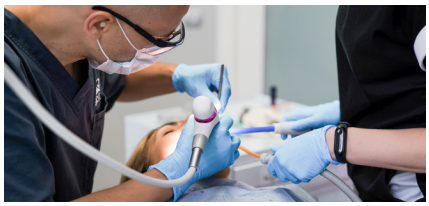


2027

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Individual Dental Plans

Compare plans from the state's top insurance companies.


Understanding Dental Insurance

Having dental insurance is an important way to make sure that you and your family get dental services you need in a timely fashion to support good oral health and prevent pain and infection. When choosing a dental plan, it's important to assess your coverage needs based on your current dental health and the services you may require. If you or a family member anticipate needing more than just preventive care, look for a plan that offers comprehensive coverage for both basic and major services. It's important to consider the total cost of the plan beyond just the monthly premium. Taking into account the deductible, copays, coinsurance, the out-of-pocket maximum (for kids) and the annual maximum (for adults) will give a clearer picture on your potential expenses. Additionally, check whether your dentist is within the plan's network as that may help you save on out-of-pocket costs.

Lower premium plans are less likely to cover costly procedures and more likely to have larger co-pays. Visit FAIR Health to see examples of costs in your area.

Definitions of Dental Procedures

Fluoride Treatments: A fluoride treatment involves the application of a high concentration of fluoride to the patient's teeth to improve their health and reduce the risk of cavities.

Sealants: A sealant is a plastic resin placed in the grooves of molars in order to protect them and prevent bacteria from attacking the enamel.

Space Maintainers: Space maintainers are devices used to preserve the space where a missing tooth used to be, preventing the tooth movement so that the appropriate permanent tooth can grow in properly.

Periodontal surgery: Periodontal surgery includes dental procedures that aim to restore the look and function of teeth, gums, and bone that have been damaged due to severe gum disease. These procedures are different from non-surgery procedures like deep cleaning and require more invasive procedures to restore oral health.

Orthodontia deals with irregularities and abnormalities of the teeth and jaw. **Medically Necessary Orthodontia**, as required by the ACA, includes services for patients with specific syndromes, conditions, or genetic disorders that require treatment. **Elective Orthodontia** refers to procedures that address cosmetic or corrective issues with the teeth, such as restorations or treatments used to fix dental irregularities.

Elective vs. non-elective procedures: Non-elective dental procedures are deemed to be orthodontic emergencies, such as treatment to address significant oral pain, infection, or limited function due to severe dental issues. Elective procedures on the other hand typically refer to cosmetic or corrective procedures that are not deemed medically necessary by the provider.

2027 Individual Dental Plans

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INDIVIDUAL PREMIUMS

A premium is the amount you must pay each month for insurance. Premiums vary by age and family size.

MAXIMUM AMOUNTS

In addition to your monthly premium, the maximum out-of-pocket amount is the most you could have to pay in deductibles, copayments, and coinsurance during the year.

The maximum dollar amount your plan will pay per year. Once you reach this limit, you are responsible for 100% of your dental costs until the new plan year begins.

DEDUCTIBLES

Deductible is the amount of expense that must be paid by the patients before benefits are paid. Note, this is only applicable to shaded benefits. Items NOT shaded are not subject to the deductible.

WAITING PERIODS

This is the time you must wait after enrolling in a plan before certain services are covered. There is typically no waiting period for preventive or diagnostic services, such as routine cleanings and basic exams.

PREVENTIVE SERVICES

Services listed as $0 have no co-pay or deductible and are important to prevent disease.

CO-PAYS AND COINSURANCE

Co-pays and coinsurance are typically required for these procedures. The percentage indicated is the amount you pay after you have paid the deductible, if there is one.

Plans indicating a procedure is “Not covered” means a patient would be responsible for the cost. Typical costs can be reviewed by searching at FAIR Health.

The **WHITE** area is not subject to the deductible. It is the dollar amount or percentage you pay per visit or healthcare service, regardless of whether you have met your deductible.

The **SHADED** area is subject to the deductible. You pay the full cost of a visit or healthcare service until you reach your deductible amount. After that, you pay only the dollar amount or percentage shown.

	Blue Cross Dental		Blue Cross Dental		Delta Dental	
PLAN NAME	Blue Cross Dental Direct Basic		Blue Cross Dental Direct Standard		Delta Dental Starter Plan	
MONTHLY PREMIUM (Rate for 18-year-old)	$26.18		$26.18		$31.57	
MONTHLY PREMIUM (Rate for 40-year-old)	$15.44		$20.94		$25.61	
MONTHLY PREMIUM (Rate for 60-year-old)	$19.30		$26.18		$29.96	
OUT-OF-NETWORK COVERAGE	Yes, same as in-network		Yes, same as in-network		No, benefits limited to participating dentists only	
	Under 19	19 and Over	Under 19	19 and Over	Under 19	19 and Over
MAXIMUM OUT-OF-POCKET (MOOP)	$350 Individual $700 Family	N/A	$350 Individual $700 Family	N/A	$425 Individual $850 Family	N/A
ANNUAL BENEFIT MAXIMUM	N/A	$1,000 per person	N/A	$1,000 per person	N/A	$1,200 per person
DEDUCTIBLE	$150 per person	N/A	$150 per person	N/A	N/A	N/A
WAITING PERIOD FOR CERTAIN SERVICES (See plan summary for specific services)	No	No	No	Yes, 12 months, depending on service	No	No
ORAL EXAMS	$0	$0	$0	$0	$0	$0
CLEANINGS	$0	$0	$0	$0	$0	$0
X-RAYS	$0	$0	$0	$0	$0	$0
FLUORIDE TREATMENTS	$0	Not Covered	$0	Not Covered	$0	Not Covered
SEALANTS	$0	Not Covered	$0	Not Covered	$0	Not Covered
SPACE MAINTAINERS	$0	Not Covered	$0	Not Covered	$0	Not Covered
FILLINGS	50%	50%	50%	40%	50%	50%
SIMPLE EXTRACTIONS	75%	Not Covered	75%	40%	50%	50%
MINOR TREATMENT FOR PAIN	20%	50%	20%	40%	50%	50%
CROWNS AND ONLAYS	75%	Not Covered	75%	Not Covered	50%	Not Covered
ROOT CANAL THERAPY	75%	Not Covered	75%	40%	50%	50%
PERIODONTAL NON SURG.	75%	Not Covered	75%	Not Covered	50%	50%
PERIODONTAL SURG.	75%	Not Covered	75%	Not Covered	50%	Not Covered
BRIDGES AND DENTURES	75%	Not Covered	75%	Not Covered	50%	Not Covered
SINGLE TOOTH IMPLANTS	75%	Not Covered	75%	Not Covered	50%	Not Covered
MEDICALLY NECESSARY ORTHODONTIA	50%	Not Covered	50%	Not Covered	50% - Requires Prior Authorization	Not Covered
ELECTIVE ORTHODONTIA	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
NIGHT GUARD	50%	50%	50%	50%	50%	50%
ORAL SURGERY	75%	Not Covered	75%	40% - 12 Month Waiting Period Applies	50%	50%

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INSURANCE COMPANY	Blue Cross Dental		Blue Cross Dental		Delta Dental		Delta Dental	
PLAN NAME	Blue Cross Dental Direct Plus		Blue Cross Dental Direct Elite		Delta Dental Value Plan		Delta Dental Value Plus Plan	
MONTHLY PREMIUM (Rate for 18-year-old)	$42.70		$42.70		$31.57		$31.57	
MONTHLY PREMIUM (Rate for 40-year-old)	$35.32		$46.77		$41.51		$51.26	
MONTHLY PREMIUM (Rate for 60-year-old)	$44.15		$58.46		$52.82		$69.77	
OUT-OF-NETWORK COVERAGE	Yes, same as in-network		Yes, same as in-network		No, benefits limited to participating dentists only		No, benefits limited to participating dentists only	
	Under 19	19 and Over	Under 19	19 and Over	Under 19	19 and Over	Under 19	19 and Over
MAXIMUM OUT-OF-POCKET (MOOP)	$350 Individual $700 Family	N/A	$350 Individual $700 Family	N/A	$425 Individual $850 Family	N/A	$425 Individual $850 Family	N/A
ANNUAL BENEFIT MAXIMUM	N/A	$1,500 per person	N/A	$2,000 per person	N/A	$1,500 per person	N/A	$2,500 per person
DEDUCTIBLE	$25 per person	N/A	$25 per person	N/A	N/A	N/A	N/A	$25 per person
WAITING PERIOD FOR CERTAIN SERVICES (See plan summary for specific services)	No	Yes, 12 months, depending on service	No	Yes, 12 months, depending on service	No	Yes, 12 months, depending on service	No	Yes, 12 months, depending on service
ORAL EXAMS	$0	$0	$0	$0	$0	$0	$0	$0
CLEANINGS	$0	$0	$0	$0	$0	$0	$0	$0
X-RAYS	$0	$0	$0	$0	$0	$0	$0	$0
FLUORIDE TREATMENTS	$0	Not Covered	$0	Not Covered	$0	Not Covered	$0	Not Covered
SEALANTS	$0	Not Covered	$0	Not Covered	$0	Not Covered	$0	Not Covered
SPACE MAINTAINERS	$0	Not Covered	$0	Not Covered	$0	Not Covered	$0	Not Covered
FILLINGS	50%	20%	50%	20%	50%	20%	50%	20%
SIMPLE EXTRACTIONS	50%	20%	50%	20%	50%	20%	50%	20%
MINOR TREATMENT FOR PAIN	20%	$0	20%	$0	50%	20%	50%	20%
CROWNS AND ONLAYS	50%	50% - 12 Month Waiting Period Applies	50%	50% - 12 Month Waiting Period Applies	50%	50% - 12 Month Waiting Period Applies	50%	50% - 12 Month Waiting Period Applies
ROOT CANAL THERAPY	50%	50%	50%	20%	50%	20%	50%	20%
PERIODONTAL NON SURG.	50%	50% - 12 Month Waiting Period Applies	50%	20% - 12 Month Waiting Period Applies	50%	20%	50%	20%
PERIODONTAL SURG.	50%	50% - 12 Month Waiting Period Applies	50%	50% - 12 Month Waiting Period Applies	50%	50% - 12 Month Waiting Period Applies	50%	50% - 12 Month Waiting Period Applies
BRIDGES AND DENTURES	50%	50% - 12 Month Waiting Period Applies	50%	50% - 12 Month Waiting Period Applies	50%	Not Covered	50%	50% - 12 Month Waiting Period Applies
SINGLE TOOTH IMPLANTS	50%	50% - 12 Month Waiting Period Applies	50%	50% - 12 Month Waiting Period Applies	50%	Not Covered	50%	50% - 12 Month Waiting Period Applies
MEDICALLY NECESSARY ORTHODONTIA	50%	Not Covered	50%	Not Covered	50% - Requires Prior Authorization	Not Covered	50% - Requires Prior Authorization	Not Covered
ELECTIVE ORTHODONTIA	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
NIGHT GUARD	50%	50%	50%	50%	50%	50%	50%	50%
ORAL SURGERY	50%	50% - 12 Month Waiting Period Applies	50%	20% - 12 Month Waiting Period Applies	50%	20%	50%	20%