



# Small Group PPO Dental Plans Effective 5/1/06

**IMPORTANT:** This chart is an informal reference intended for Blue Cross Agents only. Refer to the Summaries of Features for each plan, and to the Exclusions and Limitations in the Small Group Dental Plans Comparison brochure, for full plan provisions. Applicants are advised to review the Exclusions and Limitations prior to applying for coverage, and to refer to the comprehensive description of coverage, benefits and limitations contained in their Certificates.

*Note: Shading below is used to indicate change, if applicable, from plan to plan.*

## Agent's Reference WHAT THE PLAN PAYS:

			Silver 1000	Gold 1500	Gold Preferred 1500	Platinum 2000	Platinum Preferred 2000	
<b>Annual Deductible</b> <sup>1</sup> <i>Waived in-network for Preventive &amp; Diagnostic Services</i>			\$50/3					
<b>Annual Maximum</b> – per member			\$1,000	\$1,500		\$2,000		
<b>Preventive and Diagnostic Services</b> <i>Cleanings (2 times per year) Fluoride Application (1 time per year) Oral Exams, X-rays &amp; Consultations</i>	In-Network <sup>2</sup>	We Pay	100%					
	Out-of-Network <sup>3</sup>		80%		100%			
<b>Minor Restorative Services</b> <i>Filling of cavities (Amalgam/Resin)</i>	In-Network <sup>2</sup>	We Pay	80%		90%			
	Out-of-Network <sup>3</sup>		60%		80%			
<b>Major Restorative Services</b> <i>Oral Surgery: tooth extraction</i>	In-Network <sup>2</sup>	We Pay	50%	80%	60%	90%		
	Out-of-Network <sup>3</sup>		40%	60%	50%	80%		
<i>Endodontics: root canal therapy</i>	In-Network <sup>2</sup>	We Pay	50%	80%	60%	90%		
	Out-of-Network <sup>3</sup>		40%	60%	50%	80%		
<i>Periodontics: scaling (root planing)</i>	In-Network <sup>2</sup>	We Pay	50%	80%	60%	90%		
	Out-of-Network <sup>3</sup>		40%	60%	50%	80%		
<i>Prosthodontics: removable and fixed</i>	In-Network <sup>2</sup>	We Pay	50%		60%			
	Out-of-Network <sup>3</sup>		40%		50%			
<b>Orthodontic Services</b>	In-Network <sup>2</sup> or Out-of-Network <sup>3</sup>	We Pay	50%					
	Lifetime Max. Per Member		\$1,000		\$1,500			

<sup>1</sup> Applies to Individuals/Families; 3-member maximum.

<sup>2</sup> Percentage applies to negotiated provider fee after the deductible is met.

<sup>3</sup> Percentage applies to covered expenses after the deductible is met. The covered expense on the Group Size Priced PPO plans are based on the following: We purchase claims data from an outside vendor, which determine amounts dentists charge in a given area for various services. Our plans base out-of-network reimbursement on the 80th percentile of that data (80 percent of the dentists included in the data charge that amount or less). Out-of-network members are responsible for costs in excess of covered expenses, in addition to their copays and deductibles.