

Small Group Stand Alone Dental Plans

Small Group Dental- On Exchange				
Plan Type*	Anthem-Family		Delta Dental-Family	
	High	Low	High	Low
Diagnostic & Preventive (D&P)	No charge after deductible	No charge after deductible	100%	100%
Basic Services	80%	60%	80%	60%
Major Services	50%	50%	50%	50%
Medically Necessary Orthodontics	50%	50%	50%	50%
Deductible	\$25	\$50	\$50	\$150
Deductible applies to D&P	Yes	Yes	No	No
Rates	\$34.17	\$24.41	\$41.75	\$31.75

Small Group Dental- Off Exchange								
Plan Type*	Ameritas Life Insurance				Standard Insurance Company			
	EHB High PPO	EHB Low PPO	EHB High Passive	EHB Low Passive	EHB High PPO	EHB Low PPO	EHB High Passive	EHB Low Passive
Diagnostic & Preventive (D&P)	No charge	No charge after deductible	No charge	No charge after deductible	No charge	No charge after deductible	No charge	No charge after deductible
Basic Services	60%	55%	60%	55%	60%	55%	60%	55%
Major Services	50%	35%	50%	35%	50%	35%	50%	35%
Medically Necessary Orthodontics	50%	50%	50%	50%	50%	50%	50%	50%
Deductible	\$0	\$75	\$0	\$75	\$0	\$75	\$0	\$75
Deductible applies to D&P	No	Yes	No	Yes	No	Yes	No	Yes
Rates	\$27.23	\$19.04	\$31.21	\$21.17	\$27.23	\$19.04	\$31.21	\$21.17

Small Group Dental- Off Exchange										
Plan Type*	Anthem-Family		Delta Dental-Family		Reliance Standard				Companion Life	Metropolitan Life
	High	Low	High	Low	EHB High PPO	EHB Low PPO	EHB High Passive	EHB Low Passive	High	EHB Low
Diagnostic & Preventive (D&P)	No charge after deductible	No charge after deductible	100%	100%	No charge	No charge after deductible	No charge	No charge after deductible	No charge	90%
Basic Services	80%	60%	80%	60%	60%	55%	60%	55%	80%	50%
Major Services	50%	50%	50%	50%	50%	35%	50%	35%	50%	50%
Medically Necessary Orthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Deductible	\$25	\$50	\$50	\$150	\$0	\$75	\$0	\$75	\$100	\$100
Deductible applies to D&P	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes
Rates	\$34.17	\$24.41	\$46.50	\$33.50	\$27.23	\$19.04	\$31.21	\$21.17	\$50.32	\$20.68

"High" plans have an Actuarial Value of 85% and "Low" plans have Actuarial Value of 70%.
 All Pediatric plans have an Out of Pocket Maximum of \$350 a year for one child and it is capped at \$700 for two or more children.
 The rates are for age 0-20 only and are for Area 1.
 Rates may differ for family plans enrolling consumers over age 20 and may differ by the Area in which you live.
 Coinsurance percentages are the amounts the plan pays.
 Some plans have copays on specific services.
 Maine Bureau of Insurance 6/27/2016