

2019 Dental Plans for Small Groups

Insurance Company	Blue Cross & Blue Shield of RI		Blue Cross & Blue Shield of RI	
Plan Name	Blue Cross Dental Basic		Blue Cross Dental Standard	
Monthly Premium (Rate for 18-year-old)	\$16.00		\$16.00	
Monthly Premium (Rate for 40-year-old)	\$12.27		\$17.23	
Monthly Premium (Rate for 60-year-old)	\$19.00		\$26.69	
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 <small>Individual/per person</small>	N/A	\$1000 <small>Individual/per person</small>
Deductible Individual	\$150	N/A	\$150	N/A
Deductible Family	\$150	N/A	\$150	N/A
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	No	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	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%

2019 Dental Plans for Small Groups

Insurance Company	Blue Cross & Blue Shield of RI		Blue Cross & Blue Shield of RI	
Plan Name	Blue Cross Dental Plus		Blue Cross Dental Elite	
Monthly Premium (Rate for 18-year-old)	\$26.11		\$26.11	
Monthly Premium (Rate for 40-year-old)	\$30.15		\$31.99	
Monthly Premium (Rate for 60-year-old)	\$46.70		\$49.55	
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 <small>Individual/per person</small>	N/A	\$2000 <small>Individual/per person</small>
Deductible Individual	\$25	N/A	\$25	\$50
Deductible Family	\$25	N/A	\$25	\$50
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	No	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	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

Insurance Company	Delta Dental	
Plan Name	Delta Dental Premier for Small Businesses - High Plan	
Monthly Premium (Rate for 18-year-old)	\$31.49	
Monthly Premium (Rate for 40-year-old)	\$30.69	
Monthly Premium (Rate for 60-year-old)	\$42.26	
Out of Network Coverage	Yes	
	Under 19	Over 19
Out of Pocket Maximum	\$350 Individual \$700 Family	N/A
Annual Benefit Maximum	N/A	\$1500 Individual/per person
Deductible Individual	\$50 <small>per member applies to certain services</small>	\$50 <small>per member applies to certain services</small>
Deductible Family	\$50 <small>per member applies to certain services</small>	\$50 <small>per member applies to certain services</small>
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	6 months for certain services
Oral Exams	\$0	\$0
Cleanings	\$0	\$0
X-rays	\$0	\$0
Flouride Treatments	\$0	Not covered
Sealants	\$0	Not covered
Space Maintainers	\$0	Not covered
Fillings	25% after deductible	25% after deductible
Simple Extractions	25% after deductible	25% after deductible
Minor Treatment for Pain	25% after deductible	25% after deductible
Crowns and Onlays	50% after deductible	50% after deductible
Root Canal Therapy	25% after deductible	25% after deductible
Periodontal Non surg.	50% after deductible	50% after deductible
Periodontal surg.	50% after deductible	50% after deductible
Bridges and Dentures	50% after deductible	50% after deductible; waiting period applies
Single Tooth Implants	50% after deductible	50% after deductible; waiting period applies
Medically Necessary Orthodontia	50%; requires prior auth.	Not covered
Elective Orthodontia	Not covered	Not covered
Night Guard	50% after deductible	Not covered
Oral Surgery	25% after deductible	25% after deductible