



2024 Providence Dental Plans

We' re pleased to introduce our new dental partner, Delta Dental Plan of Oregon. Available when paired with a medical plan, employers may choose from a range of dental plan options that provide comprehensive benefits to help promote overall good health.

Members have access to more than 2,300 participating dentists in Oregon and more than 152,000 dental providers nationwide through Delta Dental PPO™ and Delta Dental Premier® networks. After meeting the deductible, the member pays the following amounts for covered services.

Delta Dental Benefits

Plan	Network	Annual Max.	Deductible	INN Cost Share	ONN Cost Share
Essential Value Access	PP0	\$1,000	\$50	20%√/50%/75%	
Essential Access Dental	PP0	\$1,000	\$50	0% ✓/20%/50%	10% ✓ /30% /50%
Advantage Access 1500	PP0	\$1,500	\$25	0% 🗸 / 20% / 50%	10% 🗸 / 30% / 50%
Advantage Access 2000	PP0	\$2,000	\$25	0% ✓/20%/50%	10% ✓ /30% /50%
Essential Premier	Premier	\$1,000	\$50	0% 🗸 / 20% / 50%	
Advantage Premier 1500	Premier	\$1,500	\$25	0% 🗸 / 20% / 50%	
Advantage Premier 2000	Premier	\$2,000	\$25	0% 🗸 / 20% / 50%	
Orthodontia Rider	Matches Plan	\$1,500 Lifetime	N/A	50%	

New plans are highlighted in **bold**.

Cost share = Preventive and diagnostic/Basic/Major

The deductible does not apply to services marked with a \checkmark .





Dental Plan Rates

For large groups with up to 99 enrolled employees

New plans are highlighted in **bold**

Plan	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Essential Value Access	\$32.61	\$67.68	\$78.82	\$117.53
Essential Access Dental	\$39.13	\$81.38	\$93.90	\$140.08
Advantage Access 1500	\$47.03	\$97.82	\$112.87	\$168.35
Advantage Access 2000	\$51.17	\$106.42	\$122.80	\$183.17
Essential Premier	\$45.79	\$95.25	\$109.90	\$163.93
Advantage Premier 1500	\$54.80	\$113.99	\$131.52	\$196.18
Advantage Premier 2000	\$60.34	\$125.49	\$144.79	\$215.98
Orthodontia Rider	\$1.14	\$2.27	\$15.35	\$16.48

For more information, visit ProvidenceHealthPlan.com.





2024 Providence Dental Underwriting Assumptions

Last updated: August 4, 2023

General Underwriting Assumptions

- Rates are guaranteed for 12 months unless otherwise noted.
- The employer must use the same rate basis type options (tiers) as the employer's group health benefit plans, subject to final Underwriting approval.
- Dental products are offered on a sole carrier basis.
- Standard 3% commission is included in rates groups of 100+ will include 3% commission unless otherwise requested.
- Shelf rates apply for large groups of 1-99 enrolling employees. Underwritten rates apply to groups of 100 or more enrolling employees.

Participation and Contribution Requirements

- Dental plan enrollment matches group health plan's enrollment.
- All plans with Orthodontia coverage require at least 15 employees enrolling.
- The employer must contribute a minimum of 50% of the employee only dental rate.
 - a. 70% participation of eligible employees required for groups of 5 or more enrolling employees (less valid waivers).
 - b. Groups of under five eligible subscribers (less valid waivers) must have 100% participation.
- There is no minimum participation requirement for dependents.

Plan Options

- The employer can only offer employees one dental plan.
- The rates assume total replacement of current plan(s).

Exceptions

• Any exceptions to the quote assumptions above are subject to Underwriting review.