

Small Group Summary of Benefits (3 to 25 Employees)



	For Employers with 3+ Employees*		For Employers with 3-9 Employees				For Employers with 10-25 Employees					
	Essential**	Essential Plus**	Gold		Platinum		Gold			Platinum		
Benefits			Option I	Option II	Option I	Option II	Option I	Option II	Option III	Option I	Option II	Option III
Calendar Year Deductible	\$0	\$0	None/\$50	None/\$50	\$50	\$50	None/\$50	None/\$50	None/\$50	\$50	\$50	\$50
Calendar Year Maximum Benefit	None	None	\$1,500	\$1,500	\$1,200	\$1,200	\$1,500	\$1,500	\$1,500	\$1,200	\$1,200	\$1,200
In-network Coverage												
Exams, Cleanings, Fluoride, X-rays	100% (bitewing X-rays only, no coverage for fluoride)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Fillings	No coverage	No coverage	80%	80%	100%	100%	80%	80%	80%	100%	100%	100%
Sealants	No coverage	No coverage	80%	80%	100%	100%	80%	80%	80%	100%	100%	100%
Root Canal Therapy	No coverage	No coverage	80%	80%	100% for anterior teeth only	100% for anterior teeth, 50% for all other	80%	80%	80%	100% for anterior teeth only	100% for anterior teeth, 50% for all other	100% for anterior teeth, 50% for all other
Crowns	No coverage	No coverage	No coverage	50%	No coverage	50%	No coverage	50%	50%	No coverage	50%	50%
Oral Surgery	No coverage	No coverage	80%	80%	No coverage	50%	80%	80%	80%	No coverage	50%	50%
Bridges/Dentures	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	50%	No coverage	No coverage	50%
Periodontics	No coverage	No coverage	80% for non-surgical treatment	80% for non-surgical treatment	No coverage	50%	80% for non-surgical treatment	80% for non-surgical treatment	80% for non-surgical treatment, 50% for surgical treatment	No coverage	50%	50%
Orthodontics to Age 19	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage	No coverage
Out-of-network Coverage												
Within Service Area	75% of our allowance	75% of our allowance	75% of our allowance	75% of our allowance	100% of our allowance	100% of our allowance	75% of our allowance	75% of our allowance	75% of our allowance	100% of our allowance	100% of our allowance	100% of our allowance
Outside Service Area	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary
Frequency Limitations***	1 exam & 1 cleaning per cal. yr.	1 exam per cal. yr. 1 cleaning each 6 mos. 1 fluoride treatment each cal yr. 1 full-mouth X-ray per 60 mos.		1 exam per cal. yr. 2 cleanings per cal. yr. 1 fluoride treatment per cal. yr. 1 full-mouth X-ray per 36 mos.		1 exam per cal. yr. 1 cleaning each 6 mos. 1 fluoride treatment each cal. yr. 1 full-mouth X-ray per 60 mos.			1 exam per cal. yr. 2 cleanings per cal. yr. 1 fluoride treatment per cal. yr. 1 full-mouth X-ray per 36 mos.			

*Essential is available as a companion to a BCBSRI medical product only. Essential Plus is available on a standalone basis.

**Discounts are available for the following services when provided by an Affinity Provider: additional cleanings, X-rays, fillings, simple extractions, denture repairs, biopsies, palliative treatment, anterior root canals.

***Some additional services have frequency limitations. Refer to specific benefit summaries for further details on covered services and imitations.

This is not a contract; it is to be used as a general guide. For specific plan differences, please contact your account executive or broker for a detailed benefit summary.

More comparisons on back page.

Small Group Summary of Benefits (26 + Employees)

Benefits	For Employers with 26+ Employees										
	Gold						Platinum				
	Option I	Option II	Option III	Option IV	Option V	Option VI	Option I	Option II	Option III	Option IV	Option V
Calendar Year Deductible	None/\$50	None/\$50	None/\$50	None/\$50	None/\$50	None/\$50	None	None	None	None	None
Calendar Year Maximum Benefit	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
In-network Coverage											
Exams, Cleanings, Fluoride, X-rays	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Fillings	80%	80%	80%	80%	80%	80%	100%	100%	100%	100%	100%
Sealants	80%	80%	80%	80%	80%	80%	100% w/rider	100% w/rider	100% w/rider	100% w/rider	100% w/rider
Root Canal Therapy	80%	80%	80%	80%	80%	80%	100% for anterior teeth only	100%	100%	100%	100%
Crowns	No coverage	50%	50%	No coverage	50%	50%	No coverage	100%	100%	100%	100%
Oral Surgery	80%	80%	80%	80%	80%	80%	No coverage	100%	100%	100%	100%
Bridges/Dentures	No coverage	No coverage	50%	No coverage	No coverage	50%	No coverage	No coverage	50%	No coverage	50%
Periodontics	80% for non-surgical treatment only	80% for non-surgical treatment only	80% for non-surgical treatment, 50% for surgical treatment	80% for non-surgical treatment only	80% for non-surgical treatment only	80% for non-surgical treatment, 50% for surgical treatment	No coverage	50%	50%	50%	50%
Orthodontics to Age 19	No coverage	No coverage	No coverage	50%	50%	50%	No coverage	No coverage	No coverage	50%	50%
Out-of-network Coverage											
Within Service Area	75% of our allowance	75% of our allowance	75% of our allowance	75% of our allowance	75% of our allowance	75% of our allowance	100% of our allowance	100% of our allowance	100% of our allowance	100% of our allowance	100% of our allowance
Outside Service Area	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary	Usual and customary
Frequency Limits***	1 exam per cal. yr. 1 cleaning each 6 mos. 1 fluoride treatment each cal. yr. 1 full mouth X-ray per 60 mos.						1 exam per cal. yr. 2 cleanings per cal. yr. 1 fluoride treatment per cal. yr. 1 full mouth X-ray per 36 mos.				

***Some additional services have frequency limitations. Refer to specific benefit summaries for further details on covered services and imitations.

Variable deductibles, coinsurance levels, and calendar year maximums are available for employers with 26+ employees. Deductible does not usually apply to preventive care or orthodontics.

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