HealthSourceRI FOR EMPLOYERS

2022 Dental Plans for Small Groups

Insurance Company	Blue Cross Dental		Blue Cross Dental	
Plan Name	Blue Cross Dental Basic		Blue Cross Dental Standard	
Monthly Premium (Rate for 18-year-old)	$15.92		$15.92	
Monthly Premium (Rate for 40-year-old)	$12.45		$17.48	
Monthly Premium (Rate for 60-year-old)	$19.28		$27.08	
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		$350 Individual $700 Family	
Annual Benefit Maximum		$1,000 Individual $1,000 per person		$1,000 Individual $1,000 per person
Deductible Individual	$150 per person	N/A	$150 per person	N/A
Deductible Family	$150 per person	N/A	$150 per person	N/A
Waiting Periods for Certain Services *see plan summary for specific services	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%	50%	50%	40%
Simple Extractions	75%	Not covered	75%	40%
Minor Treatment for Pain	20%	50%	20%	40%
Crowns and Onlays	75%	Not covered	75%	Not covered
Root Canal Therapy	75%	Not covered	75%	40%
Periodontal Non surg.	75%	Not covered	75%	Not covered
Periodontal surg.	75%	Not covered	75%	Not covered
Bridges and Dentures	75%	Not covered	75%	Not covered
Single Tooth Implants	75%	Not covered	75%	Not covered
Medically Necessary Orthodontia	50%	Not covered	50%	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%
Oral Surgery	75%	Not covered	75%	40%

HealthSourceRI FOR EMPLOYERS

2022 Dental Plans for Small Groups

Insurance Company	Blue Cross Dental		Blue Cross Dental	
Plan Name	Blue Cross Dental Plus		Blue Cross Dental Elite	
Monthly Premium (Rate for 18-year-old)	$25.97		$25.97	
Monthly Premium (Rate for 40-year-old)	$30.60		$35.38	
Monthly Premium (Rate for 60-year-old)	$47.39		$54.79	
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		$350 Individual $700 Family	
Annual Benefit Maximum		$1,500 Individual $1,500 per person		$2,000 Individual $2,000 per person
Deductible Individual	$25	N/A	$25	N/A
Deductible Family	$25 per person	N/A	$25 per person	N/A
Waiting Periods for Certain Services *see plan summary for specific services	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%	20%	50%	20%
Simple Extractions	50%	20%	50%	20%
Minor Treatment for Pain	20%	$0	20%	$0
Crowns and Onlays	50%	50%	50%	50%
Root Canal Therapy	50%	50%	50%	20%
Periodontal Non surg.	50%	50%	50%	20%
Periodontal surg.	50%	50%	50%	50%
Bridges and Dentures	50%	50%	50%	50%
Single Tooth Implants	50%	50%	50%	50%
Medically Necessary Orthodontia	50%	Not covered	50%	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%
Oral Surgery	50%	50%	50%	20%

HealthSourceRI FOR EMPLOYERS

2022 Dental Plans for Small Groups

Insurance Company	Delta Dental		Delta Dental	
Plan Name	Delta Dental Premier for Small Businesses - Enhanced Plan		Delta Dental Premier for Small Businesses - Standard Plan	
Monthly Premium (Rate for 18-year-old)	$31.29		$31.29	
Monthly Premium (Rate for 40-year-old)	$29.74		$23.72	
Monthly Premium (Rate for 60-year-old)	$40.96		$27.80	
Out of Network Coverage	Yes		Yes	
	Under 19	**Over 19**	**Under 19**	**Over 19**
Out of Pocket Maximum	$375 Individual $750 Family		$375 Individual $750 Family	
Annual Benefit Maximum		$1,750 Individual $1,750 per person		$1,200 Individual $1,200 per person
Deductible Individual	$50 - applies to certain services	$50 - applies to certain services	$50 - applies to certain services	
Deductible Family	$50 per member - applies to certain services	$50 per member - applies to certain services	$50 per member - applies to certain services	
Waiting Periods for Certain Services *see plan summary for specific services	No	Yes, six month waiting period for certain services. See plan summary.	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	25%	25%	25%	25%
Simple Extractions	25%	25%	25%	25%
Minor Treatment for Pain	25%	25%	25%	25%
Crowns and Onlays	50%	50%	50%	Not covered
Root Canal Therapy	25%	25%	25%	25%
Periodontal Non surg.	50%	50%	50%	Not covered
Periodontal surg.	50%	50%	50%	Not covered
Bridges and Dentures	50%	50% - 6 month waiting period applies	50%	Not covered
Single Tooth Implants	50%	50% - 6 month waiting period applies	50%	Not covered
Medically Necessary Orthodontia	50% - Requires prior authorization	Not covered	50% - Requires prior authorization	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	Not covered	50%	Not covered
Oral Surgery	25%	25%	25%	25%