

## 2019 Individual Dental Plans

Insurance Company	Blue Cross Dental		Blue Cross Dental	
<b>Plan Name</b>	Blue Cross Dental Direct Basic		Blue Cross Dental Direct Standard	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$22.40		\$22.40	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$16.77		\$22.29	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$20.96		\$27.86	
<b>Out of Network Coverage</b>	Yes, same as in-network		Yes, same as in-network	
	<b>Under 19</b>	<b>Over 19</b>	<b>Under 19</b>	<b>Over 19</b>
<b>Out of Pocket Maximum</b>	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
<b>Annual Benefit Maximum</b>	N/A	\$1000 <small>Individual/per person</small>	N/A	\$1000 <small>Individual/per person</small>
<b>Deductible</b>	\$150	N/A	\$150	N/A
<b>Deductible Family</b>	\$150	N/A	\$150	N/A
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	No	No	12 months depending on service
<b>Oral Exams</b>	\$0	\$0	\$0	\$0
<b>Cleanings</b>	\$0	\$0	\$0	\$0
<b>X-rays</b>	\$0	\$0	\$0	\$0
<b>Flouride Treatments</b>	\$0	Not covered	\$0	Not covered
<b>Sealants</b>	\$0	Not covered	\$0	Not covered
<b>Space Maintainers</b>	\$0	Not covered	\$0	Not covered
<b>Fillings</b>	50% after deductible	50%	50% after deductible	40%
<b>Simple Extractions</b>	75% after deductible	Not covered	75% after deductible	40%
<b>Minor Treatment for Pain</b>	20%	50%	20%	40%
<b>Crowns and Onlays</b>	75% after deductible	Not covered	75% after deductible	Not covered
<b>Root Canal Therapy</b>	75% after deductible	Not covered	75% after deductible	40%
<b>Periodontal Non surg.</b>	75% after deductible	Not covered	75% after deductible	Not covered
<b>Periodontal surg.</b>	75% after deductible	Not covered	75% after deductible	Not covered
<b>Bridges and Dentures</b>	75% after deductible	Not covered	75% after deductible	Not covered
<b>Single Tooth Implants</b>	75% after deductible	Not covered	75% after deductible	Not covered
<b>Medically Necessary Orthodontia</b>	50% after deductible	Not covered	50% after deductible	Not covered
<b>Elective Orthodontia</b>	Not covered	Not covered	Not covered	Not covered
<b>Night Guard</b>	50%	50%	50%	50%

## 2019 Individual Dental Plans

Insurance Company	Blue Cross Dental		Blue Cross Dental	
<b>Plan Name</b>	Blue Cross Dental Direct Plus		Blue Cross Dental Direct Elite	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$36.54		\$36.54	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$34.56		\$47.82	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$43.20		\$59.77	
<b>Out of Network Coverage</b>	Yes, same as in-network		Yes, same as in-network	
	<b>Under 19</b>	<b>Over 19</b>	<b>Under 19</b>	<b>Over 19</b>
<b>Out of Pocket Maximum</b>	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
<b>Annual Benefit Maximum</b>	N/A	\$1500 Individual/per person	N/A	\$2000 Individual/per person
<b>Deductible</b>	\$25	N/A	\$25	\$50
<b>Deductible Family</b>	\$25	N/A	\$25	\$50
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	12 months depending on service	No	12 months depending on service
<b>Oral Exams</b>	\$0	\$0	\$0	\$0
<b>Cleanings</b>	\$0	\$0	\$0	\$0
<b>X-rays</b>	\$0	\$0	\$0	\$0
<b>Flouride Treatments</b>	\$0	Not covered	\$0	Not covered
<b>Sealants</b>	\$0	Not covered	\$0	Not covered
<b>Space Maintainers</b>	\$0	Not covered	\$0	Not covered
<b>Fillings</b>	50% after deductible	20%	50% after deductible	20% after deductible
<b>Simple Extractions</b>	50% after deductible	20%	50% after deductible	20% after deductible
<b>Minor Treatment for Pain</b>	20%	\$0	20%	\$0
<b>Crowns and Onlays</b>	50% after deductible	50%	50% after deductible	50% after deductible
<b>Root Canal Therapy</b>	50% after deductible	50%	50% after deductible	20% after deductible
<b>Periodontal Non surg.</b>	50% after deductible	50%	50% after deductible	20% after deductible
<b>Periodontal surg.</b>	50% after deductible	50%	50% after deductible	50% after deductible
<b>Bridges and Dentures</b>	50% after deductible	50%	50% after deductible	50% after deductible
<b>Single Tooth Implants</b>	50% after deductible	50%	50% after deductible	50% after deductible
<b>Medically Necessary Orthodontia</b>	50% after deductible	Not covered	50% after deductible	Not covered
<b>Elective Orthodontia</b>	Not covered	Not covered	Not covered	Not covered
<b>Night Guard</b>	50%	50%	50%	50%

## 2019 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	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$28.88		\$28.88	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$24.26		\$38.05	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$28.38		\$50.46	
<b>Out of Network Coverage</b>	No, Benefits limited to		No, Benefits limited to	
	<b>Under 19</b>	<b>Over 19</b>	<b>Under 19</b>	<b>Over 19</b>
<b>Out of Pocket Maximum</b>	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
<b>Annual Benefit Maximum</b>	N/A	\$1200 <small>Individual/per person</small>	N/A	\$1500 <small>Individual/per person</small>
<b>Deductible</b>	Not applicable	Not applicable	Not applicable	Not applicable
<b>Deductible Family</b>	Not applicable	Not applicable	Not applicable	Not applicable
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	No	No	12 months for certain services
<b>Oral Exams</b>	\$0	\$0	\$0	\$0
<b>Cleanings</b>	\$0	\$0	\$0	\$0
<b>X-rays</b>	\$0	\$0	\$0	\$0
<b>Flouride Treatments</b>	\$0	Not covered	\$0	Not covered
<b>Sealants</b>	\$0	Not covered	\$0	Not covered
<b>Space Maintainers</b>	\$0	Not covered	\$0	Not covered
<b>Fillings</b>	50%	50%	50%	20%
<b>Simple Extractions</b>	50%	50%	50%	20%
<b>Minor Treatment for Pain</b>	50%	50%	50%	20%
<b>Crowns and Onlays</b>	50%	Not Covered	50%	50%; waiting period applies
<b>Root Canal Therapy</b>	50%	50%	50%	20%
<b>Periodontal Non surg.</b>	50%	50%	50%	20%
<b>Periodontal surg.</b>	50%	Not covered	50%	50%; waiting period applies
<b>Bridges and Dentures</b>	50%	Not covered	50%	Not covered
<b>Single Tooth Implants</b>	50%	Not covered	50%	Not covered
<b>Medically Necessary Orthodontia</b>	50%; requires prior auth.	Not covered	50%; requires prior auth.	Not covered
<b>Elective Orthodontia</b>	Not covered	Not covered	Not covered	Not covered
<b>Night Guard</b>	50%	50%	50%	50%

## 2019 Individual Dental Plans

Insurance Company	Delta Dental		Dentegra	
<b>Plan Name</b>	Delta Dental Individual and Family - Value Plus Plan		Dentegra Dental PPO Family Preferred Plan	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$28.88		\$32.05	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$49.40		\$46.27	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$67.24		\$46.27	
<b>Out of Network Coverage</b>	No, Benefits limited to		Yes, see plan summary	
	<b>Under 19</b>	<b>Over 19</b>	<b>Under 19</b>	<b>Over 19</b>
<b>Out of Pocket Maximum</b>	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
<b>Annual Benefit Maximum</b>	N/A	\$2500 <small>Individual/per person</small>	N/A	\$1000 <small>Individual/per person</small>
<b>Deductible</b>	Not applicable	\$25	\$60	\$60
<b>Deductible Family</b>	Not applicable	\$75	Not applicable	Not applicable
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	12 months for certain services	No	6-12 months for certain services
<b>Oral Exams</b>	\$0	\$0	0%	0%
<b>Cleanings</b>	\$0	\$0	0%	0%
<b>X-rays</b>	\$0	\$0	0%	0%
<b>Flouride Treatments</b>	\$0	Not covered	0%	Not covered
<b>Sealants</b>	\$0	Not covered	0%	Not covered
<b>Space Maintainers</b>	\$0	Not covered	0%	Not covered
<b>Fillings</b>	50%	20% after deductible	20% after deductible	20% after deductible
<b>Simple Extractions</b>	50%	20% after deductible	50% after deductible	50% after deductible
<b>Minor Treatment for Pain</b>	50%	20% after deductible	20% after deductible	20% after deductible
<b>Crowns and Onlays</b>	50%	50% after deductible; waiting period applies	50% after deductible	50% after deductible
<b>Root Canal Therapy</b>	50%	20% after deductible	50% after deductible	50% after deductible
<b>Periodontal Non surg.</b>	50%	20% after deductible	20%-50% after deductible	20%-50% after deductible
<b>Periodontal surg.</b>	50%	50% after deductible; waiting period	50% after deductible	50% after deductible
<b>Bridges and Dentures</b>	50%	50% after deductible; waiting period	50% after deductible	50% after deductible
<b>Single Tooth Implants</b>	50%	50% after deductible; waiting period	50% after deductible	50% after deductible
<b>Medically Necessary Orthodontia</b>	50%; requires prior auth.	Not covered	50% after deductible	Not covered
<b>Elective Orthodontia</b>	Not covered	Not covered	Not covered	Not covered
<b>Night Guard</b>	50%	50% after deductible	50% after deductible	Not covered