

Small Group Made Simple

Plan Name	Calendar Year Deductible (Individual/Family)	Benefits Paid		
		PPO Dentist	Premier Dentist	Non-Participating Dentist
Plan 1 MAC PPO	\$50 / \$150	100 / 80 / 50	90 / 80 / 50	90 / 80 / 50
Plan 2 MAC PPO	\$25 / \$75	100 / 100 / 50	80 / 80 / 50	80 / 80 / 50
Plan 3 PPO plus Premier	\$50 / \$150	100 / 80 / 50	80 / 80 / 50	80 / 80 / 50
Plan 4 Passive PPO plus Premier	\$50 / \$150	100 / 80 / 50	100 / 80 / 50	100 / 80 / 50
Plan 5 PPO plus Premier	\$50 / \$150	100 / 90 / 60	100 / 80 / 50	100 / 80 / 50
Plan 6 Premier	\$50 / \$150	100 / 80 / 50	100 / 80 / 50	100 / 80 / 50
Plan 7 Patient Direct	Discount Plan	Discount Plan	Discount Plan	Discount Plan

- **Calendar Year Maximum*:** Plans have a choice of one general maximum: \$1,000; \$1,500 or \$2,000.
- **Prevention First:** All Plans have Prevention First—Diagnostic & Preventive does not count against calendar year maximum when patient sees a PPO provider (Premier provider for Plan 6 only).
- **Orthodontics:** Optional. When selected, coverage is 50% coinsurance for dependents to age 19; \$1,000 lifetime maximum. Only available for groups of 25 or more enrolled employees.
- **Groups of 1-4 Lives:** Plan 1 is available for small groups with 1-4 enrolled employees. Waiting periods apply.
- **Voluntary Options:** Plans 1, 2 and 7 are available as a voluntary option for groups of 5-100 lives. Voluntary limitations and exclusions apply. Waiting periods apply. Plans have open enrollment - members can add coverage once per year.
- **Dual Choice:** Groups of 51+ enrolled employees may select Plan 1 - 6 to be offered with Patient Direct.

Plans 1-2: If the patient's dentist charges more than the PPO dentist's Allowable Fee, the patient will be responsible for the excess charges. If the patient sees a Premier dentist, he or she will be responsible for the difference between the PPO dentist's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA). If the patient sees a non-participating dentist, he or she will be responsible for the difference between the PPO dentist's Allowable Fee and the full billed charges.

Plans 3, 4 & 5:

PPO Dentist—Benefits paid based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist—Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist—Payment is based on the non-participating Maximum Plan Allowance. Member is responsible for the difference between the non-participating MPA and the full fee charged.

Plan 6: Only available in certain zip codes.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Member is responsible for the difference between the non-participating MPA and the full fee charged.

***Plan 7:** Patient Direct is a discount plan, not insurance. Calendar Year Maximum does not apply. Patient must see a Patient Direct provider for discounts.

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