

**2022 Individual Dental Plans**

Insurance Company	Blue Cross Dental		Blue Cross Dental	
<b>Plan Name</b>	Blue Cross Dental Direct Basic		Blue Cross Dental Direct Standard	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$23.43		\$23.43	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$16.81		\$21.61	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$21.01		\$27.01	
<b>Out of Network Coverage</b>	Yes, same as in-network		Yes, same as in-network	
	<b>Under 19</b>	<b>Over 19</b>	<b>Under 19</b>	<b>Over 19</b>
<b>Out of Pocket Maximum</b>	\$350 Individual \$700 Family		\$350 Individual \$700 Family	
<b>Annual Benefit Maximum</b>		\$1,000 Individual \$1,000 per person		\$1,000 Individual \$1,000 per person
<b>Deductible</b>	\$150 per person	N/A	\$150 per person	N/A
<b>Deductible Family</b>	\$150 per person	N/A	\$150 per person	N/A
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	No	No	Yes, 12 months, depending on service
<b>Oral Exams</b>	\$0	\$0	\$0	\$0
<b>Cleanings</b>	\$0	\$0	\$0	\$0
<b>X-rays</b>	\$0	\$0	\$0	\$0
<b>Flouride Treatments</b>	\$0	Not covered	\$0	Not covered
<b>Sealants</b>	\$0	Not covered	\$0	Not covered
<b>Space Maintainers</b>	\$0	Not covered	\$0	Not covered
<b>Fillings</b>	50%	50%	50%	40%
<b>Simple Extractions</b>	75%	Not covered	75%	40%
<b>Minor Treatment for Pain</b>	20%	50%	20%	40%
<b>Crowns and Onlays</b>	75%	Not covered	75%	Not covered
<b>Root Canal Therapy</b>	75%	Not covered	75%	40%
<b>Periodontal Non surg.</b>	75%	Not covered	75%	Not covered
<b>Periodontal surg.</b>	75%	Not covered	75%	Not covered
<b>Bridges and Dentures</b>	75%	Not covered	75%	Not covered
<b>Single Tooth Implants</b>	75%	Not covered	75%	Not covered
<b>Medically Necessary Orthodontia</b>	50%	Not covered	50%	Not covered
<b>Elective Orthodontia</b>	Not covered	Not covered	Not covered	Not covered
<b>Night Guard</b>	50%	50%	50%	50%
<b>Oral Surgery</b>	75%	Not covered	75%	40%

**2022 Individual Dental Plans**

Insurance Company	Blue Cross Dental		Blue Cross Dental	
Plan Name	Blue Cross Dental Direct Plus		Blue Cross Dental Direct Elite	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$38.22		\$38.22	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$35.39		\$45.63	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$44.24		\$57.04	
<b>Out of Network Coverage</b>	Yes, same as in-network		Yes, same as in-network	
	<b>Under 19</b>	<b>Over 19</b>	<b>Under 19</b>	<b>Over 19</b>
<b>Out of Pocket Maximum</b>	\$350 Individual \$700 Family		\$350 Individual \$700 Family	
<b>Annual Benefit Maximum</b>		\$1,500 Individual \$1,500 per person		\$2,000 Individual \$2,000 per person
<b>Deductible</b>	\$25	N/A	\$25	N/A
<b>Deductible Family</b>	\$25 per person	N/A	\$25 per person	N/A
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	Yes, 12 months, depending on service	No	Yes, 12 months, depending on service
<b>Oral Exams</b>	\$0	\$0	\$0	\$0
<b>Cleanings</b>	\$0	\$0	\$0	\$0
<b>X-rays</b>	\$0	\$0	\$0	\$0
<b>Flouride Treatments</b>	\$0	Not covered	\$0	Not covered
<b>Sealants</b>	\$0	Not covered	\$0	Not covered
<b>Space Maintainers</b>	\$0	Not covered	\$0	Not covered
<b>Fillings</b>	50%	20%	50%	20%
<b>Simple Extractions</b>	50%	20%	50%	20%
<b>Minor Treatment for Pain</b>	20%	\$0	20%	\$0
<b>Crowns and Onlays</b>	50%	50%	50%	50%
<b>Root Canal Therapy</b>	50%	50%	50%	20%
<b>Periodontal Non surg.</b>	50%	50%	50%	20%
<b>Periodontal surg.</b>	50%	50%	50%	50%
<b>Bridges and Dentures</b>	50%	50%	50%	50%
<b>Single Tooth Implants</b>	50%	50%	50%	50%
<b>Medically Necessary Orthodontia</b>	50%	Not covered	50%	Not covered
<b>Elective Orthodontia</b>	Not covered	Not covered	Not covered	Not covered
<b>Night Guard</b>	50%	50%	50%	50%
<b>Oral Surgery</b>	50%	50%	50%	20%

**2022 Individual Dental Plans**

<b>Insurance Company</b>	<b>Delta Dental</b>		<b>Delta Dental</b>	
<b>Plan Name</b>	Delta Dental Individual and Family - Starter Plan		Delta Dental Individual and Family - Value Plan	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$28.88		\$28.88	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$23.35		\$38.36	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$27.32		\$48.81	
<b>Out of Network Coverage</b>	No, Benefits limited to participating dentists only		No, Benefits limited to participating dentists only	
	<b>Under 19</b>	<b>Over 19</b>	<b>Under 19</b>	<b>Over 19</b>
<b>Out of Pocket Maximum</b>	\$375 Individual \$750 Family		\$375 Individual \$750 Family	
<b>Annual Benefit Maximum</b>		\$1,200 Individual \$1,200 Per Person		\$1,500 Individual \$1,500 Per Person
<b>Deductible</b>	N/A	N/A	N/A	N/A
<b>Deductible Family</b>	N/A	N/A	N/A	N/A
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	No	No	Yes, 12 month waiting period for certain services. See plan summary
<b>Oral Exams</b>	\$0	\$0	\$0	\$0
<b>Cleanings</b>	\$0	\$0	\$0	\$0
<b>X-rays</b>	\$0	\$0	\$0	\$0
<b>Flouride Treatments</b>	\$0	Not covered	\$0	Not covered
<b>Sealants</b>	\$0	Not covered	\$0	Not covered
<b>Space Maintainers</b>	\$0	Not covered	\$0	Not covered
<b>Fillings</b>	50%	50%	50%	20%
<b>Simple Extractions</b>	50%	50%	50%	20%
<b>Minor Treatment for Pain</b>	50%	50%	50%	20%
<b>Crowns and Onlays</b>	50%	Not covered	50%	50% - 12 month waiting period applies
<b>Root Canal Therapy</b>	50%	50%	50%	20%
<b>Periodontal Non surg.</b>	50%	50%	50%	20%
<b>Periodontal surg.</b>	50%	Not covered	50%	50% - 12 month waiting period applies
<b>Bridges and Dentures</b>	50%	Not covered	50%	Not covered
<b>Single Tooth Implants</b>	50%	Not covered	50%	Not covered
<b>Medically Necessary Orthodontia</b>	50% - Requires Prior Authorization	Not covered	50% - Requires Prior Authorization	Not covered
<b>Elective Orthodontia</b>	Not covered	Not covered	Not covered	Not covered
<b>Night Guard</b>	50%	50%	50%	50%
<b>Oral Surgery</b>	50%	50%	50%	20%

## 2022 Individual Dental Plans

Insurance Company	Delta Dental	
<b>Plan Name</b>	Delta Dental Individual and Family - Value Plus Plan	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$28.88	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$47.49	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$64.64	
<b>Out of Network Coverage</b>	No, Benefits limited to participating dentists only	
	<b>Under 19</b>	<b>Over 19</b>
<b>Out of Pocket Maximum</b>	\$375 Individual \$750 Family	
<b>Annual Benefit Maximum</b>		\$2,500 Individual \$2,500 Per Person
<b>Deductible</b>	\$25	\$25 - applies to certain services
<b>Deductible Family</b>	\$75	\$75 - applies to certain services
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	Yes, 12 month waiting period for certain services. See plan summary
<b>Oral Exams</b>	\$0	\$0
<b>Cleanings</b>	\$0	\$0
<b>X-rays</b>	\$0	\$0
<b>Flouride Treatments</b>	\$0	Not covered
<b>Sealants</b>	\$0	Not covered
<b>Space Maintainers</b>	\$0	Not covered
<b>Fillings</b>	50%	20%
<b>Simple Extractions</b>	50%	20%
<b>Minor Treatment for Pain</b>	50%	20%
<b>Crowns and Onlays</b>	50%	50% - 12 month waiting period applies
<b>Root Canal Therapy</b>	50%	20%
<b>Periodontal Non surg.</b>	50%	20%
<b>Periodontal surg.</b>	50%	50% - 12 month waiting period applies
<b>Bridges and Dentures</b>	50%	50% - 12 month waiting period applies
<b>Single Tooth Implants</b>	50%	50% - 12 month waiting period applies
<b>Medically Necessary Orthodontia</b>	50% - Requires Prior Authorization	Not covered
<b>Elective Orthodontia</b>	Not covered	Not covered
<b>Night Guard</b>	50%	50%
<b>Oral Surgery</b>	50%	20%