

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%

Insurance Company	Blue Cross Dental		Blue Cross Dental		Insurance Company	Blue Cross Dental		Blue Cross Dental		Insurance Company	Delta Dental		Delta Dental	
	Plan Name	Blue Cross Dental Basic	Blue Cross Dental Standard	Plan Name		Blue Cross Dental Plus	Blue Cross Dental Elite	Plan Name	Delta Dental Premier for Small Businesses - Enhanced Plan		Delta Dental Premier for Small Businesses - Standard Plan			
Monthly Premium (Rate for 18-year-old)	\$15.92		\$15.92		Monthly Premium (Rate for 18-year-old)	\$25.97		\$25.97		Monthly Premium (Rate for 18-year-old)	\$31.29		\$31.29	
Monthly Premium (Rate for 40-year-old)	\$12.45		\$17.48		Monthly Premium (Rate for 40-year-old)	\$30.60		\$35.38		Monthly Premium (Rate for 40-year-old)	\$29.74		\$23.72	
Monthly Premium (Rate for 60-year-old)	\$19.28		\$27.01		Monthly Premium (Rate for 60-year-old)	\$47.39		\$54.79		Monthly Premium (Rate for 60-year-old)	\$43.18		\$27.80	
Out of Network Coverage	Yes, same as in-network		Yes, same as in-network		Out of Network Coverage	Yes, same as in-network		Yes, same as in-network		Out of Network Coverage	40.96		Yes	
Out of Pocket Maximum	Under 19	Over 19	Under 19	Over 19	Out of Pocket Maximum	Under 19	Over 19	Under 19	Over 19	Out of Pocket Maximum	Under 19	Over 19	Under 19	Over 19
	\$350 Individual \$700 Family		\$350 Individual \$700 Family			\$350 Individual \$700 Family		\$350 Individual \$700 Family			\$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	Annual Benefit Maximum		\$1,500 Individual \$1,500 per person		\$2,000 Individual \$2,000 per person	Annual Benefit Maximum		\$1,750 Individual \$1,750 per person		\$1,200 Individual \$1,200 per person
Deductible Individual	\$150 per person	N/A	\$150 per person	N/A	Deductible Individual	\$25	N/A	\$25	N/A	Deductible Individual	\$50 - applies to certain services	\$50 - applies to certain services	\$50 - applies to certain services	\$50
Deductible Family	\$150 per person	N/A	\$150 per person	N/A	Deductible Family	\$25 per person	N/A	\$25 per person	N/A	Deductible Family	\$50 per member - applies to certain services	\$50 per member - applies to certain services	\$50 per member - applies to certain services	\$50 per member
Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	No	No	No	Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	No	No	No	Waiting Periods for Certain Services <small>*see plan summary for specific services</small>	No	Yes, six month waiting period for certain services. See plan summary.	No	No
Oral Exams	\$0	\$0	\$0	\$0	Oral Exams	\$0	\$0	\$0	\$0	Oral Exams	\$0	\$0	\$0	\$0
Cleanings	\$0	\$0	\$0	\$0	Cleanings	\$0	\$0	\$0	\$0	Cleanings	\$0	\$0	\$0	\$0
X-rays	\$0	\$0	\$0	\$0	X-rays	\$0	\$0	\$0	\$0	X-rays	\$0	\$0	\$0	\$0
Flouride Treatments	\$0	Not covered	\$0	Not covered	Flouride Treatments	\$0	Not covered	\$0	Not covered	Flouride Treatments	\$0	Not covered	\$0	Not covered
Sealants	\$0	Not covered	\$0	Not covered	Sealants	\$0	Not covered	\$0	Not covered	Sealants	\$0	Not covered	\$0	Not covered
Space Maintainers	\$0	Not covered	\$0	Not covered	Space Maintainers	\$0	Not covered	\$0	Not covered	Space Maintainers	\$0	Not covered	\$0	Not covered
Fillings	50%	50%	50%	40%	Fillings	50%	20%	50%	20%	Fillings	25%	25%	25%	25%
Simple Extractions	75%	Not covered	75%	40%	Simple Extractions	50%	20%	50%	20%	Simple Extractions	25%	25%	25%	25%
Minor Treatment for Pain	20%	50%	20%	40%	Minor Treatment for Pain	20%	\$0	20%	\$0	Minor Treatment for Pain	25%	25%	25%	25%
Crowns and Onlays	75%	Not covered	75%	Not covered	Crowns and Onlays	50%	50%	50%	50%	Crowns and Onlays	50%	50%	50%	Not covered
Root Canal Therapy	75%	Not covered	75%	40%	Root Canal Therapy	50%	50%	50%	20%	Root Canal Therapy	25%	25%	25%	25%
Periodontal Non surg.	75%	Not covered	75%	Not covered	Periodontal Non surg.	50%	50%	50%	20%	Periodontal Non surg.	50%	50%	50%	Not covered
Periodontal surg.	75%	Not covered	75%	Not covered	Periodontal surg.	50%	50%	50%	50%	Periodontal surg.	50%	50%	50%	Not covered
Bridges and Dentures	75%	Not covered	75%	Not covered	Bridges and Dentures	50%	50%	50%	50%	Bridges and Dentures	50%	50% - 6 month waiting period applies	50%	Not covered
Single Tooth Implants	75%	Not covered	75%	Not covered	Single Tooth Implants	50%	50%	50%	50%	Single Tooth Implants	50%	50% - 6 month waiting period applies	50%	Not covered
Medically Necessary Orthodontia	50%	Not covered	50%	Not covered	Medically Necessary Orthodontia	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	Elective Orthodontia	Not covered	Not covered	Not covered	Not covered	Elective Orthodontia	Not covered	Not covered	Not covered	Not covered
Night Guard	50%	50%	50%	50%	Night Guard	50%	50%	50%	50%	Night Guard	50%	Not covered	50%	Not covered
Oral Surgery	75%	Not covered	75%	40%	Oral Surgery	50%	50%	50%	20%	Oral Surgery	25%	25%	25%	25%