

## 2021 Dental Plans for Small Groups

Insurance Company	Blue Cross Dental		Blue Cross Dental	
Plan Name	Blue Cross Dental Basic		Blue Cross Dental Standard	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$15.26		\$15.26	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$12.09		\$16.98	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$18.73		\$26.30	
<b>Out of Network Coverage</b>	Yes, same as in-network		Yes, same as in-network	
	Under 19	Over 19	Under 19	Over 19
<b>Out of Pocket Maximum</b>	\$350 Individual \$700 Family		\$350 Individual \$700 Family	
<b>Annual Benefit Maximum</b>		\$1,000 Individual \$1,000 per person		\$1,000 Individual \$1,000 per person
<b>Deductible Individual</b>	\$150 per person	N/A	\$150 per person	N/A
<b>Deductible Family</b>	\$150 per person	N/A	\$150 per person	N/A
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	No	No	No
<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%	40%
<b>Simple Extractions</b>	75%	Not covered	75%	40%
<b>Minor Treatment for Pain</b>	20%	50%	20%	40%
<b>Crowns and Onlays</b>	75%	Not covered	75%	Not covered
<b>Root Canal Therapy</b>	75%	Not covered	75%	40%
<b>Periodontal Non surg.</b>	75%	Not covered	75%	Not covered
<b>Periodontal surg.</b>	75%	Not covered	75%	Not covered
<b>Bridges and Dentures</b>	75%	Not covered	75%	Not covered
<b>Single Tooth Implants</b>	75%	Not covered	75%	Not covered
<b>Medically Necessary Orthodontia</b>	50%	Not covered	50%	Not covered
<b>Elective Orthodontia</b>	Not covered	Not covered	Not covered	Not covered
<b>Night Guard</b>	50%	50%	50%	50%
<b>Oral Surgery</b>	75%	Not covered	75%	40%

## 2021 Dental Plans for Small Groups

Insurance Company	Blue Cross Dental		Blue Cross Dental	
Plan Name	Blue Cross Dental Plus		Blue Cross Dental Elite	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$24.90		\$24.90	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$29.72		\$34.36	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$46.03		\$53.22	
<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		\$350 Individual \$700 Family	
<b>Annual Benefit Maximum</b>		\$1,500 Individual \$1,500 per person		\$2,000 Individual \$2,000 per person
<b>Deductible Individual</b>	\$25	N/A	\$25	N/A
<b>Deductible Family</b>	\$25 per person	N/A	\$25 per person	N/A
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	No	No	No
<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%	50%	20%
<b>Simple Extractions</b>	50%	20%	50%	20%
<b>Minor Treatment for Pain</b>	20%	\$0	20%	\$0
<b>Crowns and Onlays</b>	50%	50%	50%	50%
<b>Root Canal Therapy</b>	50%	50%	50%	20%
<b>Periodontal Non surg.</b>	50%	50%	50%	20%
<b>Periodontal surg.</b>	50%	50%	50%	50%
<b>Bridges and Dentures</b>	50%	50%	50%	50%
<b>Single Tooth Implants</b>	50%	50%	50%	50%
<b>Medically Necessary Orthodontia</b>	50%	Not covered	50%	Not covered
<b>Elective Orthodontia</b>	Not covered	Not covered	Not covered	Not covered
<b>Night Guard</b>	50%	50%	50%	50%
<b>Oral Surgery</b>	50%	50%	50%	20%

## 2021 Dental Plans for Small Groups

Insurance Company	Delta Dental		Delta Dental	
<b>Plan Name</b>	Delta Dental Premier for Small Businesses - Enhanced Plan		Delta Dental Premier for Small Businesses - Standard Plan	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$31.80		\$31.80	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$31.35		\$22.90	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$43.18		\$26.85	
<b>Out of Network Coverage</b>	Yes		Yes	
	<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		\$350 Individual \$700 Family	
<b>Annual Benefit Maximum</b>		\$1,750 Individual \$1,750 per person		\$1,200 Individual \$1,200 per person
<b>Deductible Individual</b>	\$50 - applies to certain services	\$50 - applies to certain services	\$50 - applies to certain services	\$50
<b>Deductible Family</b>	\$50 per member - applies to certain services	\$50 per member - applies to certain services	\$50 per member - applies to certain services	\$50 per member
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	Yes, six month waiting period for certain services. See plan summary.	No	No
<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>	25%	25%	25%	25%
<b>Simple Extractions</b>	25%	25%	25%	25%
<b>Minor Treatment for Pain</b>	25%	25%	25%	25%
<b>Crowns and Onlays</b>	50%	50%	50%	Not covered
<b>Root Canal Therapy</b>	25%	25%	25%	25%
<b>Periodontal Non surg.</b>	50%	50%	50%	Not covered
<b>Periodontal surg.</b>	50%	50%	50%	Not covered
<b>Bridges and Dentures</b>	50%	50% - 6 month waiting period applies	50%	Not covered
<b>Single Tooth Implants</b>	50%	50% - 6 month waiting period applies	50%	Not covered
<b>Medically Necessary Orthodontia</b>	50% - Requires prior authorization	Not covered	50% - Requires prior authorization	Not covered
<b>Elective Orthodontia</b>	Not covered	Not covered	Not covered	Not covered
<b>Night Guard</b>	50%	Not covered	50%	Not covered
<b>Oral Surgery</b>	25%	25%	25%	25%