

2015 Small Group Stand Alone Dental Plans Exchange Certified

Small Group Dental- On Exchange	Anthem-Family		Delta Dental-Family		Dentegra-Family	Dentegra	Guardian Life-Family	
	High	Low	High	Low	Low	Low	High	Low
Plan Type*								
Diagnostic & Preventive (D&P)	100%	100%	100%	100%	100%	100%	100%	70%
Basic Services	80%	60%	80%	60%	50%	50%	80%	50%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%
Medically Necessary Orthodontics	50%	50%	50%	50%	50%	50%	50%	50%
Deductible	\$25	\$50	\$50	\$150	\$85	\$85	\$50	\$150
Deductible applies to D&P	Yes	Yes	no	no	Yes	Yes	no	no
Estimated Rates	\$32.66	\$24.53	\$42.98	\$36.98	\$36.34	\$36.34	\$33.67	\$24.91

Small Group Dental- Off Exchange	Lincoln National Life Insurance				Guardian Life		Renaissance		Ameritas Life Insurance			
	High	Low	Low	High	High	Low	High	Low	EHB High PPO	EHB Low PPO	EHB High Passive	EHB Low Passive
Plan Type*												
Diagnostic & Preventive (D&P)	100%	90%	80%	100%	100%	70%	100%	80%	100%	100%	100%	100%
Basic Services	80%	70%	60%	70%	80%	50%	75%	60%	60%	55%	60%	55%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	35%	50%	35%
Medically Necessary Orthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Deductible	\$25	\$75	\$50	\$50	\$50	\$150	\$50	\$50	\$0	\$75	\$0	\$75
Deductible applies to D&P	yes	yes	yes	no	no	no	no	no	no	yes	no	yes
Estimated Rates	\$41.29	\$29.05	\$26.80	\$37.84	\$33.41	\$24.70	\$35.50	\$27.93	\$47.49	\$25.83	\$48.15	\$29.99

Small Group Dental- Off Exchange	Anthem	Anthem-Family		Delta Dental-Family		Dentegra-Family	Dentegra	Reliance Standard		Companion Life	
Plan Type*	Low	High	Low	High	Low	Low	Low	High	Low	High	Low
Diagnostic & Preventive (D&P)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services	60%	80%	60%	80%	60%	50%	50%	60%	55%	80%	50%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%	35%	50%	50%
Medically Necessary Orthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Deductible	\$50	\$25	\$50	\$50	\$150	\$85	\$85	\$0	\$75	\$100	\$100
Deductible applies to D&P	Yes	Yes	Yes	no	no	yes	yes	no	yes	no	yes
Estimated Rates	\$25.11	\$32.66	\$24.53	\$42.98	\$36.98	\$36.34	\$36.34	\$48.15	\$26.19	\$50.32	\$41.52

Small Group Dental- Off Exchange	Standard Insurance Company				Kansas City Life-PPO		Kansas City Life-MAC		Metropolitan Life	Principal Life	
Plan Type*	High-PPO	Low-PPO	High	Low	High	Low	High	Low	Low	High	Low
Diagnostic & Preventive (D&P)	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	90%
Basic Services	60%	55%	60%	55%	80%	50%	80%	50%	50%	80%	70%
Major Services	50%	35%	50%	35%	50%	50%	50%	50%	50%	50%	40%
Medically Necessary Orthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Deductible	\$0	\$75	\$0	\$75	\$75	\$125	\$75	\$125	\$100	\$50	\$150
Deductible applies to D&P	no	yes	no	yes	yes	yes	yes	yes	yes	no	no
Estimated Rates	\$48.30	\$26.27	\$48.97	\$30.50	\$59.31	\$49.26	\$44.36	\$35.99	\$20.68	\$33.51	\$31.64

"High" plans have an Actuarial Value of 85% and "Low" plans have Actuarial Value of

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.

Coinsurance percentages are the amounts the plan pays.

Some plans have copays on specific services.

Rates are Estimated.