



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

Effective January 1, 2022 – June 30, 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
<b>Single</b>	\$29.60	\$29.60	\$29.60	\$31.57	\$31.57	\$31.57
<b>2-Person</b>	\$59.10	\$75.60	\$78.39	\$63.03	\$80.62	\$83.61
<b>Family</b>	\$90.76	\$115.64	\$120.93	\$96.80	\$123.34	\$128.98
<b>Plan Options</b>						
<b>Annual deductible</b>	\$50 Single; \$150 Family	\$50 Single; \$150 Family	\$50 Single; \$150 Family	\$50 Single; \$150 Family	\$50 Single; \$150 Family	\$50 Single; \$150 Family
<b>Annual benefit maximum</b>	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
<b>Orthodontia lifetime maximum</b>	Not covered	\$1,000 per member	\$1,500 per member	Not covered	\$1,000 per member	\$1,500 per member
<b>Class I Preventive services</b> (deductible does not apply) Includes: oral examinations, diagnostic x-rays, panoramic x-rays, prophylaxis, fluoride, applications, space maintainers	100%	100%	100%	100%	100%	100%
<b>Class II Basic restorations</b> 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
<b>Class II Basic services</b> Includes: endodontics, periodontics, general services	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
<b>Class III Major services</b> 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
<b>Class IV Orthodontics</b> (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 1/1/2022–6/30/2022.
- 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.