

Pediatric Dental Essential Health Benefits

Exchange-Certified Dental Coverage For Children*



Standard Insurance Company

The Standard Life Insurance Company of New York



* This coverage provides pediatric dental as part of a family dental plan, and is not exchange-certified in every state. Contact your sales representative to learn more.

Standard Insurance Company is licensed to issue insurance in all states except New York.

The Standard Life Insurance Company of New York is only licensed to issue insurance in the state of New York.

Protecting Kids' Smiles







Dental care is an important part of a child’s overall health and well-being. Regular visits to the dentist can prevent disease and ensure a healthy smile into adulthood. Because pediatric dental care is so critical, it is one of the 10 essential health benefits (EHBs) that must be offered to small employers under the Affordable Care Act.

The Standard[‡] offers an EHB-compliant plan for groups that wish to purchase pediatric dental benefits independently of medical EHB plans available through an exchange. Doing so can keep deductibles lower and avoid the need to change dentists.

The Benefits Of Keeping Pediatric Dental Coverage Separate

Although a medical plan with embedded pediatric benefits may seem like a convenient option, there can be good reasons to keep the plans separate. Here’s a look at why we believe our EHB-compliant plan is a better option.

	 Deductible	 Out-of-Pocket Maximum	 Dental Care Provider	 Expertise
Medical With Embedded Pediatric Dental	Medical deductible may have to be satisfied before dental benefits are paid	May be higher due to combined medical and dental max	Employees may need to switch to continue receiving in-network value	With a medical provider, pediatric dental may be treated as an add-on
The Standard’s EHB-Compliant Plan	Deductible is for dental only	Typically lower out-of-pocket maximum	Employees can take advantage of one of the largest dental PPO networks in the nation	We’ve been providing dental benefits for 30 years – you can rely on our expertise

[‡] The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Ore. in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, N.Y.



Dental Plan Options

Passive PPO

With the Passive Preferred Provider Organization (PPO) option, members are not required to see an in-network provider, but doing so could reduce their out-of-pocket costs.

Sample Passive PPO Pediatric Dental EHB-Compliant Plan Designs

The following table outlines two sample EHB-compliant plan designs from The Standard. Because each state has specific requirements, please refer to the policy for complete coverage details.

	Sample High Actuarial Value Plan (85%)*	Sample Low Actuarial Value Plan (70%)*
Coinsurance		
Type 1	100%	100%
Type 2	70%	55%
Type 3	50%	35%
Deductible (Per calendar year)	\$0	\$50
Out-of-Pocket Calendar-Year Maximum		
Single child	\$700	\$700
Multi-child	\$1,400	\$1,400

* See policy/certificate for complete coverage details. The plan design elements vary by state. The plan illustration is based on the Federal Employees Dental & Vision Insurance Program (FEDVIP). Talk to your representative at The Standard about EHB plan details for your state.

** Shared deductible for Type 1, 2 and 3

Usual And Customary (U&C) 75th

The claim allowances for covered procedures provided by a non-participating provider are based on U&C 75th in the area where service is rendered. That means 7.5 out of 10 charges for a procedure will fall within this range. The member must pay the difference between the plan payment and the provider's actual charge. In network, providers must charge in accordance with the dentist's contracted fee. Because the member pays the difference between the plan payment and the provider's contracted fee, his or her out-of-pocket expenses are almost always less when a visiting a PPO provider.

PPO+

With this option, our PPO providers have agreed to provide our plan members with dental services at discounted fees, typically 25 percent below average charges in a community. Members are not required to see an in-network provider, but doing so could reduce their out-of-pocket costs.

Sample PPO+ Pediatric Dental EHB-Compliant Plan Designs

The following table outlines two sample EHB-compliant plan designs from The Standard. Because each state has specific requirements, please refer to the policy for complete coverage details.

	Sample High Actuarial Value Plan (85%)*		Sample Low Actuarial Value Plan (70%)*	
	In Network	Out Of Network	In Network	Out Of Network
Coinsurance				
Type 1	100%	90%	100%	60%
Type 2	70%	60%	55%	40%
Type 3	50%	40%	35%	20%
Deductible (Per calendar year)	\$0	\$50**	\$50**	\$100**
Medically Necessary Orthodontia Coinsurance (24-month waiting period)	50%	50%	50%	50%
Out-of-Pocket Calendar-Year Maximum				
Single child	\$700	None	\$700	None
Multi-child	\$1,400	None	\$1,400	None

* See policy/certificate for complete coverage details. The plan design elements vary by state. The plan illustration is based on the Federal Employees Dental & Vision Insurance Program (FEDVIP). Talk to your representative at The Standard about EHB plan details for your state.

** Shared deductible for Type 1, 2 and 3

Maximum Allowable Charge (MAC)

The claim allowances for covered procedures provided by a non-participating provider are based on a Maximum Allowable Benefit, a discounted amount comparable to the contracted fees charged by in-network dentists. For out-of-network services, members must pay the difference between the plan payment and the non-participating provider's actual charge. In network, members pay the difference between the plan payment and the contracted fee the network dentist has agreed to charge, so when a visiting a PPO provider, the member's out-of-pocket expenses are almost always less.

Not All Dental Plans Are The Same

When you choose The Standard, you get a dental plan that comes with the convenience of online administration and member access, as well as the expertise of a company that has provided group dental benefits for 30 years. With us, your employees have access to one of the nation's largest dental provider networks.



Backed By The Strength Of The Ameritas Network

Our Dental insurance relies on the Ameritas PPO network – one of the largest dental networks in the nation, with more than 268,000 access points across the country. By visiting a dentist in our vast PPO network, employees can reduce their out-of-pocket expenses and make their maximum go further. Of course, our plan also gives members the freedom to choose any dentist they like.



Online Convenience For Plan Administrators:

- Enroll employees, change or terminate employee coverage, order a bill and pay online
- View employee effective dates, coverage levels and more
- Easily view or print the policy and certificates



Online Access For Members:

- Benefit summary
- Claims forms, status and details
- Electronic certificates and explanation of benefits
- Network provider directory, also available as a mobile app
- Frequently asked questions, glossary and more



Great Service

Our friendly, well-trained service representatives are here to help your employees when they need it. We know it's not a 9-to-5 world. That's why customer service representatives are available to help you Monday – Thursday, 5 a.m. to 10 p.m., and Friday, 5 a.m. to 4:30 p.m. Pacific time.

Best Of Benefit Option

Add the Best Of Benefit Option to ensure that members always get the more generous benefit – whether it's from the pediatric dental EHB plan or your traditional dental plan from The Standard.



Glossary

Health care reform has given us some new frequently used terms, some of which can be a little confusing. Here's what they mean:

Essential Health Benefits (EHBs)

The Affordable Care Act outlines 10 benefit categories that all health insurance plans for small employers must include. Pediatric services, which includes dental care, is one of the of 10 benefit categories. The EHBs are subject to consumer protections, including no annual or lifetime limits and an established member out-of-pocket maximum. Pediatric EHBs are typically for persons under age 19.

Out-Of-Pocket Maximum

The out-of-pocket maximum is the most a member will pay per benefit period in coinsurance for a child's dental care before the plan begins to pay 100 percent of in-network covered services. Expenses accumulated toward this limit do not include premium payments or charges in excess of the allowed. These expenses also do not include payments for procedures performed out of network or for non-covered services, including those not fully reimbursed due to contractual limitations (e.g., frequency limitation or alternative benefit provision).

Multi-Child Out-Of-Pocket Maximum

For families with more than one child, the multi-child out-of-pocket maximum is the most a family will pay per benefit period in coinsurance for their children's dental care before the plan begins to pay 100 percent of in-network covered services. When the combined expenses accumulated for covered services meet the multi-child out-of-pocket maximum, all remaining out-of-pocket maximums for that family will be waived. Once any one child receives enough dental care to meet the individual out-of-pocket maximum, we will pay 100 percent of in-network covered services for that child.

Medically Necessary Orthodontia

This refers to serious medical conditions such as cleft lip or cleft palate (as defined by state). In most cases, braces and retainers are considered cosmetic rather than medically necessary.



Standard Insurance Company's first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships. The Standard Life Insurance Company of New York founded in White Plains, New York in 2000 is the sister company of Standard Insurance Company founded in Portland, Oregon in 1906, a nationally recognized provider of Group Disability, Life, Dental and Vision insurance.

To learn more about Group Dental insurance from The Standard, contact your insurance advisor, call the Employee Benefits Sales and Service Office for your area at 800.633.8575 or visit us at **standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 333 Westchester Avenue, West Building, Suite 300, White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

This policy is for DENTAL insurance only.