



ConnectiCare Small Group Dental Plans (10-50 enrolled employees)

Effective July 1, 2022 – December 31, 2022

Comprehensive Plan Options

- All plans cover 100%/80%/50% for Classes I/II/III with a \$50 deductible (\$150 family maximum deductible) and the specified annual maximum.
- Orthodontia plans cover 50% up to a \$1,500 lifetime maximum.

| Coverage | 100/80/50 \$1,000 maximum | | | 100/80/50 \$2,000 maximum | | |
|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| | No ortho | \$1,000 max, with ortho | \$1,500 max, with ortho | No ortho | \$1,000 max, with ortho | \$1,500 max, with ortho |
| Single | \$29.60 | \$29.60 | \$29.60 | \$31.57 | \$31.57 | \$31.57 |
| 2-Person | \$59.10 | \$75.60 | \$78.39 | \$63.03 | \$80.62 | \$83.61 |
| Family | \$90.76 | \$115.64 | \$120.93 | \$96.80 | \$123.34 | \$128.98 |
| Plan Options | | | | | | |
| Annual deductible | \$50 Single; \$150 Family | \$50 Single; \$150 Family | \$50 Single; \$150 Family | \$50 Single; \$150 Family | \$50 Single; \$150 Family | \$50 Single; \$150 Family |
| Annual benefit maximum | \$1,000 | \$1,000 | \$1,000 | \$2,000 | \$2,000 | \$2,000 |
| Orthodontia lifetime maximum | Not covered | \$1,000 per member | \$1,500 per member | Not covered | \$1,000 per member | \$1,500 per member |
| Class I Preventive services (deductible does not apply) Includes: oral examinations, diagnostic x-rays, panoramic x-rays, prophylaxis, fluoride, applications, space maintainers | 100% | 100% | 100% | 100% | 100% | 100% |
| Class II Basic restorations Includes: amalgam and/or composite restorations, fillings | 100% | 100% | 100% | 100% | 100% | 100% |

See back for underwriting rules and other plan information. →



| Plan Options | 100/80/50 \$1,000 maximum | | | 100/80/50 \$2,000 maximum | | |
|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| | No ortho | \$1,000 max, with ortho | \$1,500 max, with ortho | No ortho | \$1,000 max, with ortho | \$1,500 max, with ortho |
| Class II Basic services Includes: endodontics, periodontics, general services | 80% after deductible | 80% after deductible | 80% after deductible | 80% after deductible | 80% after deductible | 80% after deductible |
| Class III Major services Includes: single crowns, removable prosthetics (dentures) and fixed prosthetics (bridgework) | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| Class IV Orthodontics (Deductible does not apply) | Not a covered benefit | 50% up to benefit maximum | 50% up to benefit maximum | Not a covered benefit | 50% up to benefit maximum | 50% up to benefit maximum |

Underwriting Rules Comprehensive Plan Options

Available to Connecticut Groups Only

Rates not applicable for the following types of groups:

- Groups with no prior coverage.
- Groups of under 10 employee participants.
- Groups with employer contributions of less than 50% of single employee premium, 25% of dependent premium.
- This is only a summary. The Certificate of Insurance controls for actual benefits, exclusions, limitations and other plan terms.
- Benefits administered on a contract-year basis.

Rates apply to new sales and renewing small group dental policies.

Basic Plan Options

- Group premiums are valid 7/1/2022–12/31/2022.
- There are no SIC restrictions. The Basic dental plans can be sold to groups with no prior coverage.
- This is only a summary. The Certificate of Insurance controls for actual benefits, exclusions, limitations and other plan terms.
- Benefits administered on a contract-year basis.

Rates apply to new sales and renewing small group dental policies.

Coverage is underwritten and provided by ConnectiCare Inc., and its affiliates, with services administered through Healthplex, Inc.