

2021 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)	\$22.89		\$22.89	
Monthly Premium (Rate for 40-year-old)	\$16.26		\$21.00	
Monthly Premium (Rate for 60-year-old)	\$20.33		\$26.25	
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		\$350 Individual \$700 Family	
Annual Benefit Maximum		\$1,000 Individual \$1,000 per person		\$1,000 Individual \$1,000 per person
Deductible	\$150 per person	N/A	\$150 per person	N/A
Deductible Family	\$150 per person	N/A	\$150 per person	N/A
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	No	No	Yes, 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%	50%	50%	40%
Simple Extractions	75%	Not covered	75%	40%
Minor Treatment for Pain	20%	50%	20%	40%
Crowns and Onlays	75%	Not covered	75%	Not covered
Root Canal Therapy	75%	Not covered	75%	40%
Periodontal Non surg.	75%	Not covered	75%	Not covered
Periodontal surg.	75%	Not covered	75%	Not covered
Bridges and Dentures	75%	Not covered	75%	Not covered
Single Tooth Implants	75%	Not covered	75%	Not covered
Medically Necessary Orthodontia	50%	Not covered	50%	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%
Oral Surgery	75%	Not covered	75%	40%

2021 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)	\$37.35		\$37.35	
Monthly Premium (Rate for 40-year-old)	\$34.67		\$44.98	
Monthly Premium (Rate for 60-year-old)	\$43.34		\$56.23	
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		\$350 Individual \$700 Family	
Annual Benefit Maximum		\$1,500 Individual \$1,500 per person		\$2,000 Individual \$2,000 per person
Deductible	\$25	N/A	\$25	N/A
Deductible Family	\$25 per person	N/A	\$25 per person	N/A
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	Yes, 12 months, depending on service	No	Yes, 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%	20%	50%	20%
Simple Extractions	50%	20%	50%	20%
Minor Treatment for Pain	20%	\$0	20%	\$0
Crowns and Onlays	50%	50%	50%	50%
Root Canal Therapy	50%	50%	50%	20%
Periodontal Non surg.	50%	50%	50%	20%
Periodontal surg.	50%	50%	50%	50%
Bridges and Dentures	50%	50%	50%	50%
Single Tooth Implants	50%	50%	50%	50%
Medically Necessary Orthodontia	50%	Not covered	50%	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%
Oral Surgery	50%	50%	50%	20%

2021 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		\$40.38	
Monthly Premium (Rate for 60-year-old)	\$28.38		\$51.38	
Out of Network Coverage	No, Benefits limited to participating dentists only		No, Benefits limited to participating dentists only	
	Under 19	Over 19	Under 19	Over 19
Out of Pocket Maximum	\$350 Individual \$700 Family		\$350 Individual \$700 Family	
Annual Benefit Maximum		\$1,200 Individual \$1,200 Per Person		\$1,500 Individual \$1,500 Per Person
Deductible	N/A	N/A	N/A	N/A
Deductible Family	N/A	N/A	N/A	N/A
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	No	No	Yes, 12 month waiting period for certain services. See plan summary
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 Authorization	Not covered	50% - Requires Prior Authorization	Not covered
Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%
Oral Surgery	50%	50%	50%	20%

2021 Individual Dental Plans

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)	\$50.21	
Monthly Premium (Rate for 60-year-old)	\$68.34	
Out of Network Coverage	No, Benefits limited to participating dentists only	
	Under 19	Over 19
Out of Pocket Maximum	\$350 Individual \$700 Family	
Annual Benefit Maximum		\$2,500 Individual \$2,500 Per Person
Deductible	\$25	\$25 - applies to certain services
Deductible Family	\$75	\$75 - applies to certain services
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	Yes, 12 month waiting period for certain services. See plan summary
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%
Simple Extractions	50%	20%
Minor Treatment for Pain	50%	20%
Crowns and Onlays	50%	50% - 12 month waiting period applies
Root Canal Therapy	50%	20%
Periodontal Non surg.	50%	20%
Periodontal surg.	50%	50% - 12 month waiting period applies
Bridges and Dentures	50%	50% - 12 month waiting period applies
Single Tooth Implants	50%	50% - 12 month waiting period applies
Medically Necessary Orthodontia	50% - Requires Prior Authorization	Not covered
Elective Orthodontia	Not covered	Not covered
Night Guard	50%	50%
Oral Surgery	50%	20%