

2017 Individual Dental Plans

Insurance Company	Dentegra		Delta	
Plan Name	Dentegra Dental PPO Family Preferred Plan		Delta Dental Individual and Family - Starter Plan	
Monthly Premium (Rate for 18-year-old)	\$30.66		\$31.62	
Monthly Premium (Rate for 40-year-old)	\$44.27		\$24.26	
Monthly Premium (Rate for 60-year-old)	\$44.27		\$28.39	
Out of Network Coverage, non-Emergency	Yes, see plan summary		No, Benefits limited to participating dentists only	
	Under 19	Over 19	Under 19	Over 19
Out of Pocket Maximum	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
Annual Benefit Maximum	N/A	\$1000 Individual/per person	N/A	\$1000 Individual/per person
Deductible	\$60	\$60	Not applicable	Not applicable
Deductible Family	Not applicable	Not applicable	Not applicable	Not applicable
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	6-12 months for certain services	No	No
Oral Exams	0%	0%	0%	0%
Cleanings	0%	0%	0%	0%
X-rays	0%	0%	0%	0%
Flouride Treatments	0%	Not covered	0%	Not covered
Sealants	0%	Not covered	0%	Not covered
Space Maintainers	0%	Not covered	0%	Not covered
Fillings	20% after deductible	20% after deductible	50%	50%
Simple Extractions	50% after deductible	50% after deductible	50%	50%
Minor Treatment for Pain	20% after deductible	20% after deductible	50%	50%
Crowns and Onlays	50% after deductible	50% after deductible	50%	Not Covered
Root Canal Therapy	50% after deductible	50% after deductible	50%	50%
Periodontal Non surg.	20%-50% after deductible	20%-50% after deductible	50%	50%
Periodontal surg.	50% after deductible	50% after deductible	50%	Not covered
Bridges and Dentures	50% after deductible	50% after deductible	50%	Not covered
Single Tooth Implants	50% after deductible	50% after deductible	50%	Not covered
Medically Necessary Orthodontia	50% after deductible	Not covered	50%; requires prior auth.	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50% after deductible	Not covered	Not covered	50%

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Delta		Delta		BCBSRI	
Delta Dental Individual and Family - Value Plan		Delta Dental Individual and Family - Value Plus Plan		Blue Cross Dental Direct Basic	
\$31.62		\$31.62		\$24.36	
\$37.37		\$46.57		\$16.85	
\$47.54		\$63.39		\$21.06	
No, Benefits limited to participating dentists only		No, Benefits limited to participating dentists only		Yes, same as in-network	
Under 19	Over 19	Under 19	Over 19	Under 19	Over 19
\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
N/A	\$1000 Individual/per person	N/A	\$1750 Individual/per person	N/A	\$1000 Individual/per person
Not applicable	Not applicable	Not applicable	Not applicable	\$75	N/A
Not applicable	Not applicable	Not applicable	Not applicable	\$75	N/A
No	12 months for certain services	No	12 months for certain services	No	No
0%	0%	0%	0%	\$0	\$0
0%	0%	0%	0%	\$0	\$0
0%	0%	0%	0%	\$0	\$0
0%	Not covered	0%	Not covered	\$0	Not covered
0%	Not covered	0%	Not covered	\$0	Not covered
0%	Not covered	0%	Not covered	\$0	Not covered
50%	20%	50%	20%	50% after deductible	50%
50%	20%	50%	20%	70% after deductible	Not covered
50%	20%	50%	20%	20%	50%
50%	50%	50%	50%	70% after deductible	Not covered
50%	20%	50%	20%	70% after deductible	Not covered
50%	20%	50%	20%	70% after deductible	Not covered
50%	50%	50%	50%	70% after deductible	Not covered
50%	Not covered	50%	50%	70% after deductible	Not covered
50%	Not covered	50%	50%	70% after deductible	Not covered
50%	Not covered	50%	Not covered	50% after deductible	Not covered
Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Not covered	50%	Not covered	50%	50%	50%