



What's the difference between a “passive” and “active” dental PPO?

The CBIA Health Connections voluntary dental program includes “passive” and “active” PPO plans.

Passive PPO

The term “passive PPO” means that in-network benefits are paid at *the same percentages* as benefits paid for out-of-network care.

For example, if a member enrolls in the voluntary Passive PPO 100%/50%/50%-\$750 plan, Basic Services would be paid at 50% of the negotiated rate for in-network care. For out-of-network care, Basic Services would be paid at 50% of submitted charges [for amounts up to the 90th percentile of usual and customary (U&C)].

Active PPO

The term “active PPO” means that in-network benefits are paid at *different percentages* than benefits paid for out-of-network care.

The Active PPO 100%/80%/50%-\$1,000 plan pays a benefit of 100% for Preventive Services, 80% for Basic Services, and 50% for Major Services received from an in-network provider.

If a member receives care from an out-of-network provider, care will be reimbursed at 80% of U&C charges for Preventive Services, 60% for Basic Services, and 50% for Major Services (for amounts up to the 90th percentile of U&C).