

## Small Business Plans

# SimplyBlue Plus Dental Packages

Affordable Care Act (ACA)-compliant dental plans that are designed specifically for Small Groups



## SimplyBlue Plus Dental Plan Options

Package ID	SBPD-1500-PPO		SBPD-1000-PPO		SBPD-1000B-PPO		SBPD-750-PPO	
	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)
<b>Deductible</b> enrollee/2+ enrollees	None	None	\$25/\$75	\$75/\$225	\$25/\$75	\$75/\$225	\$25/\$75	\$100/\$300
<b>Out-of-Pocket Maximum</b> enrollee/2+ enrollees	\$350/700 <sup>1</sup>	N/A	\$350/700 <sup>1</sup>	N/A	\$350/700 <sup>1</sup>	N/A	\$350/700 <sup>1</sup>	N/A
<b>Annual Maximum</b>	N/A	\$1,500	N/A	\$1,000	N/A	\$1,000	N/A	\$750
<b>Preventive Services</b>	\$0 copay	100%	100%	100%	100%*	100%*	100%*	100%*
<b>Basic Services</b>	\$25 copay	50%	50%*	50%*	50%*	50%*	50%*	50%*
<b>Major Services</b>	\$100 copay	50%	50%*	50%*	50%*	50%*	50%*	N/A
<b>Orthodontics<sup>2</sup></b>	\$300 copay	N/A	50%*	N/A	50%*	N/A	50%*	N/A

\*Subject to plan deductible

<sup>1</sup> out-of-pocket maximum applies to in-network benefits only

<sup>2</sup> Service requires prior authorization and must be medically necessary

Adult benefits subject to plan Annual Maximum

Same coverage for in- and out-of-network; out-of-network is subject to balance billing (excluding out-of-pocket maximum)

Service categories vary between Adult and Pediatric coverage.

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