocket - For enrollees under 19 yrs. only	\$350 (1 child) \$700 (2 or more children)	\$350 (1 child) \$700 (2 or more children)	\$350 (1 child)
Preventive & Diagnostic Co-Insurance (percentage you pay for the service)	0% in-network 20% out-of-network	0% in-network 20% out-of-network	0% in-network 20% out-of-network
Minor (Basic) Restorative Services Co- Insurance (percentage you pay for the service)	25% in-network 45% out-of-network	25% in-network 45% out-of-network	25% in-network 45% out-of-network
Major Restorative Co-Insurance (percentage you pay for the service)	50% in-network 70% out-of-network	50% in-network 70% out-of-network No Major Restorative for enrollees 19 yrs. and under	50% in-network 70% out-of-network
Medically Necessary Orthodontia - For enrollees under 19 yrs. only (percentage you pay for the service)	50% in-network 70% out-of-network	50% in-network 70% out-of-network	50% in-network 70% out-of-network
Non-Medically Necessary Orthodontia - For enrollees under 19 yrs. only (percentage you pay for the service)	N/A	N/A	N/A