

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% |
| | 1070 | | 1070 | Ŧ0 /0 |

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% |
| | 0070 | 0070 | 0070 | 2070 |

White: not subject to deductible Shaded: subject to deductible



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% | |
| | | | | | |

White: not subject to deductible Shaded: subject to deductible



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% | |

| White: not | |
|------------|--|
| subject to | |
| deductible | |
| Shaded: | |
| subject to | |
| deductible | |