

2020 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)	\$22.21		\$22.21	
Monthly Premium (Rate for 40-year-old)	\$17.11		\$22.29	
Monthly Premium (Rate for 60-year-old)	\$21.38		\$27.86	
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 <small>Individual/per person</small>	N/A	\$1000 <small>Individual/per person</small>
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	12 months depending on service
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%

2020 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)	\$36.22		\$36.22	
Monthly Premium (Rate for 40-year-old)	\$34.56		\$45.14	
Monthly Premium (Rate for 60-year-old)	\$43.20		\$56.42	
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	12 months depending on service	No	12 months depending on service
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%

2020 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)	\$28.88		\$28.88	
Monthly Premium (Rate for 40-year-old)	\$24.26		\$39.66	
Monthly Premium (Rate for 60-year-old)	\$28.38		\$50.46	
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	\$1200 Individual/per person	N/A	\$1500 Individual/per person
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%; 12 month waiting period applies
Root Canal Therapy	50%	50%	50%	20%
Periodontal Non surg.	50%	50%	50%	20%
Periodontal surg.	50%	Not covered	50%	50%; 12 month 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%

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