

## **INDEPENDENT HEALTH**

## Integrated Small Business Dental Program 2025 Program

	Adults & Dependents Age 19+		
	High Option	Mid Option	Low Option
Diagnostic & Preventive	100%	100%	100%
Basic Restorative	80%	50%	50%
Endodontics	80%	50%	0%
Periodontics	80%	50%	0%
Oral Surgery	80%	50%	0%
Major Restorative	50%	50%	0%
Prosthodontics	50%	50%	0%
TMJ	50%	50%	50%
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Deductible - per person	\$25	\$50	\$25
Deductible - per family	\$75	\$150	\$75
Waived for D & P	Yes	Yes	Yes
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Maximum	\$1,500	\$1,500	\$1,500
Maximum Contract Allowance	PPO/PPO/PPO	PPO/PPO/PPO	PPO/PPO/PPO
	Pediatric Benefit for Children under age 19		
Diagnostic & Preventive	100%		
Basic Restorative	50%		
Endodontics	50%		
Periodontics	50%		
Oral Surgery	50%		
Major Restorative	50%		
Prosthodontics	50%		
Orthodontics (Medically Necessary)	50%		
TMJ		50%	
Deductible nervers		<del>የ</del> ሪნ	
Deductible - per person	\$65 \$195		
Deductible - per family			
Waived for D & P		No	
Maximum - Annual Out-of-Pocket per child (*)		\$425	
Maximum - Annual Out-of-Pocket per 2+ children (*)		\$850	
Maximum 74 madi Gut of 1 ocket per 21 of march ( )		φοσο	
Maximum Contract Allowance	PPO/PPO/PPO 1/1/25 - 12/31/25		
Monthly Rates 2-49 lives	High Option	Mid Option	Low Option
Enrollee	\$27.32	\$22.10	\$14.94
Enrollee/Spouse	\$54.64	\$44.20	\$29.88
Enrollee/Child(ren)	\$59.50	\$54.28	\$47.12
Enrollee/Spouse & Child(ren)	\$86.82	\$76.38	\$62.06
		1/1/25 - 12/31/25	
Monthly Rates 50-99 lives	High Option	Mid Option	Low Option
Enrollee	\$26.50	\$21.44	\$14.49
Enrollee/Spouse	\$53.00	\$42.88	\$28.98
Enrollee/Child(ren)	\$57.73	\$52.67	\$45.72 \$60.21
Enrollee/Spouse & Child(ren)	\$84.23	\$74.11	\$60.21

<sup>(\*)</sup> Annual Pediatric Out-of-Pocket Maximium applies for PPO dentists only.