

## 2016 SHOP Stand Alone Dental Plans

Plan ID/ Form Schedue #	57601NH0390004		87701NH0110001	24847NH0060003	57601NH0390003		87701NH0120001	82708NH0020006	24847NH0080003
Issuer	Anthem		Delta Dental	Guardian Life Insurance Company	Anthem		Delta Dental	Dentegra Insurance Company	Guardian Life Insurance Company
Plan Name	Anthem Dental Family Enhanced		Delta Dental PPO Family High Plan	Guardian Family Advantage	Anthem Dental Family		Delta Dental PPO Family Low Plan	Dentegra Dental PPO for Small Businesses Family Basic Plan	Guardian Family Essentials
Metal Level	High		High	High	Low		Low	Low	Low
Product Type	PPO		PPO	PPO	PPO		PPO	PPO	PPO
Network Coverage	<a href="#">Dental Complete</a>		<a href="#">Delta Dental PPO</a>	<a href="#">DentalGuard Preferred</a>	<a href="#">Dental Complete</a>		<a href="#">Delta Dental PPO</a>	<a href="#">Dentegra Dental PPO</a>	<a href="#">DentalGuard Preferred</a>
	In-Network	Out-of-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	In-Network	In-Network
Deductible	\$25	\$25	\$50	\$50	\$50	\$50	\$150	\$125	\$150
Max Out of Pocket-Individual/Family	\$350 per person   \$700 per group	Not Applicable	\$350 per person   \$700 per group	\$350 per person   \$700 per group	\$350 per person   \$700 per group	Not Applicable	\$350 per person   \$700 per group	\$350 per person   \$700 per group	\$350 per person   \$700 per group
Dental Checkup for Children	No Charge after deductible	20% Coinsurance after deductible	\$15	No Charge	No Charge after deductible	30% Coinsurance after deductible	\$30	No Charge after deductible	\$30
Basic Dental Care-Child	20% Coinsurance after deductible	40% Coinsurance after deductible	\$15 Copay and 20% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
Orthodontia-Child	50% Coinsurance after deductible	50% Coinsurance after deductible	50%	50%	50% Coinsurance after deductible	50% Coinsurance after deductible	50%	50% Coinsurance after deductible	\$50
Major Dental Care-Child	50% Coinsurance after deductible	50% Coinsurance after deductible	\$15 Copay and 50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$30 Copay and 50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
Routine Dental Services-Adult	No Charge after deductible	50% Coinsurance after deductible	\$15	No Charge	No Charge after deductible	50% Coinsurance after deductible	\$30	No Charge after deductible	\$30
Basic Dental Care-Adult	20% Coinsurance after deductible	60% Coinsurance after deductible	\$15 Copay and 20% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible	75% Coinsurance after deductible	\$30 Copay and 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
Orthodontia-Adult	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Major Dental Care-Adult	50% Coinsurance after deductible	75% Coinsurance after deductible	\$15 Copay and 50% Coinsurance after deductible	50% Coinsurance after deductible	70% Coinsurance after deductible	85% Coinsurance after deductible	\$30 Copay and 50% Coinsurance after deductible	Not Covered	50% Coinsurance after deductible