

CarePlus Dental Plans

2024-2025 Small Group Plans 2-200

Benefit Category	Plan 1	Plan 2	Plan 3
Annual Maximum	Unlimited	\$1,750	\$1,500
Annual Deductible	\$0	\$0	\$0
Diagnostic	100%	100%	100%
Preventive*	100%	100%	100%
Restorative	100%	100%	100%
Single Crowns	90%	90%	90%
Prosthodontics – Fixed	90%	90%	90%
Prosthodontics – Removable	90%	90%	90%
Adjustment & Repairs	90%	90%	90%
Endodontics	90%	90%	90%
Periodontics	90%	90%	90%
Oral Surgery	90%	90%	90%
Implants	90%	90%	90%
Orthodontic Maximum	\$5,000.00	\$4,000.00	\$3,000.00
Monthly Premium Rates			
Single	\$37.97	\$31.26	\$28.67
With Ortho Rider	\$39.83	\$31.26	\$28.67
Employee + 1	\$75.94	\$62.52	\$57.34
With Ortho Rider	\$79.66	\$68.07	\$63.07
Limited Family	\$85.43	\$71.90	\$65.93
With Ortho Rider	\$89.62	\$79.09	\$75.52
Family	\$122.92	\$100.01	\$91.75
With Ortho Rider	\$128.94	\$110.01	\$100.01

*Cleanings and exams do not count towards annual maximum on all plans.

1. These rates are valid for effective dates in the calendar year 2024-2025.
2. These rates are guaranteed for 24 months from the initial coverage effective date.
3. No waiting periods. The minimum required enrollment is two (2) employees.
4. Orthodontic coverage to age 26.
5. The Orthodontia rider would provide 50% payment of covered services.