Coverage that will make you smile
Dental health is important to your well-being.

Access Health CT offers quality individual stand-alone dental plans (SADP) separate from your medical coverage. Having a plan not only helps your smile. It makes dental expenses more predictable, and people with this insurance are more likely to get routine dental care—saving them from other expensive health-related issues.

Did you know:

• Access Health CT offers individual stand-alone dental plans you can enroll in during the Annual Open Enrollment period (Nov. 1 – Dec. 15), or during a Special Enrollment Period if you qualify.

• All health insurance plans offered through Access Health CT include pediatric dental coverage for children under 19 years old.

• Those under age 19 might benefit from an individual stand-alone dental plan as well, since it covers many services, some with low member cost sharing and a low out-of-pocket maximum.

• Each individual stand-alone dental plan provides Diagnostic & Preventive coverage where members obtain important preventive services such as oral exams, dental cleanings, and x-rays from participating dentists.

Some benefits of dental coverage:

• Waiting until there’s a problem often means treatment will be more involved and potentially costly.

• Dental exams can help identify up to 120* different medical conditions.

• Major general health issues like heart disease can be linked to poor dental health.

*Oral Diagnosis, Oral Medicine and Treatment Planning, 1994, S. Bricker, R. Langlais and C. Miller

About Access Health CT

Access Health CT is Connecticut’s official health insurance marketplace, where you can shop, compare and enroll in quality healthcare plans. And it is the only place where you can qualify for financial help to lower your costs, or if eligible, enroll into free or low-cost coverage through HUSKY Health (Medicaid/Children’s Health Insurance Program).

Access Health CT’s mission is to increase the number of insured CT residents, improve healthcare quality, lower costs and reduce health disparities.
Plan details:
Anthem Blue Cross & Blue Shield offers a variety of individual and family plan options through Access Health CT to fit your needs and budget.

### 2021 Individual Stand-Alone Dental Plan: Enrollee Cost Sharing*

<table>
<thead>
<tr>
<th>Plan Feature (In-Network)</th>
<th>Anthem Dental Family Enhanced</th>
<th>Anthem Dental Family</th>
<th>Anthem Dental Family Value</th>
<th>Anthem Dental Family Preventive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$60 per member, up to $180 for 3 or more enrolled covered persons in a family</td>
<td>$50 per member, up to $150 for 3 or more enrolled covered persons in a family (Combined for Participating and Non-Participating dentists)</td>
<td>$50 per member, up to $150 for 3 or more enrolled covered persons in a family (Combined for Participating and Non-Participating dentists)</td>
<td>$50 per member, up to $150 for 3 or more enrolled covered persons in a family (Combined for Participating and Non-Participating dentists)</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong> (For children under age 19 only)</td>
<td>$350 (for one child) $700 (for two or more children)</td>
<td>$350 (for one child) $700 (for two or more children)</td>
<td>$350 (for one child) $700 (for two or more children)</td>
<td>$350 (for one child) $700 (for two or more children)</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Preventive</strong></td>
<td>$0</td>
<td>0% after deductible</td>
<td>0% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>20% after deductible</td>
<td>40% after deductible</td>
<td>40% after deductible</td>
<td>40% after deductible (Coverage not available for adults)</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>40% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible (Coverage not available for adults)</td>
</tr>
<tr>
<td><strong>Orthodontia</strong> (Medically necessary for children under 19 only)</td>
<td>50% after deductible for children under age 19 only (Coverage not available for adults)</td>
<td>50% after deductible for children under age 19 only (Coverage not available for adults)</td>
<td>50% after deductible for children under age 19 only (Coverage not available for adults)</td>
<td>50% after deductible for children under age 19 only (Coverage not available for adults)</td>
</tr>
<tr>
<td><strong>Plan Maximum for Adult (Age 19+)</strong></td>
<td>$2,000 (Combined Participating and Non-Participating dentists)</td>
<td>$1,000 (Combined Participating and Non-Participating dentists)</td>
<td>$1,000 (Combined Participating and Non-Participating dentists)</td>
<td>$1,000 (Combined Participating and Non-Participating dentists)</td>
</tr>
<tr>
<td><strong>Waiting Period</strong> (Does not apply to children under 19)</td>
<td>Basic Services: 6 months Major Services: 12 months</td>
<td>Basic Services: 6 months Major Services: 12 months</td>
<td>Basic Services: 6 months Major Services: 12 months</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Cost sharing prices are for services provided by Participating Dentists only.
Note: Additional benefit cost sharing information is included in detailed plan documents available within AccessHealthCT.com and click on the Dental Insurance icon.

### 2021 Stand-Alone Dental Plan: Monthly Premiums (Payments)

<table>
<thead>
<tr>
<th>Monthly Premium</th>
<th>Anthem Dental Family Enhanced</th>
<th>Anthem Dental Family</th>
<th>Anthem Dental Family Value</th>
<th>Anthem Dental Family Preventive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under age 19</td>
<td>$32.73</td>
<td>$28.87</td>
<td>$28.87</td>
<td>$28.87</td>
</tr>
<tr>
<td>Adults age 19+</td>
<td>$71.09</td>
<td>$44.20</td>
<td>$29.59</td>
<td>$21.70</td>
</tr>
</tbody>
</table>

*If a household has more than 3 children on a dental policy, premiums for additional children are waived.*
Who is eligible to buy an individual stand-alone dental plan?
In order to apply, you must be lawfully present (U.S. citizen by birth/naturalization, or who have a valid, current U.S. immigration status) in the United States.

Can I buy an individual dental plan outside of the Annual Open Enrollment period?
Yes, if you experience a Qualifying Life Event (i.e. loss of employer sponsored dental insurance, exhaustion of COBRA coverage, loss of HUSKY, etc.) and are eligible for a Special Enrollment Period.

How do I know which dentists participate in my plan?
When reviewing a plan through Access Health CT, you can click on ‘Find a Dentist’ to search for a participating dentist in the Anthem dental network.

Are x-rays covered?
The individual stand-alone dental plans offered through Access Health CT include coverage for x-rays as part of the diagnostic and preventive benefit by a participating dentist.

Is there a waiting period before you are able to access some benefits?
If you or members of your household have not had continuous dental coverage for at least 12 months without a 30-day gap in coverage, you may have a 6-month waiting period for basic services, or a 12-month waiting period for major service. Waiting periods do not apply to those under age 19.

Do I need to enroll in a medical plan on the exchange in order to buy an individual stand-alone dental plan?
No, you can enroll in an individual stand-alone dental plan through Access Health CT even if you do not enroll in a Qualified Health Plan.

Is there an annual benefit maximum amount of coverage for these individual stand-alone dental plans?
The annual benefit maximum, the maximum amount your plan will pay towards the cost of all your dental care within a plan year, is $1,000 per adult on the Anthem Dental Family Preventive, Anthem Dental Family Value and Anthem Dental Family plans. There is a $2,000 benefit maximum on the Anthem Dental Family Enhanced plan.

Is pediatric dental coverage available through these individual stand-alone dental plans?
Yes. All individual stand-alone dental plans available through Access Health CT as well as all medical plans—including Medicaid/CHIP programs—offer pediatric dental coverage for eligible dependents through age 18. It is important to note that pediatric dental coverage on qualified health plans may be subject to the plan deductible. Be sure to review the plan details for more information.

Do these plans have an out-of-pocket maximum?
There is an out-of-pocket maximum for children, but no out-of-pocket maximum for adult coverage.