

2018 Individual Dental Plans

Insurance Company	Blue Cross Dental		Blue Cross Dental	
Plan Name	Blue Cross Dental Direct Basic		Blue Cross Dental Direct Standard	
Monthly Premium (Rate for 18-year-old)	\$20.53		\$20.53	
Monthly Premium (Rate for 40-year-old)	\$17.12		\$22.85	
Monthly Premium (Rate for 60-year-old)	\$21.40		\$28.56	
Out of Network Coverage	Yes, same as in-network		Yes, same as in-network	
	Under 19	Over 19	Under 19	Over 19
Out of Pocket Maximum	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
Annual Benefit Maximum	N/A	\$1000 Individual/per person	N/A	\$1000 Individual/per person
Deductible	\$150	N/A	\$150	N/A
Deductible Family	\$150	N/A	\$150	N/A
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	No	No	6-12 months for certain services
Oral Exams	\$0	\$0	\$0	\$0
Cleanings	\$0	\$0	\$0	\$0
X-rays	\$0	\$0	\$0	\$0
Flouride Treatments	\$0	Not covered	\$0	Not covered
Sealants	\$0	Not covered	\$0	Not covered
Space Maintainers	\$0	Not covered	\$0	Not covered
Fillings	50% after deductible	50%	50% after deductible	40%
Simple Extractions	75% after deductible	Not covered	75% after deductible	40%
Minor Treatment for Pain	20%	50%	20%	40%
Crowns and Onlays	75% after deductible	Not covered	75% after deductible	Not covered
Root Canal Therapy	75% after deductible	Not covered	75% after deductible	40%
Periodontal Non surg.	75% after deductible	Not covered	75% after deductible	Not covered
Periodontal surg.	75% after deductible	Not covered	75% after deductible	Not covered
Bridges and Dentures	75% after deductible	Not covered	75% after deductible	Not covered
Single Tooth Implants	75% after deductible	Not covered	75% after deductible	Not covered
Medically Necessary Orthodontia	50% after deductible	Not covered	50% after deductible	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%

2018 Individual Dental Plans

Insurance Company	Blue Cross Dental		Blue Cross Dental	
Plan Name	Blue Cross Dental Direct Plus		Blue Cross Dental Direct Elite	
Monthly Premium (Rate for 18-year-old)	\$35.51		\$35.51	
Monthly Premium (Rate for 40-year-old)	\$35.40		\$49.06	
Monthly Premium (Rate for 60-year-old)	\$44.25		\$61.32	
Out of Network Coverage	Yes, same as in-network		Yes, same as in-network	
	Under 19	Over 19	Under 19	Over 19
Out of Pocket Maximum	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
Annual Benefit Maximum	N/A	\$1500 <small>Individual/per person</small>	N/A	\$2000 <small>Individual/per person</small>
Deductible	\$25	N/A	\$25	\$50
Deductible Family	\$25	N/A	\$25	\$50
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	6-12 months for certain services	No	6-12 months for certain services
Oral Exams	\$0	\$0	\$0	\$0
Cleanings	\$0	\$0	\$0	\$0
X-rays	\$0	\$0	\$0	\$0
Flouride Treatments	\$0	Not covered	\$0	Not covered
Sealants	\$0	Not covered	\$0	Not covered
Space Maintainers	\$0	Not covered	\$0	Not covered
Fillings	50% after deductible	20%	50% after deductible	20% after deductible
Simple Extractions	50% after deductible	20%	50% after deductible	20% after deductible
Minor Treatment for Pain	20%	\$0	20%	\$0
Crowns and Onlays	50% after deductible	50%	50% after deductible	50% after deductible
Root Canal Therapy	50% after deductible	50%	50% after deductible	20% after deductible
Periodontal Non surg.	50% after deductible	50%	50% after deductible	20% after deductible
Periodontal surg.	50% after deductible	50%	50% after deductible	50% after deductible
Bridges and Dentures	50% after deductible	50%	50% after deductible	50% after deductible
Single Tooth Implants	50% after deductible	50%	50% after deductible	50% after deductible
Medically Necessary Orthodontia	50% after deductible	Not covered	50% after deductible	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%

2018 Individual Dental Plans

Insurance Company	Delta Dental		Delta Dental	
Plan Name	Delta Dental Individual and Family - Starter Plan		Delta Dental Individual and Family - Value Plan	
Monthly Premium (Rate for 18-year-old)	\$31.88		\$31.88	
Monthly Premium (Rate for 40-year-old)	\$24.51		\$38.86	
Monthly Premium (Rate for 60-year-old)	\$28.68		\$49.45	
Out of Network Coverage	No, Benefits limited to		No, Benefits limited to	
	Under 19	Over 19	Under 19	Over 19
Out of Pocket Maximum	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
Annual Benefit Maximum	N/A	\$1000 <small>Individual/per person</small>	N/A	\$1000 <small>Individual/per person</small>
Deductible	Not applicable	Not applicable	Not applicable	Not applicable
Deductible Family	Not applicable	Not applicable	Not applicable	Not applicable
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	No	No	12 months for certain services
Oral Exams	\$0	\$0	\$0	\$0
Cleanings	\$0	\$0	\$0	\$0
X-rays	\$0	\$0	\$0	\$0
Flouride Treatments	\$0	Not covered	\$0	Not covered
Sealants	\$0	Not covered	\$0	Not covered
Space Maintainers	\$0	Not covered	\$0	Not covered
Fillings	50%	50%	50%	20%
Simple Extractions	50%	50%	50%	20%
Minor Treatment for Pain	50%	50%	50%	20%
Crowns and Onlays	50%	Not Covered	50%	50%; waiting period applies
Root Canal Therapy	50%	50%	50%	20%
Periodontal Non surg.	50%	50%	50%	20%
Periodontal surg.	50%	Not covered	50%	50%; waiting period applies
Bridges and Dentures	50%	Not covered	50%	Not covered
Single Tooth Implants	50%	Not covered	50%	Not covered
Medically Necessary Orthodontia	50%; requires prior auth.	Not covered	50%; requires prior auth.	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%

2018 Individual Dental Plans

Insurance Company	Delta Dental		Dentegra	
Plan Name	Delta Dental Individual and Family - Value Plus Plan		Dentegra Dental PPO Family Preferred Plan	
Monthly Premium (Rate for 18-year-old)	\$31.88		\$32.05	
Monthly Premium (Rate for 40-year-old)	\$48.43		\$46.27	
Monthly Premium (Rate for 60-year-old)	\$65.92		\$46.27	
Out of Network Coverage	No, Benefits limited to		Yes, see plan summary	
	Under 19	Over 19	Under 19	Over 19
Out of Pocket Maximum	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
Annual Benefit Maximum	N/A	\$1750 <small>Individual/per person</small>	N/A	\$1000 <small>Individual/per person</small>
Deductible	Not applicable	Not applicable	\$60	\$60
Deductible Family	Not applicable	Not applicable	Not applicable	Not applicable
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	12 months for certain services	No	6-12 months for certain services
Oral Exams	\$0	\$0	0%	0%
Cleanings	\$0	\$0	0%	0%
X-rays	\$0	\$0	0%	0%
Flouride Treatments	\$0	Not covered	0%	Not covered
Sealants	\$0	Not covered	0%	Not covered
Space Maintainers	\$0	Not covered	0%	Not covered
Fillings	50%	20%	20% after deductible	20% after deductible
Simple Extractions	50%	20%	50% after deductible	50% after deductible
Minor Treatment for Pain	50%	20%	20% after deductible	20% after deductible
Crowns and Onlays	50%	50%; waiting period applies	50% after deductible	50% after deductible
Root Canal Therapy	50%	20%	50% after deductible	50% after deductible
Periodontal Non surg.	50%	20%	20%-50% after deductible	20%-50% after deductible
Periodontal surg.	50%	50%; waiting period applies	50% after deductible	50% after deductible
Bridges and Dentures	50%	50%; waiting period applies	50% after deductible	50% after deductible
Single Tooth Implants	50%	50%; waiting period applies	50% after deductible	50% after deductible
Medically Necessary Orthodontia	50%; requires prior auth.	Not covered	50% after deductible	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50% after deductible	Not covered