

Small Group Stand Alone Dental Plans

Small Group Dental- On Exchange	Anthem-Family		Delta Dental-Family		Dentegra-Family	Guardian Life-Family		United Concordia Insurance Company	
	High	Low	High	Low		High	Low	High	Low
Plan Type*									
Diagnostic & Preventive (D&P)	100%	100%	100%	100%	100%	100%	80%	80%	50%
Basic Services	80%	60%	80%	60%	50%	80%	50%	50%	50%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%
Medically Necessary Orthodontics	50%	50%	50%	50%	50%	0%	0%	50%	50%
Deductible	\$25	\$50	\$50	\$150	\$85	\$50	\$150	\$50	\$350
Deductible applies to D&P	Yes	Yes	No	No	Yes	No	No	No	No
Rates	\$34.67	\$24.72	\$43.50	\$33.00	\$38.86	\$29.65	\$22.39	\$29.65	\$24.47

Small Group Dental- Off Exchange	Guardian Life		Guardian Life-Family		Renaissance		Ameritas Life Insurance				Standard Insurance Company				United Concordia
	High	Low	High	Low	High	Low	EHB High PPO	EHB Low PPO	EHB High Passive	EHB Low Passive	High-PPO	Low-PPO	High	Low	High
Plan Type*															
Diagnostic & Preventive (D&P)	100%	70%	100%	80%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	80%
Basic Services	80%	50%	80%	50%	75%	60%	60%	55%	60%	55%	60%	55%	60%	55%	50%
Major Services	50%	50%	50%	50%	50%	50%	50%	35%	50%	35%	50%	35%	50%	35%	50%
Medically Necessary Orthodontics	50%	50%	0%	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Deductible	\$50	\$150	\$50	\$150	\$50	\$50	\$0	\$75	\$0	\$75	\$0	\$75	\$0	\$75	\$50
Deductible applies to D&P	No	No	No	No	No	No	No	Yes	No	Yes	No	Yes	No	Yes	No
Rates	\$29.65	\$22.39	\$29.65	\$22.39	\$35.18	\$24.47	\$49.15	\$26.73	\$49.84	\$31.04	\$49.99	\$27.19	\$50.68	\$31.57	\$29.65

Small Group Dental- Off Exchange	Anthem	Anthem-Family		Delta Dental-Family		Dentegra-Family		Dentegra	Reliance Standard				Companion Life	Metropolitan Life	Principal Life		
	Low	High	Low	High	Low	High	Low	Low	High PPO	Low PPO	High	Low	High	Low	High	Low	
Plan Type*																	
Diagnostic & Preventive (D&P)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	90%
Basic Services	60%	80%	60%	80%	60%	80%	50%	50%	60%	55%	60%	55%	80%	50%	80%	70%	
Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	35%	50%	35%	50%	50%	50%	40%	
Medically Necessary Orthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Deductible	\$50	\$25	\$50	\$50	\$150	\$85	\$85	\$85	\$0	\$75	\$0	\$75	\$100	\$100	\$50	\$175	
Deductible applies to D&P	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes	No	Yes	No	No	
Rates	\$25.30	\$34.67	\$24.72	\$48.50	\$35.00	\$49.36	\$38.86	\$38.86	\$49.84	\$27.11	\$50.53	\$31.47	\$50.32	\$20.69	\$44.31	\$44.31	

"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.