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2019 Individual Dental Plans

Insurance Company	Blue Cross & Blue Shield of RI		Blue Cross & Blue Shield of RI	
Plan Name	Blue Cross Dental Direct Basic		Blue Cross Dental Direct Standard	
Monthly Premium (Rate for 18-year-old)	$22.40		$22.40	
Monthly Premium (Rate for 40-year-old)	$16.77		$22.29	
Monthly Premium (Rate for 60-year-old)	$20.96		$27.86	
Out of Network Coverage	Yes, same as in-network		Yes, same as in-network	
	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	$150	N/A	$150	N/A
Deductible Family	$150	N/A	$150	N/A
Waiting Periods for Certain Services *see plan summary for specific services	No	No	No	12 months depending on service
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	50% after deductible	50%	50% after deductible	40%
Simple Extractions	75% after deductible	Not covered	75% after deductible	40%
Minor Treatment for Pain	20%	50%	20%	40%
Crowns and Onlays	75% after deductible	Not covered	75% after deductible	Not covered
Root Canal Therapy	75% after deductible	Not covered	75% after deductible	40%
Periodontal Non surg.	75% after deductible	Not covered	75% after deductible	Not covered
Periodontal surg.	75% after deductible	Not covered	75% after deductible	Not covered
Bridges and Dentures	75% after deductible	Not covered	75% after deductible	Not covered
Single Tooth Implants	75% after deductible	Not covered	75% after deductible	Not covered
Medically Necessary Orthodontia	50% after deductible	Not covered	50% after deductible	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%
Oral Surgery	75% after deductible	*Not covered*	75% after deductible	40%

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2019 Individual Dental Plans

Insurance Company	Blue Cross & Blue Shield of RI		Blue Cross & Blue Shield of RI	
Plan Name	Blue Cross Dental Direct Plus		Blue Cross Dental Direct Elite	
Monthly Premium (Rate for 18-year-old)	$36.54		$36.54	
Monthly Premium (Rate for 40-year-old)	$34.56		$47.82	
Monthly Premium (Rate for 60-year-old)	$43.20		$59.77	
Out of Network Coverage	Yes, same as in-network		Yes, same as in-network	
	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	$1500 Individual/per person	N/A	$2000 Individual/per person
Deductible	$25	N/A	$25	$50
Deductible Family	$25	N/A	$25	$50
Waiting Periods for Certain Services *see plan summary for specific services	No	12 months depending on service	No	12 months depending on service
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	50% after deductible	20%	50% after deductible	20% after deductible
Simple Extractions	50% after deductible	20%	50% after deductible	20% after deductible
Minor Treatment for Pain	20%	$0	20%	$0
Crowns and Onlays	50% after deductible	50%	50% after deductible	50% after deductible
Root Canal Therapy	50% after deductible	50%	50% after deductible	20% after deductible
Periodontal Non surg.	50% after deductible	50%	50% after deductible	20% after deductible
Periodontal surg.	50% after deductible	50%	50% after deductible	50% after deductible
Bridges and Dentures	50% after deductible	50%	50% after deductible	50% after deductible
Single Tooth Implants	50% after deductible	50%	50% after deductible	50% after deductible
Medically Necessary Orthodontia	50% after deductible	Not covered	50% after deductible	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%
Oral Surgery	50% after deductible	50%	50% after deductible	20% after deductible

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2019 Individual Dental Plans

Insurance Company	Delta Dental		Delta Dental	
Plan Name	Delta Dental Individual and Family - Starter Plan		Delta Dental Individual and Family - Value Plan	
Monthly Premium (Rate for 18-year-old)	$28.88		$28.88	
Monthly Premium (Rate for 40-year-old)	$24.26		$38.05	
Monthly Premium (Rate for 60-year-old)	$28.38		$50.46	
Out of Network Coverage	No, Benefits limited to		No, Benefits limited to	
	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	$1200 Individual/per person	N/A	$1500 Individual/per person
Deductible	Not applicable	Not applicable	Not applicable	Not applicable
Deductible Family	Not applicable	Not applicable	Not applicable	Not applicable
Waiting Periods for Certain Services *see plan summary for specific services	No	No	No	12 months for certain services
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	50%	50%	50%	20%
Simple Extractions	50%	50%	50%	20%
Minor Treatment for Pain	50%	50%	50%	20%
Crowns and Onlays	50%	Not Covered	50%	50%; waiting period applies
Root Canal Therapy	50%	50%	50%	20%
Periodontal Non surg.	50%	50%	50%	20%
Periodontal surg.	50%	Not covered	50%	50%; waiting period applies
Bridges and Dentures	50%	Not covered	50%	Not covered
Single Tooth Implants	50%	Not covered	50%	Not covered
Medically Necessary Orthodontia	50%; requires prior auth.	Not covered	50%; requires prior auth.	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%
Oral Surgery	50%	50%	50%	20%

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2019 Individual Dental Plans

Insurance Company	Delta Dental		Dentegra	
Plan Name	Delta Dental Individual and Family - Value Plus Plan		Dentegra Dental PPO Family Preferred Plan	
Monthly Premium (Rate for 18-year-old)	$28.88		$32.05	
Monthly Premium (Rate for 40-year-old)	$49.40		$46.27	
Monthly Premium (Rate for 60-year-old)	$67.24		$46.27	
Out of Network Coverage	No, Benefits limited to		Yes, see plan summary	
	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	$2500 Individual/per person	N/A	$1000 Individual/per person
Deductible	Not applicable	$25	$60	$60
Deductible Family	Not applicable	$75	Not applicable	Not applicable
Waiting Periods for Certain Services *see plan summary for specific services	No	12 months for certain services	No	6-12 months for certain services
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	50%	20% after deductible	20% after deductible	20% after deductible
Simple Extractions	50%	20% after deductible	50% after deductible	50% after deductible
Minor Treatment for Pain	50%	20% after deductible	20% after deductible	20% after deductible
Crowns and Onlays	50%	50% after deductible; waiting period applies	50% after deductible	50% after deductible
Root Canal Therapy	50%	20% after deductible	50% after deductible	50% after deductible
Periodontal Non surg.	50%	20% after deductible	20%-50% after deductible	20%-50% after deductible
Periodontal surg.	50%	50% after deductible; waiting period	50% after deductible	50% after deductible
Bridges and Dentures	50%	50% after deductible;	50% after deductible	50% after deductible
Single Tooth Implants	50%	50% after deductible; waiting period applies	50% after deductible	50% after deductible
Medically Necessary Orthodontia	50%; requires prior auth.	Not covered	50% after deductible	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50% after deductible	50% after deductible	Not covered
Oral Surgery	50%	20% after deductible	50% after deductible	50% after deductible