

Incentive Coinsurance

We believe that employees should be rewarded for their loyalty. That's why we offer plans featuring incentive coinsurance. Employees submit a covered dental claim each year, and their benefits increase automatically. It's just our way of saying thanks.

What is incentive coinsurance?

Incentive coinsurance is a plan design where the coinsurance increases on procedures in Type 2 Services each calendar year. To qualify for the coinsurance increase, the patient must submit a covered dental claim each year.

Plan highlights:

- Employees' coinsurance increases to the next step when they submit a covered claim once during the benefit period.
- Routine preventive dental care may benefit the employer with long-term improved claims utilization that could reduce the risk of large premium increases.
- Employees improve overall health with routine preventive dental care.
- Incentive coinsurance plans give employers an attractive benefit to help reduce employee turnover. To learn more, contact your Business Council of New York State, Inc. Insurance Fund representative.

example of Type 2 Services incentive coinsurance		
year one	year two	year three
coinsurance 100 • 80 • 50	coinsurance 100 • 90 • 50	coinsurance 100 • 100 • 50
All members start at the basic 100-80-50 plan	Submit a covered claim in year 1, Type 2 Services coinsurance increases to 90%	Submit a covered claim in year 2, Type 2 Services coinsurance increases to 100%
<ul style="list-style-type: none"> • All covered members begin with 80% coinsurance level for Type 2 Services procedures and will remain at that level until the next benefit period. • If a member submits at least one covered dental claim each year (while insured under the company's policy), their Type 2 Services procedures will advance to the 90% level on the following benefit period and to 100% on the third year. • Their Type 2 Services procedures will remain at 100% as long as they visit a dentist during each subsequent year and submit at least one covered dental claim while insured under the company's policy. • If an insured does not submit a covered dental claim during the calendar year, they will revert back to 80% coinsurance level during the next calendar year and must begin again to progressively advance to the next levels as described above. 		

Plan members also may check their benefits status, including deductibles and remaining maximums, online at www.bcny.org. Go to the Insurance & Services tab.

