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

Dental Complete CA-2F

Dental Complete CA-2G

Dental Complete CA-2H

Dental Complete CA-2J

Dental Complete CA-2K

Dental Complete CA-2L

Dental Complete CA-2M

Dental Complete CA-2N

Dental Complete CA-2P

Dental Complete CA-2Q

\$1.500

\$1,500

\$2.000

\$2,000

\$2.000

\$1.000

\$1,500

\$1,500

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\$50/\$150

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Endodontic Periodontic Major Diagnostic/ and Oral **Deductible Services** Orthodontic Preventive Basic Surgery (per person/ (crowns, Coverage **Dental** Services Services Services Plan Name per family) Annual Annual bridges, Implants/ **Out-of-Network** (lifetime (cleanings. (fillings) (root canal. (Network; Dental Prime or Benefit waived for Maximum dentures. maximum to **Posterior** Reimbursement exams, X-rays) tooth **Dental Complete)** Maximum diagnostic Carry-over etc.) match Composites extraction, and annual maximum) etc.) preventive Out Out In Out In Out ln Value Dental Complete CA-1A \$1.000 \$50/\$150 100% 100% 80% 80% 80% 80% Not Covered N/A No No/Yes 80th 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

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Dependent

children only.

ages 8-18
Covered adults

and dependent

children

No

No/No

No/No

No/No

No/No

No/No

Yes/Yes

Yes/Yes

Yes/Yes

Yes/Yes

Yes/Yes

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	Plan Name	Annual Benefit Maximum	Deductible (per person/ per family) waived for diagnostic and preventive	Diagnostic/ Preventative 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 Carryover	Dental Implants/ Posterior Composites	Out-of-Network Reimbursement
				ln	Out	ln	Out	In	Out	In	Out				
	Dental Complete CA-2R	\$1,500	\$50/\$150	100%	100%	80%	80%	80%	80%	50%	50%	N/A	Yes	Yes/Yes	90 th
Classic	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	80th

MAC = Maximum Allowable Charge