

Dental Prime and Dental Complete Small Group (2-50) California Plan Designs



June 28, 2015 quoting for effective dates of July 1, 2015 and later

Plan Name (Network; Dental Prime or Dental Complete)	Annual Benefit Maximum	Deductible (per person/ per family) waived for diagnostic and preventive	Diagnostic/ Preventive Services (cleanings, exams, X-rays)		Basic Services (fillings)		Endodontic, Periodontic and Oral Surgery Services (root canal, tooth extraction, etc.)		Major Services (crowns, bridges, dentures, etc.)		Orthodontic Coverage (lifetime maximum to match annual maximum)	Annual Maximum Carry-over	Dental Implants/ Posterior Composites	Out-of-Network Reimbursement	
			In	Out	In	Out	In	Out	In	Out					
Value	Dental Complete CA-1A	\$1,000	\$50/\$150	100%	100%	80%	80%	80%	80%	Not Covered		N/A	No	No/Yes	80th
Classic	Dental Complete CA-2A	\$1,000	\$50/\$150	100%	80%	80%	60%	50%	50%	50%	50%	N/A	No	Yes/Yes	80th
	Dental Complete CA-2E	\$1,500	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	N/A	No	No/No	80th
	Dental Complete CA-2F	\$1,500	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	N/A	No	No/No	90th
	Dental Complete CA-2G	\$1,500	\$50/\$150	100%	80%	80%	60%	80%	60%	50%	50%	N/A	No	No/No	80th
	Dental Complete CA-2H	\$2,000	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	N/A	No	No/No	90th
	Dental Complete CA-2J	\$2,000	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	N/A	No	No/No	80th
	Dental Complete CA-2K	\$2,000	\$50/\$150	100%	80%	80%	60%	80%	60%	50%	50%	N/A	No	No/No	90th
	Dental Complete CA-2L	\$1,000	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	N/A	No	Yes/Yes	90th
	Dental Complete CA-2M	\$1,500	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	N/A	No	Yes/Yes	90th
	Dental Complete CA-2N	\$1,500	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	N/A	No	Yes/Yes	80th
	Dental Complete CA-2P	\$1,500	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	Dependent children only, ages 8-18	No	Yes/Yes	90th
	Dental Complete CA-2Q	\$1,500	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	Covered adults and dependent children	No	Yes/Yes	80th

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			In	Out	In	Out	In	Out	In	Out					
Classic	Dental Complete CA-2R	\$1,500	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	N/A	Yes	Yes/Yes	90 th
	Dental Complete CA-2S	\$1,500	\$50/\$150	100%	80%	80%	60%	80%	60%	50%	50%	N/A	No	Yes/Yes	80 th
	Dental Prime CA-5A	\$1,500	\$50/\$150	100%	80%	80%	60%	80%	60%	50%	50%	Dependent children only, ages 8-18	No	Yes/Yes	MAC
	Dental Prime CA-5B	\$1,500	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	Covered adults and dependent children	No	Yes/Yes	MAC
Enhanced	Dental Complete CA-3A	\$2,000	\$50/\$150	100%	100%	90%	80%	90%	80%	60%	50%	N/A	No	Yes/Yes	80 th
	Dental Complete CA-3B	\$2,000	\$50/\$150	100%	100%	90%	80%	90%	80%	60%	50%	Covered adults and dependent children	No	Yes/Yes	90 th
	Dental Complete CA-3C	\$2,000	\$50/\$150	100%	100%	90%	90%	90%	90%	60%	60%	N/A	No	Yes/Yes	90 th
	Dental Complete CA-3D	\$2,500	\$50/\$150	100%	100%	90%	90%	90%	90%	60%	60%	N/A	No	Yes/Yes	90 th
	Dental Complete CA-3E	\$2,500	\$50/\$150	100%	100%	90%	80%	90%	80%	60%	50%	N/A	No	Yes/Yes	80 th
Voluntary	Dental Prime CA-4A	\$1,500	\$50/\$150	100%	80%	80%	60%	50%	50%	50%	50%	N/A	No	Yes/Yes	80 th
	Dental Complete CA-4B	\$1,500	\$50/\$150	100%	100%	80%	80%	50%	50%	50%	50%	N/A	No	Yes/Yes	80 th

MAC = Maximum Allowable Charge