



SURE
CIRCLE SM

Employer
Self-Funded
Benefits

SureCircle Plan Comparison Chart*

Dental Procedure	Premier Plan	Advantage Plan	Classic Plan
Oral Examinations	Preventive 2 per 12 month period	Preventive 2 per 12 month period	Preventive 2 per 12 month period
Prophylaxis (Cleaning)	Preventive 2 per 12 month period	Preventive - 2 per 12 month period	Preventive 3 per 12 month period
Bitewing X-rays	Preventive 4 films per 12 mo period	Preventive 4 films per 12 mo period	Basic 4 films per 12 month period
Periapical X-rays	Preventive	Preventive	Basic
Full Mouth and Panoramic X-rays	Preventive 1 per 36 month period	Preventive 1 per 36 month period	Basic 1 per 36 month period
Topical Fluoride	Preventive 2 per 12 month period for children under age 14	Preventive 1 per 12 month period for children under age 14	Preventive 1 per 12 month period for children under age 14
Space Maintainers	Preventive	Preventive	Preventive
Sealants	Preventive 1 time per permanent posterior teeth	Basic 1 time per permanent posterior tooth for children under 16	Basic 1 time per permanent molar for children under 16
Emergency Palliative Treatment	Basic	Basic	Basic
Fillings-Amalgam and Composite	Basic 1 per tooth per 12 month period	Basic 1 per tooth per 12 month period	Basic 1 per tooth per 12 month period
Stainless Steel Crowns	Basic Primary teeth only	Basic Primary teeth only	Basic Primary teeth only
Endodontics-Root Canals	Basic Root canal treatment allowed 1 time per 24 month period	Basic Root canal treatment allowed 1 time per 24 month period	Major Root canal treatment allowed 1 time per 24 month period
Oral Surgery-Simple Extractions	Basic	Basic	Basic
Oral Surgery-Surgical Extractions	Basic	Basic	Major
General Anesthetic	Basic Allowed in conjunction with surgical extractions only	Basic Allowed in conjunction with surgical extractions only	Major Allowed in conjunction with surgical extractions only
Periodontics-Non-surgical	Basic Root planing allowed 1 time per quadrant per 36 month period	Basic Root planing allowed 1 time per quadrant per 36 month period	Basic Root planing allowed 1 time per quadrant per 36 month period
Periodontics-Surgical	Basic 1 time per area of the mouth per 36 month period	Basic 1 time per area of the mouth per 36 month period	Major 1 time per area of the mouth per 36 month period
Crowns/Inlays/Onlays/Veneers	Basic 1 per tooth per 60 month period	Major 1 per tooth per 60 month period	Major 1 per tooth per 60 month period
Bridges	Major 1 per tooth per 60 month period	Major 1 per tooth per 60 month period	Major 1 per tooth per 60 month period
Dentures	Major 1 per 60 month period	Major 1 per 60 month period	Major 1 per 60 month period
Implants	Major 1 per tooth per 60 month period	Not Covered	Not Covered
Orthodontics	Optional: Child and/or Adult	Optional: Child and/or Adult	Optional: Child and/or Adult

Customize our plans to fit your needs:
All amounts and network features can be customized.

Yearly Maximums	\$1,000, \$1,500, \$2,000	\$1,000, \$1,500, \$2,000	\$750, \$1,000, \$1,500
Deductible Options	\$25/\$75 or \$50/\$150	\$25/\$75 or \$50/\$150	\$25/\$75 or \$50/\$150
Ortho Lifetime Maximums	\$1,000, \$1,500, \$2,000	\$1,000, \$1,500, \$2,000	\$750, \$1,000, \$1,500
Network Options	Open or Dentemax Network	Open or Dentemax Network	Open or Dentemax Network

*Benefits are subject to all provisions, terms and conditions outlined in the group's contract. See SPD for full benefit description.

