



BENEFIT SUMMARY ESSENTIAL 1000SRV



SMALL GROUP SHELF RATED VOLUNTARY PPO PLUS | GROUP SIZE 2-50

CALENDAR-YEAR AGGREGATE MAXIMUM

In Network	Out of Network
\$1,000	\$1,000

	In Network/You Pay	Out of Network/ You Pay
DIAGNOSTIC & PREVENTIVE SERVICES		
Exams	0%	20%
Radiographic Images (X-rays)	0%	20%
Fluoride Treatment	0%	20%
Prophylaxis (cleaning)	0%	20%
Sealants	0%	20%
DENTAL XTRA (included)		

PPO dental providers have agreed not to bill amounts above the fee schedule allowance for covered services. Dental Plan will pay benefits directly to the member for covered services performed by an out-of-network dentist. Any difference between the out-of-network dentist's billed charge and the contract benefits paid by Dental Plan is the responsibility of the member.



To find a dentist anywhere in the United States, go to arkansasbluecross.com and select "Find a Doctor"

Your Dental Customer Service phone number: 1-888-223-4999



An Independent Licensee of the Blue Cross and Blue Shield Association

Important Disclaimer from Arkansas Blue Cross and Blue Shield

This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your Benefit Certificate for a full explanation of your benefits, the limitations of these benefits, and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.