

2023 Individual Dental Plans

Insurance Company	Blue Cros	Blue Cross Dental Blue Cross De		ss Dental
Plan Name	Blue Cross Den	ital Direct Basic	Blue Cross [Dental Direct
Monthly Premium	Dide of 033 Del		Stan	dard
(Rate for 18-vear-old)	\$23.27		\$23.27	
Monthly Premium	<u> </u>		\$ 04.40	
(Rate for 40-year-old)	\$15	0.54	\$21.10	
Monthly Premium	\$19.43		\$26.37	
(Rate for 60-vear-old)	φιε	.40	\$20.37	
Out of Network Coverage	Yes, same a	Yes, same as in-network Yes, same		s in-network
	Under 19	Over 19	Under 19	Over 19
Out of Pocket Maximum	\$350 Individual		\$350 Individual	
	\$700 Family		\$700 Family	
		\$1,000		\$1,000
		Individual		Individual
Annual Benefit Maximum		\$1,000 per		\$1,000 per
		person		person
_	\$150 per		\$150 per	
Deductible	person	N/A	person	N/A
	\$150 per	N1/A	\$150 per	N1/A
Deductible Family	person	N/A	person	N/A
				Yes, 12
Waiting Periods for Certain				
Services	No	No	No	months,
*see plan summary for specific services				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
Dridnes and Derstrum	750/	Not Courses	750/	Not Courses d
Bridges and Dentures	75%	Not Covered	75%	Not Covered
Single Tooth Implants	75%	Not Covered	75%	Not Covered
Madlastichter				
Medically Necessary	50%	Not Covered	50%	Not Covered
Orthodontia				
Elective Orthodontia	Not Covered	Not Covered	Not Covered	Not Covered
Night Guard	50%	50%	50%	50%
Oral Surgery	75%	Not Covered	75%	40%
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White: not subject to deductible Shaded: subject to deductible



2023 Individual Dental Plans

Insurance Company	Blue Cros	ss Dental	Blue Cross Dental	
Plan Name	Blue Cross De	ntal Direct Plus	Blue Cross De	ntal Direct Elite
Monthly Premium	¢			
(Rate for 18-year-old)	\$37.96		\$37.96	
Monthly Premium	¢0.4		¢40.00	
(Rate for 40-year-old)	\$34	.93	\$46.63	
Monthly Premium	.		* 50.00	
(Rate for 60-vear-old)	\$43.66		\$58.28	
Out of Network Coverage	Yes, same a	s in-network	Yes, same as in-networ	
	Under 19	Over 19	Under 19	Over 19
Out of Pocket Maximum	\$350 Individual		\$350 Individual	
	\$700 Family	\$1,500	\$700 Family	\$2,000
		Individual		Individual
Annual Panafit Maximum				
Annual Benefit Maximum		\$1,500 per		\$2,000 per
		person		person
Deductible	\$25 per person	N/A	\$25 per person	N/A
Deductible Family	\$25 per person	N/A	\$25 per person	N/A
		Yes, 12		Yes, 12
Waiting Periods for Certain		months,		months,
Services	No	depending on	No	depending on
*see plan summary for specific services				
		service		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%
i choudintai non suig.	0070	0070	0070	2070
Periodontal surg.	50%	50%	50%	50%
Bridges and Dentures	50%	50%	50%	50%
Druges and Dentures	50 %	50 /0	50 %	50 /0
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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2023 Individual Dental Plans

Insurance Company	Delta	Delta Dental		Delta Dental	
· · ·	Delta Dental			ividual and Family -	
Plan Name		tarter Plan		ue Plan	
Monthly Premium	\$30.99		\$30.99		
(Rate for 18-vear-old)		÷ · · · · ·			
Monthly Premium	\$24	\$24.36		\$39.78	
(Rate for 40-year-old)					
Monthly Premium (Rate for 60-year-old)	\$28	3.51	\$50.62		
	No, Benefit	s limited to	No, Benefits limited to participating		
Out of Network Coverage	participating	dentists only	dentists only		
	Under 19	Over 19	Under 19	Over 19	
	\$375 Individual		\$375 Individual		
Out of Pocket Maximum	\$750 Family		\$750 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 *see plan summary for specific services	No	No	No	Yes, 12 month waiting perid 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%	
	50 %	50 %	50 %	20 /0	
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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2023 Individual Dental Plans

	Delta Dental		
Insurance Company			
Plan Name	Delta Dental Individual and Family - Value Plus Plan		
Monthly Premium			
(Rate for 18-vear-old)	\$30.99		
Monthly Premium	\$40.36		
(Rate for 40-year-old)	\$49.36		
Monthly Premium	\$67.18		
(Rate for 60-vear-old)			
Out of Network Coverage	No, Benefits limited to participating dentists only		
	Under 19	Over 19	
		Over 19	
Out of Pocket Maximum	\$375 Individual		
Annual Benefit Maximum	\$750 Family	\$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 *see plan summary for specific services	No	Yes, 12 month waiting perid 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%	

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subject to	
deductible	
Shaded:	
subject to	
deductible	