

2023 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)	\$23.27		\$23.27	
Monthly Premium (Rate for 40-year-old)	\$15.54		\$21.10	
Monthly Premium (Rate for 60-year-old)	\$19.43		\$26.37	
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%

 White: not
 subject to
 deductible

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 to deductible

2023 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)	\$37.96		\$37.96	
Monthly Premium (Rate for 40-year-old)	\$34.93		\$46.63	
Monthly Premium (Rate for 60-year-old)	\$43.66		\$58.28	
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 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
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%

White: not subject to deductible
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2023 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)	\$30.99		\$30.99	
Monthly Premium (Rate for 40-year-old)	\$24.36		\$39.78	
Monthly Premium (Rate for 60-year-old)	\$28.51		\$50.62	
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	\$375 Individual \$750 Family		\$375 Individual \$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 <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%

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2023 Individual Dental Plans

Insurance Company	Delta Dental	
Plan Name	Delta Dental Individual and Family - Value Plus Plan	
Monthly Premium (Rate for 18-year-old)	\$30.99	
Monthly Premium (Rate for 40-year-old)	\$49.36	
Monthly Premium (Rate for 60-year-old)	\$67.18	
Out of Network Coverage	No, Benefits limited to participating dentists only	
	Under 19	Over 19
Out of Pocket Maximum	\$375 Individual \$750 Family	
Annual Benefit Maximum		\$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
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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