



RESIG Delta Dental Plan Comparison Sheet
COBRA Rates
Effective October 1, 2023 through September 30, 2024*

Plan Allowances	Services	\$1900/\$1500 Plan		\$2400/\$2000 Plan		\$2900/\$2500 Plan	
		In-PPO Network PPO	Out-of-PPO Network	In-PPO Network PPO	Out-of-PPO Network	In-PPO Network PPO	Out-of-PPO Network
Copayments	Diagnostic and Preventive	70-100%	70-100%	70-100%	70-100%	70-100%	70-100%
	Basic	70-100%	70-100%	70-100%	70-100%	70-100%	70-100%
	Crowns & Cast Restorations	70-100%	70-100%	70-100%	70-100%	70-100%	70-100%
	Prosthodontics	50%	50%	50%	50%	50%	50%
	Child Only Orthodontics	50%	50%	50%	50%	50%	50%
Deductibles	Per patient per Calendar Year	N/A	N/A	N/A	N/A	N/A	N/A
	Per Family per Calendar Year	N/A	N/A	N/A	N/A	N/A	N/A
	D & P Exempt from Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Maximums	Per patient per Calendar Year	\$ 1,900.00	\$1,500	\$ 2,400.00	\$2,000	\$ 2,900.00	\$2,500

Rates

COBRA Rates (Monthly)	Employee Only	Employee + 1	Employee + Family	Composite
	COBRA Without Orthodontia	COBRA Without Orthodontia	COBRA Without Orthodontia	COBRA Without Orthodontia
	\$50.00	\$89.00	\$129.00	\$113.00
	\$52.00	\$95.00	\$137.00	\$120.00
	\$55.00	\$100.00	\$144.00	\$126.00

Orthodontic Rider Options

COBRA Rates (Monthly)	Employee Only	Employee + 1	Employee + Family	Composite
	\$1900/\$1500 w/ \$500 Ortho.	\$2400/\$2000 w/ \$500 Ortho.	\$2900/\$2500 w/ \$500 Ortho.	
	\$58.00	\$104.00	\$151.00	\$133.00
	\$61.00	\$110.00	\$160.00	\$142.00
	\$65.00	\$116.00	\$168.00	\$149.00
	\$1900/\$1500 w/ \$1500 Ortho.	\$2400/\$2000 w/ \$1500 Ortho.	\$2900/\$2500 w/ \$1500 Ortho.	
	\$62.00	\$107.00	\$156.00	\$138.00
	\$68.00	\$123.00	\$180.00	\$159.00
	\$96.00	\$173.00	\$249.00	\$221.00
	\$1900/\$1500 w/ \$2000 Ortho.	\$2400/\$2000 w/ \$2000 Ortho.	\$2900/\$2500 w/ \$2000 Ortho.	
	\$63.00	\$110.00	\$159.00	\$141.00
	\$70.00	\$127.00	\$185.00	\$163.00
	\$99.00	\$177.00	\$255.00	\$226.00
	\$1900/\$1500 w/ \$2500 Ortho.	\$2400/\$2000 w/ \$2500 Ortho.	\$2900/\$2500 w/ \$2500 Ortho.	
	\$65.00	\$112.00	\$162.00	\$144.00
	\$71.00	\$129.00	\$187.00	\$164.00
	\$101.00	\$179.00	\$261.00	\$231.00

Current Delta Dental enrollees will remain at their current benefit level (70-100%) upon transition to the RESIG Delta Dental plan.

Under this plan, Delta Dental pays 70% of the allowed fees for covered basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each enrollee, provided that person visits the dentist at least once during the year. If an enrollee does not use the plan during a calendar year, the percentage remains at the level reached the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

October 1, 2020 Diagnostic & Preventive Waiver added

In-PPO Network benefits are paid at the PPO dentist's allowed fee.

Out-of-PPO Network benefits are paid at the Premier dentist's allowed fee or the fee that satisfies a majority of Delta dentists.

Only the first 3 cleanings, fluoride treatments, or Single Procedures which include cleaning, or combination thereof, in any calendar year are Benefits while you are eligible under this plan.

Orthodontic plans are available; rates and lifetime maximums listed above.

Please refer to your Evidence of Coverage for limitations on these benefits. Some examples of limitations on services are the number of cleanings and or exams covered in a calendar year, and time limitations on filling and crown replacements. Note: Delta dentists are paid on a different fee base than non-Delta dentists. This may result in higher out-of-pocket costs to you when you visit a non-Delta dentist.

*Rate Pass from the 2021/2022

Board approved on June 9, 2022