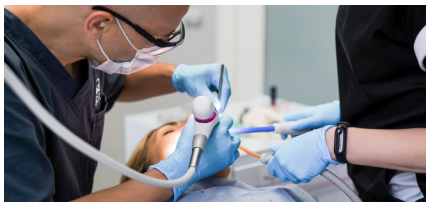
2027

HealthSourceRI
FOR EMPLOYERS

Dental Plans for Small Employers

Call us today to learn about adding dental alongside your medical coverage plan! 1-855-683-6757



Understanding Dental Insurance

Having dental insurance is an important way to make sure that you and your family get dental services you need in a timely fashion to support good oral health and prevent pain and infection. When choosing a dental plan, it's important to assess your coverage needs based on your current dental health and the services you may require. If you or a family member anticipate needing more than just preventive care, look for a plan that offers comprehensive coverage for both basic and major services. It's important to consider the total cost of the plan beyond just the monthly premium. Taking into account the deductible, copays, coinsurance, the out-of-pocket maximum (for kids) and the annual maximum (for adults) will give a clearer picture on your potential expenses. Additionally, check whether your dentist is within the plan's network as that may help you save on out-of-pocket costs.

Lower premium plans are less likely to cover costly procedures and more likely to have larger co-pays. Visit FAIR Health to see examples of costs in your area.

Definitions of Dental Procedures

Fluoride Treatments: A fluoride treatment involves the application of a high concentration of fluoride to the patient's teeth to improve their health and reduce the risk of cavities.

Sealants: A sealant is a plastic resin placed in the grooves of molars in order to protect them and prevent bacteria from attacking the enamel.

Space Maintainers: Space maintainers are devices used to preserve the space where a missing tooth used to be, preventing the tooth movement so that the appropriate permanent tooth can grow in properly.

Periodontal surgery: Periodontal surgery includes dental procedures that aim to restore the look and function of teeth, gums, and bone that have been damaged due to severe gum disease. These procedures are different from non-surgery procedures like deep cleaning and require more invasive procedures to restore oral health.

Orthodontia deals with irregularities and abnormalities of the teeth and jaw. **Medically Necessary Orthodontia**, as required by the ACA, includes services for patients with specific syndromes, conditions, or genetic disorders that require treatment. **Elective Orthodontia** refers to procedures that address cosmetic or corrective issues with the teeth, such as restorations or treatments used to fix dental irregularities.

Elective vs. non-elective procedures: Non-elective dental procedures are deemed to be orthodontic emergencies, such as treatment to address significant oral pain, infection, or limited function due to severe dental issues. Elective procedures on the other hand typically refer to cosmetic or corrective procedures that are not deemed medically necessary by the provider.

2027 Small Group Dental Plans

HealthSourceRI FOR EMPLOYERS

	INSURANCE COMPANY	Delta Dental		Delta Dental	
	PLAN NAME	Delta Dental Premier Standard Plan		Delta Dental Premier Enhanced Plan	
SMALL GROUP PREMIUMS	MONTHLY PREMIUM (18-year-old, January rate)	$34.27		$34.27	
Premiums vary by age and family size. The premiums for small employers will depend on the employees who will be covered. The employer may cover some of the premium cost, leaving the rest to the employees.	MONTHLY PREMIUM (40-year-old, January rate)	$25.72		$32.76	
	MONTHLY PREMIUM (60-year-old, January rate)	$30.14		$45.13	
	OUT-OF-NETWORK COVERAGE	Yes		Yes	
		Under 19	19 and Over	Under 19	19 and Over
MAXIMUM AMOUNTS	MAXIMUM OUT-OF-POCKET (MOOP)	$425 Individual $850 Family	N/A	$425 Individual $850 Family	N/A
In addition to your monthly premium, the maximum out-of-pocket amount (for those under 19) is the most you could have to pay in deductibles, copayments, and coinsurance during the year. The annual benefit maximum amount (for 19 and over) is the most your plan will pay per year. Once you reach this limit, you are responsible for 100% of your dental costs until the new calendar year begins.	ANNUAL BENEFIT MAXIMUM (CALENDAR YEAR)	N/A	$1,200 per person	N/A	$1,750 per person
DEDUCTIBLES	DEDUCTIBLE	$50 per person	N/A	$50 per person	$50 per person
Deductible is the amount of expense that must be paid by the patients before benefits are paid. Note, this is only applicable to shaded benefits. Items NOT shaded are not subject to the deductible.					
WAITING PERIODS	WAITING PERIOD FOR CERTAIN SERVICES (See plan summary for specific services)	No	No	No	Yes, 6 months, depending on service
This is the time you must wait after enrolling in a plan before certain services are covered. There is typically no waiting period for preventive or diagnostic services, such as routine cleanings and basic exams.					
PREVENTIVE SERVICES	ORAL EXAMS	$0	$0	$0	$0
Services listed as $0 have no co-pay or deductible and are important to prevent disease.	CLEANINGS	$0	$0	$0	$0
	X-RAYS	$0	$0	$0	$0
	FLUORIDE TREATMENTS	$0	Not Covered	$0	Not Covered
	SEALANTS	$0	Not Covered	$0	Not Covered
	SPACE MAINTAINERS	$0	Not Covered	$0	Not Covered
CO-PAYS AND COINSURANCE	FILLINGS	25%	25%	25%	25%
Co-pays and coinsurance are typically required for these procedures. The percentage indicated is the amount you pay after you have paid the deductible, if there is one. Plans indicating a procedure is "Not covered" means a patient would be responsible for the cost. Typical costs can be reviewed by searching at FAIR Health.	SIMPLE EXTRACTIONS	25%	25%	25%	25%
	MINOR TREATMENT FOR PAIN	25%	25%	25%	25%
	CROWNS, INLAYS AND ONLAYS	50%	Not Covered	50%	50%
	ROOT CANAL THERAPY	25%	25%	25%	25%
	PERIODONTAL NON SURG.	50%	Not Covered	50%	50%
The **WHITE** area is not subject to the deductible. It is the dollar amount or percentage you pay per visit or dental care service, regardless of whether you have met your deductible.	PERIODONTAL SURG.	50%	Not Covered	50%	50%
The **SHADED** area is subject to the deductible. You pay the full cost of a visit or dental care service until you reach your deductible amount. After that, you pay only the dollar amount or percentage shown.	BRIDGES AND DENTURES	50%	Not Covered	50%	50% - 6 Month Waiting Period Applies
	SINGLE TOOTH IMPLANTS	50%	Not Covered	50%	50% - 6 Month Waiting Period Applies
	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%

2027 Small Group Dental Plans

HealthSourceRI FOR EMPLOYERS

INSURANCE COMPANY	Blue Cross Dental		Blue Cross Dental		Blue Cross Dental		Blue Cross Dental	
PLAN NAME	Blue Cross Dental Basic		Blue Cross Dental Standard		Blue Cross Dental Plus		Blue Cross Dental Elite	
MONTHLY PREMIUM (18-year-old, January rate)	$16.34		$16.34		$26.37		$26.37	
MONTHLY PREMIUM (40-year-old, January rate)	$13.39		$18.09		$31.59		$36.38	
MONTHLY PREMIUM (60-year-old, January rate)	$18.52		$25.01		$43.69		$50.32	
OUT-OF-NETWORK COVERAGE	Yes, same as in-network		Yes, same as in-network		Yes, same as in-network		Yes, same as in-network	
	Under 19	19 and Over	Under 19	19 and Over	Under 19	19 and Over	Under 19	19 and Over
MAXIMUM OUT-OF-POCKET (MOOP)	$350 Individual $700 Family	N/A	$350 Individual $700 Family	N/A	$350 Individual $700 Family	N/A	$350 Individual $700 Family	N/A
ANNUAL BENEFIT MAXIMUM (CALENDAR YEAR)	N/A	$1,000 per person	N/A	$1,000 per person	N/A	$1,500 per person	N/A	$2,000 per person
DEDUCTIBLE	$150 per person	N/A	$150 per person	N/A	$25 per person	N/A	$25 per person	N/A
WAITING PERIOD FOR CERTAIN SERVICES (See plan summary for specific services)	No	No	No	No	No	No	No	No
ORAL EXAMS	$0	$0	$0	$0	$0	$0	$0	$0
CLEANINGS	$0	$0	$0	$0	$0	$0	$0	$0
X-RAYS	$0	$0	$0	$0	$0	$0	$0	$0
FLUORIDE TREATMENTS	$0	Not Covered	$0	Not Covered	$0	Not Covered	$0	Not Covered
SEALANTS	$0	Not Covered	$0	Not Covered	$0	Not Covered	$0	Not Covered
SPACE MAINTAINERS	$0	Not Covered	$0	Not Covered	$0	Not Covered	$0	Not Covered
FILLINGS	50%	50%	50%	40%	50%	20%	50%	20%
SIMPLE EXTRACTIONS	75%	Not Covered	75%	40%	50%	20%	50%	20%
MINOR TREATMENT FOR PAIN	20%	50%	20%	40%	20%	$0	20%	$0
CROWNS AND ONLAYS	75%	Not Covered	75%	Not Covered	50%	50%	50%	50%
ROOT CANAL THERAPY	75%	Not Covered	75%	40%	50%	50%	50%	20%
PERIODONTAL NON SURG.	75%	Not Covered	75%	Not Covered	50%	50%	50%	20%
PERIODONTAL SURG.	75%	Not Covered	75%	Not Covered	50%	50%	50%	50%
BRIDGES AND DENTURES	75%	Not Covered	75%	Not Covered	50%	50%	50%	50%
SINGLE TOOTH IMPLANTS	75%	Not Covered	75%	Not Covered	50%	50%	50%	50%
MEDICALLY NECESSARY ORTHODONTIA	50%	Not Covered	50%	Not Covered	50%	Not Covered	50%	Not Covered
ELECTIVE ORTHODONTIA	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
NIGHT GUARD	50%	50%	50%	50%	50%	50%	50%	50%
ORAL SURGERY	75%	Not Covered	75%	40%	50%	50%	50%	20%