

## 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	
	<b>Pediatric</b> (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	<b>Pediatric</b> (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)
Deductible enrollee/2+ enrollees	None	None	\$25/\$75	\$75/\$225	\$25/\$75	\$75/\$225	\$25/\$75	\$100/\$300
Out-of-Pocket Maximum enrollee/2+ enrollees	\$350/700 <sup>1</sup>	N/A	\$350/700¹	N/A	\$350/700 <sup>1</sup>	N/A	\$350/700 <sup>1</sup>	N/A
Annual Maximum	N/A	\$1,500	N/A	\$1,000	N/A	\$1,000	N/A	\$750
Preventive Services	\$0 copay	100%	100%	100%	100%*	100%*	100%*	100%*
Basic Services	\$25 copay	50%	50%*	50%*	50%*	50%*	50%*	50%*
Major Services	\$100 copay	50%	50%*	50%*	50%*	50%*	50%*	N/A
Orthodontics <sup>2</sup>	\$300 copay	N/A	50%*	N/A	50%*	N/A	50%*	N/A

<sup>\*</sup>Subject to plan deductible

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

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