

2024 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)	\$21.95		\$21.95	
Monthly Premium (Rate for 40-year-old)	\$14.92		\$20.07	
Monthly Premium (Rate for 60-year-old)	\$18.65		\$25.09	
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	\$1,000 Individual \$1,000 per person	N/A	\$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
Fluoride 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%

White: not subject to deductible
Shaded: subject to deductible

2024 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)	\$35.80		\$35.80	
Monthly Premium (Rate for 40-year-old)	\$33.39		\$43.79	
Monthly Premium (Rate for 60-year-old)	\$41.73		\$54.73	
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	N/A
Annual Benefit Maximum	N/A	\$1,500 Individual \$1,500 per person	N/A	\$2,000 Individual \$2,000 per person
Deductible	\$25 per person	N/A	\$25 per person	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
Fluoride 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%

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2024 Individual Dental Plans

Insurance Company	Delta Dental		Delta Dental	
Plan Name	Delta Dental Starter Plan		Delta Dental Value Plan	
Monthly Premium (Rate for 18-year-old)	\$29.23		\$29.23	
Monthly Premium (Rate for 40-year-old)	\$23.21		\$37.62	
Monthly Premium (Rate for 60-year-old)	\$27.15		\$47.87	
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	\$400 Individual \$800 Family	N/A	\$400 Individual \$800 Family	N/A
Annual Benefit Maximum	NA	\$1,200 Individual \$1,200 per person	N/A	\$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
Fluoride 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%

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2024 Individual Dental Plans

Insurance Company	Delta Dental	
Plan Name	Delta Dental Value Plus Plan	
Monthly Premium (Rate for 18-year-old)	\$29.23	
Monthly Premium (Rate for 40-year-old)	\$46.46	
Monthly Premium (Rate for 60-year-old)	\$63.24	
Out of Network Coverage	No, Benefits limited to participating dentists only	
	Under 19	Over 19
Out of Pocket Maximum	\$400 Individual \$800 Family	N/A
Annual Benefit Maximum	N/A	\$2,500 Individual \$2,500 per person
Deductible	N/A	\$25 - applies to certain services
Deductible Family	N/A	\$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
Fluoride 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%

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