

	Benefit
Plan Provisions	
Annual Deductible	\$50 per person; does not apply to diagnostic and preventive services
Annual Maximum	\$1,000 per person per calendar year benefit period
Waiting Period	12-month waiting period for Major Services. Waiting period is waived with proof of 12 month continuous dental coverage for major services immediately prior to effective date of coverage in MCHCP's dental plan
Out of Network	Coverage limited to lesser of billed charges or the applicable maximum network plan allowance.
Diagnostic and Preventive Services	
Examinations	100% coverage; dental exams (all types), x-rays, cleanings and fluoride treatment do not apply to the individual plan maximum; coverage limited to two exams per calendar year
Prophylaxes (teeth cleaning)	100% coverage for teeth cleaning, scaling and polishing, including periodontal maintenance visits; dental exams, x-rays, cleanings and fluoride treatment do not apply to the individual plan maximum; coverage limited to two per calendar year. Two additional cleanings per year for members who are pregnant, diabetic, have a suppressed immune system or have a history of periodontal therapy
Fluoride	100% coverage for topical fluoride application for patients up to 14 years of age once per calendar year; dental exams, x-rays, cleanings and fluoride treatment do not apply to the individual plan maximum
Bitewing Radiographs (x-rays)	100% coverage; dental exams, x-rays, cleanings and fluoride treatment do not apply to the individual plan maximum; coverage limited to one set per calendar year
Sealants	100% coverage for all eligible participants; limited to caries-free occlusal surfaces of the first and second permanent molars once in five calendar years
Brush Biopsy	100% coverage for brush biopsy to detect oral cancer
Basic and Restorative	
Emergency Palliative Treatment	20% coinsurance after deductible; minor procedures to temporarily reduce or eliminate pain
Space Maintainers	20% coinsurance after deductible; space maintainers that replace prematurely lost teeth of eligible dependent children up to age 14 once in five calendar years, except for accidental injuries
Simple Extractions	20% coinsurance after deductible; routine removal (through use of forceps) of tooth structure, minor smoothing of socket bone, and closure
Minor Restorative Services (fillings)	20% coinsurance after deductible; fillings that use amalgam, synthetic porcelain, and plastic material once per two calendar years unless accidental injury
Periapical X-Ray	20% coinsurance after deductible as required
Full Mouth X-rays	20% coinsurance after deductible; includes panoramic film with or without other films, as well as multiple x-rays on the same date of service once every 5 years
Major Services	
Oral Surgery	50% coinsurance after deductible; includes surgical extractions, such as the cutting of gingiva and bone when removing tooth
Periodontics	50% coinsurance after deductible; treatment for gum disease and bone supporting the teeth. Periodontal surgery covered only once in a three year period for the same site. Therapy covered once per two calendar years.
Endodontics	50% coinsurance after deductible; root canal filling and pulpal therapy; covered once per two calendar years per tooth; re-treatment of the same tooth is allowed when performed by a different dental office
Prosthetics	50% coinsurance after deductible for bridges, dentures and partials once per seven calendar years; an alternate benefit allowance (based on cost) will be provided for a fixed bridge
Major Restorative Services	50% coinsurance after deductible; new or replacement crown, jacket, labial veneer, inlay or onlay on or for a particular tooth will only be provided once in seven years, unless the damage to that tooth was caused by an accidental injury not related to the normal function of a tooth or teeth
General Anesthesia	50% coinsurance after deductible; general anesthesia in conjunction with covered surgical procedures
Dentures	50% coinsurance after deductible for repairs and relines
Implants	50% coinsurance after deductible once per seven calendar years per tooth; includes related bone grafts

2019 MCHCP Dental RFP Pricing

Instructions

	Notes
Premium	Bidders must propose a firm fixed monthly premium for CY2019 and not-to-exceed monthly premiums for CY2020 and CY2021 for State employees/retirees and Public Entity employees/retirees.
Sole Contractor	Bidders must use the worksheets labeled "Sole Contractor" to indicate premiums if only one contract is awarded.
Multiple Contractors	Bidders must use the worksheets labeled "Multiple Contractors" to indicate premiums if more than one contract is awarded.
Renewal	Renewal pricing for future contract years is due no later than May 15 of the prior year.
COBRA	For each COBRA participant, the additional 2 percent of total monthly premium will be permanently retained by MCHCP.
Supplemental Pricing	Bidders may use Supplemental Pricing for any optional services that are not included in the premium. Optional services that could be listed include an on-line reporting utility, ID card customization costs, etc. Include the basis for payment (PEPM, one-time fee, etc) in the Basis for Payment column.
Supplemental Pricing	Any increases in supplemental pricing for future years should be included in the Basis for Payment column.

State Rates - Sole Contractor

	2019 Monthly Rate	2020 Monthly Rate	2021 Monthly Rate
Active Employees			
Employee Only			
Employee + Spouse			
Employee + Child(ren)			
Employee + Family			
Retiree			
Employee Only			
Employee + Spouse			
Employee + Child(ren)			
Employee + Family			

State Rates - Multiple Contractors

	2019 Monthly Rate	2020 Monthly Rate	2021 Monthly Rate
Active Employees			
Employee Only			
Employee + Spouse			
Employee + Child(ren)			
Employee + Family			
Retiree			
Employee Only			
Employee + Spouse			
Employee + Child(ren)			
Employee + Family			

Public Entity Rates - Sole Contractor

	2019 Monthly Rate	2020 Monthly Rate	2021 Monthly Rate
Active Employees			
Employee Only			
Employee + Spouse			
Employee + Child(ren)			
Employee + Family			
Retiree			
Employee Only			
Employee + Spouse			
Employee + Child(ren)			
Employee + Family			

Public Entity Rates - Multiple Contractors

	2019 Monthly Rate	2020 Monthly Rate	2021 Monthly Rate
Active Employees			
Employee Only			
Employee + Spouse			
Employee + Child(ren)			
Employee + Family			
Retiree			
Employee Only			
Employee + Spouse			
Employee + Child(ren)			
Employee + Family			

Supplemental Pricing

	Describe Service	Cost of Service	Basis for Payment (PEPM, one-time fee, etc.)
Service 1			
Service 2			
Service 3			
Service 4			
Service 5			