



Dental Plans for Individuals and Families

The Massachusetts Health Connector 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 pediatric-only plans 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*.

For members over the age of 19 in any dental plan, there is a yearly limit on how much plans will pay for services for the year. This called the *maximum annual per-person benefit*. There is no yearly limit for children under the age of 19, and if using an in-network provider, you will not have to pay more than \$350 a year for one child's dental care, or \$700 a year for two or more children. This is called the *maximum annual out-of-pocket*.

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. Each type of standardized plan is offered by different carriers and have different names but offers the same core benefits.

The Health Connector also offers non-standardized dental plans. Non-standardized plans can have different features, including network sizes and levels of out-of-pockets costs, as well as options for enhanced orthodontia (braces) for children. You can find more information about these plans 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. Call Monday to Friday, 8:00 a.m. to 6:00 p.m.
- **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	PEDIATRIC ONLY	HIGH (COMPREHENSIVE COVERAGE) AND LOW (BASIC COVERAGE) PLANS
Annual Deductible	\$50	\$50 (individual) \$150 (family)
Deductible applies to:	Major & Minor Restorative	Major & Minor Restorative
Maximum annual per person benefit (For members over age 19 only)	N/A	\$1,250 (High Plan) \$750 (Low Plan)
Maximum annual out-of-pocket (For members under age 19 only)	\$350 per person	\$350 (1 member) \$700 (2+ members)
Preventive & Diagnostic Co-Insurance (percentage you pay for the service)	0% in-network 20% out-of-network	0% in-network 20% out-of-network
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
Major Restorative Co-Insurance (percentage you pay for the service)	50% in-network 70% out-of-network	High Plans: 50% in-network, 70% out-of-network Low plans: Not covered for adults. Children under 19 only: 50% in-network, 70% out-of-network