



FAST FACTS ON

Family Dental Coverage

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Dental care is an essential part of your overall health and wellness.

But there are things to consider before you enroll in a dental plan.

1 Does my Qualified Health Plan (QHP) include family dental benefits?

- If you need a dental plan that covers adults in addition to children, you can either:
 - Search for QHPs in your county that include family dental benefits by using the Dental Plan Comparison Tool on the Marketplace website at: <https://info.nystateofhealth.ny.gov/resource/dental-plan-comparison-tool>; or
 - Shop for a stand-alone family dental plan outside of your QHP.¹
- For a dental plan that covers children only, you may get pediatric dental benefits either through your QHP or from a stand-alone pediatric dental plan.²

2 What does a family dental plan cover?

- Family dental plans have two different levels of coverage:
 1. Pediatric dental benefits
 2. Adult dental benefits
- Pediatric benefits consists of four major categories:
 1. Preventive/Basic
 2. Routine
 3. Major
 4. Orthodontia
- Adult benefits may include some or all of these four benefit categories.

¹ You must be enrolled in a Qualified Health Plan (QHP) to enroll in a stand-alone dental plan.

² For more information on pediatric dental benefits, see the *NY State of Health Pediatric Dental Coverage Fact Sheet*.

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3 What services are included as family dental benefits?

Service Category	Example of Service	Covered for Children?	Covered for Adults?
Preventive/Basic	Cleanings, fluoride and sealants	Always	In most cases, varies by plan
Routine	Exams, X-rays, simple fillings and extractions	Always	In some cases, varies by plan
Major	Oral surgery, crowns, dentures, bridges, and root canals	Always	In some cases, varies by plan
Orthodontia	Braces to help straighten the teeth	Always	In some cases, varies by plan

- The out-of-pocket costs associated with dental services may vary significantly by plan. You should choose a plan that includes the services you think your family might need.

4 How much will family dental coverage cost?

- Every dental plan has fixed costs. These can include premium amounts, deductibles, maximum out-of-pocket costs, and annual benefit maximums. These costs vary by dental plan.
- In addition to fixed costs, there are cost-sharing requirements that also vary by plan. Cost-sharing requirements depend on the service category and whether a child or an adult receives the service.
 - Pediatric dental benefits** have a maximum out-of-pocket annual cost limit of \$350 per child or \$700 per family. This is the most you will pay during any given coverage year. There is no service cap or waiting periods for pediatric benefits.
 - Adult dental benefits** usually do not have a maximum out-of-pocket cost limit. But, there may be an annual benefit cap. This is the most your plan will pay during a coverage year. You are responsible for any adult dental expenses beyond this maximum. In addition, there may be waiting periods for some services.³

5 How can I find a dental plan that is right for me and my family?

- The NYSOH Dental Plan Comparison Tool will allow you to compare costs and benefits of different pediatric dental plans.⁴ It can be found on the Marketplace website at: <https://info.nystateofhealth.ny.gov/resource/dental-plan-comparison-tool>
- The Marketplace website also has a NYS Provider & Health Plan Look Up Tool, which will show you a list of dental providers that participate in each plan. It can be found at: <https://pndslookup.health.ny.gov/>

³ Plans listed on the Marketplace website shopping tool indicate "WP" if there is a waiting period for any covered services.

⁴ When researching dental plans, be sure you are looking at the adult benefit information for the adult household members, and not the pediatric benefit information.

Si usted habla un idioma diferente al inglés, los servicios de asistencia de idioma están disponibles gratis para usted. Llame al 1-855-355-5777 (TTY: 1-800-662-1220).

如果您使用的語言不是英語，您可以使用我們的免費語言支援服務。請致電 1-855-355-5777 (TTY: 1-800-662-1220)