

Dental Plan Design - Small Group

Plan Design Feature	Premium Plus	Premium	Advantage	Basic
Calendar Year Deductible	\$25/\$50	\$50	\$50	\$50
Deductible Applies To	All but Preventive	All but Preventive	All	All but Preventive
Annual Maximum*	\$1,500/\$1,000	\$1,000	\$750	\$500
Ortho Maximum	\$1,000 (adult & child)	\$1,000 (child)	N/A	N/A
In Network Coinsurance	100/90/60	100/80/50	100/80/50	100/80/0
Out of Network Coinsurance	100/80/50	80/60/50	90/70/40	100/80/0
IN Coinsurance Option 2		90/70/50		
OON Coinsurance Option 2		80/60/50		
Out of Network Reimbursement	80th/90th percentile	80th/90th percentile	60th percentile	80th percentile
Ortho Coinsurance	50%	50%	N/A	N/A
Preventive Benefits	Exams, Cleanings, Fluoride, X-rays, Sealants, Space Maintainers	Exams, Cleanings, Fluoride, X-rays, Sealants, Space Maintainers	Exams, Cleanings, Fluoride, X-rays	Exams, Cleanings, Fluoride, X-rays
Basic Benefits	Fillings, Oral Surgery, Simple Extractions, Simple Perio	Fillings, Oral Surgery, Simple Extractions	Fillings, Oral Surgery, Simple Extractions, Space Maintainers, Sealants	Fillings, Oral Surgery, Simple Extractions, Simple Perio
Major Benefits	Crowns, Bridges, Dentures, Repairs, All Endo, Perio Surgery	Crowns, Bridges, Dentures, Repairs, All Endo, All Perio	Crowns, Bridges, Dentures, Repairs, All Endo, All Perio	N/A

Rollover option available for Premium Plus, Premium, and Advantage Plans.

* Additional Maximums available under Premium Plus and Premium Plans.
 Up to 10 lives - \$1500
 11-49 lives - \$1500, \$2,000 and \$2,500

Note: This is a benefits summary only and is subject to terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with our requirements could result in benefit reductions.

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