Cover Oregon SERFF Template Guidelines (Dental Plans) – Version 1 March 11, 2014

SERFF Input	Cover Oregon System Outcome
No Charge or $0 in Copay field	System will look for Coinsurance also – if No Charge in Coinsurance, system will display No Charge

SERFF Template:

Routine Exams and X-rays - Adult					
Copay			**Coinsurance**		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	No Charge		20% Coinsurance after deductible

Cover Oregon Display:

	In network	Out of network
Routine exams and x-rays	No Charge	20%*

SERFF Input	Cover Oregon System Outcome
No Charge or $0 in Copay field	System will look for Coinsurance also – if amount exists in Coinsurance, system will display X%

SERFF Template:

Restorative Dentistry (Fillings) - Adult					
Copay			**Coinsurance**		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20%		20% Coinsurance after deductible

Cover Oregon Display:

	In network	Out of network
Restorative dentistry (fillings)	20%	20%*

SERFF Input	Cover Oregon System Outcome
No Charge after deductible or $0 after deductible in Copay field	System will look for Coinsurance also – if No Charge also in Coinsurance, system will display No Charge*

SERFF Template

Routine Exams and X-Rays - Child					
Copay			**Coinsurance**		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge after deductible		No Charge after deductible	No Charge		No Charge

Cover Oregon Display:

	In network	Out of network
Routine exams and x-rays	No Charge*	No Charge*

SERFF Input	Cover Oregon System Outcome
Amount in Copay field	System will look for Coinsurance also – if 0% or No Charge in Coinsurance, system will display Copay amount ($X)

SERFF Template:

Restorative Dentistry (Fillings) - Adult					
Copay			**Coinsurance**		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
$52		No Charge	0%		100%

Cover Oregon Display:

	In network	Out of network
Restorative dentistry (fillings)	$52	Not Covered

SERFF Input	Cover Oregon System Outcome
Yes entered in Column N and/or O on Benefits Package Tab (Subject to Deductible, Tier 1 and Tier 2)	**System will not look at these columns.** If deductible applies to a benefit, make sure to enter $X after deductible or X% after deductible on Cost Share Variances Tab

SERFF Template:

Deductible and Out of Pocket Exceptions			
Subject to Deductible (Tier 1)	**Subject to Deductible (Tier 2)**	**Excluded from In Network MOOP**	**Excluded from Out of Network MOOP**

Restorative Dentistry (Fillings) - Adult					
Copay			**Coinsurance**		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
No Charge		No Charge	20% Coinsurance after deductible		100%

Cover Oregon Display:

	In network	Out of network
Restorative dentistry (fillings)	20%*	Not Covered

Annual Maximum Instructions:
Enter the Annual Maximum - Adult as a benefit on the Benefits Package tab. If there is no annual maximum, enter Not Covered in Column E. If the plan does have an annual maximum, enter Covered in Column E and then enter the in and out of network amounts on the cost share variances tab. **If out of network benefits are not covered, put Not Applicable in the out of network columns.**

Annual Maximum -Adult					
Copay			**Coinsurance**		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*
$1,000		Not Applicable	No Charge		Not Applicable

SERFF Input	Cover Oregon System Outcome
Amount in Combined In/Out Network fields	System will display these amounts in the in and out of network fields for the appropriate benefit, regardless of any amounts in the In Network or Out of Network cells. **Do not enter data into the Combined In/Out Network cells if you do not wish to have combined amounts shown.**

Combined Medical and Drug EHB Deductible					
In Network		**Out of Network**		**Combined In/Out Network**	
Individual	*Family*	*Individual*	*Family*	*Individual*	*Family*
$6350	$12,700	$12,700	$25,400	$6350	$12,700

	In-network	Out of network
Deductible		
Per individual	$6,350mc	$6,350mc
Per family	$12,700mc	$12,700mc

Note: at this time, Cover Oregon does not display out of network deductibles for dental plans. The 2015 display will include the out of network deductibles. We have used a medical plan for this example, but the instructions apply to dental plans as well.

Dental Plan Attributes

Cover Oregon will display the following dental attributes. Please copy and paste them into your template. This alleviates data issues when importing plans into Cover Oregon's system. An Excel spreadsheet has been pasted here to make this more convenient.

Additional Dental Data Attributes for CMS Template in SERFF

Routine Exams and X-rays – Adult
Prophylaxis (Cleanings) – Adult
Restorative Dentistry (Fillings) – Adult
Crowns – Adult
Dentures – Adult
Bridges – Adult
Periodontal – Adult
Endodontics – Adult
Surgical Extractions – Adult
Orthodontia – Adult
Annual Maximum – Adult

Routine Exams and X-rays – Child
Prophylaxis (Cleanings) – Child
Restorative Dentistry (Fillings) – Child
Crowns – Child
Dentures – Child
Bridges – Child
Periodontal – Child
Endodontics – Child
Surgical Extractions – Child
Orthodontia for Cleft Palate or Cleft Lip Only – Child
All Other Orthodontia – Child