

# SMALL GROUP PPO PLUS

## RATE SHEET FOR 2-50

### Complete dental coverage—at affordable rates

It's easy for employees to find affordable dental insurance that integrates with their health coverage and encourages better health. Arkansas Blue Cross and Blue Shield small group plans offer a range of options backed by our PPO Plus network, which provides broad access to dentists at strongly discounted rates. All of our plans feature top-notch customer care and the Dental Xtra program that promotes better oral and overall health. Maximum Rollover is included on all plans except Essential 1000.

	Essential 1000 P5000   PV5000		Value 1000 P5001   PV5001		Elite 1000 P5002   PV5002		Elite 1500 P5003   PV5003		Elite 2000 P5004   PV5004	
	TRAD	VOL	TRAD	VOL	TRAD	VOL	TRAD	VOL	TRAD	VOL
Employee Only	\$9.51	\$10.08	\$25.09	\$26.60	\$26.93	\$28.55	\$30.27	\$32.09	\$32.56	\$34.51
Employee + Spouse	\$19.25	\$20.40	\$50.67	\$53.71	\$54.39	\$57.65	\$61.13	\$64.80	\$65.75	\$69.69
Employee + Child(ren)	\$25.82	\$27.37	\$64.99	\$68.89	\$69.76	\$73.95	\$78.41	\$83.11	\$84.33	\$89.39
Family	\$34.74	\$36.82	\$88.54	\$93.85	\$95.03	\$100.73	\$106.82	\$113.22	\$114.89	\$121.78

Arkansas Blue Cross dental insurance plans do more and cost less.



**Questions?** Talk to your Arkansas Blue Cross representative, independent agent, or broker to learn more, or visit us online at [arkansasbluecross.com](http://arkansasbluecross.com).

### Important information

Insurance benefits are provided by a group policy issued by Arkansas Blue Cross and Blue Shield to your employer and is subject to the terms of that policy. Payment for dental services under an employer's plan will be made in accordance with the benefit certificate. Continuance of coverage under the benefit certificate shall be contingent upon receipt of premiums remitted in advance by your employer on your behalf. Eligible dependents are your spouse and children under the age of 26. Other eligibility rules may apply. Upon termination of your employment, cancellation of the group policy under which the benefit certificate was issued, or upon failure to remit premiums on your behalf by your Employer, all benefits, except charges incurred prior to such events, shall cease. This outline of coverage provides a brief description of the important features of the dental benefit certificate. The outline is not the benefit certificate, and only the actual provisions will control. These benefit certificates are represented by the following form numbers:

Small Group PPO Plus Certificate Number	Coverage Type	Benefits	Marketing Name	Small Group PPO Plus Plan Codes
64-368	Elective	Preventive Benefits	Essential 1000SR	P5000
64-369	Elective	Low Option with Orthodontia	Value 1000SR	P5001
64-370	Elective	High Option with Orthodontia	Elite 1000SR Elite 1500SR Elite 2000SR	P5002 P5003 P5004
64-371	Voluntary	Preventive Benefits	Essential 1000SRV	PV5000
64-372	Voluntary	Low Option with Orthodontia	Value 1000SRV	PV5001
64-373	Voluntary	High Option with Orthodontia	Elite 1000SRV Elite 1500SRV Elite 2000SRV	PV5002 PV5003 PV5004

The group policy and benefit certificate sets forth in detail the rights and obligations of both you, your employer and Arkansas Blue Cross and Blue Shield. It is, therefore, important that you read the benefit certificate carefully. Arkansas Blue Cross and Blue Shield may change the established premium rate or benefits with 30 days written notice.

### Diagnostic/preventive service limitations for all plans:

Two per calendar year: routine dental exams, prophylaxis, bitewing x-rays for dependent children through age 18; fluoride treatments for dependent children through age 18. NOTE: fluoride treatment is not limited to members through age 18 for those enrolled in Dental Xtra.  
One per calendar year: Comprehensive periodontal examinations, bitewings (two, three, four or eight x-rays) adults over the age of 18.  
One per 24 months: Comprehensive oral evaluations  
One per 36 months: Sealants for permanent first and second molars through age 15  
One per 5-year period: Full mouth x-rays

### Minor and major restorative service limitations for high and low option plans (does not apply to Preventive Benefit Plans 64-368 and 64-371):

One per 12 months: one restoration per surface on all teeth  
One per 24 months: periodontal scaling and root planing  
One per 5-year period: single crowns (not covered for patients under age 14 unless rationale is provided and approved by a Dental Advisor), crown buildups including pins, removable and fixed prosthetics (not covered for patients under age 15 unless rationale is provided and approved by a Dental Advisor), single-tooth implants (for members 16 and older)  
One per tooth per lifetime: root canal therapy, crown lengthening, and guided tissue regeneration

### Orthodontic service limitation for high and low option plans (does not apply to Preventive Benefit Plans 64-368 and 64-371):

Treatment limited to once per lifetime for Covered Persons through age 18.

### Exclusions for all plans:

Services, procedures or supplies not dentally necessary; services or procedures not prescribed or rendered by a dentist; services or supplies collectible under Workers' Compensation; services for conditions for which treatment is provided without cost; accidental injuries; injuries caused by war; cosmetic services; prescription drugs; local or block anesthesia when billed separately; experimental or investigational services; services provided by an immediate relative; re-evaluation limited, problem focused and comprehensive periodontal evaluation; oral surgery procedures for jaw deformities, resections, etc; apically positioned flap procedure; enamel microabrasion; odontoplasty; sleep apnea appliances; biological materials to aid in soft and osseous tissues regeneration; provisional pontic and titanium pontic; provisional retainer crown; mobilization of erupted or malpositioned tooth to aid eruption; cytology sample collection; fixed partial denture resin crowns; retainer or pontics on permanent teeth; hospital or anesthesia fees due to the management of the patient; hospital facility fees for dental services; biopsy of oral tissue; sutures or small wounds and complicated sutures; occlusal guards.



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