

2023 Dental Plans for Small Groups

Plan Name	FOR EMPLOYERS				
Monthly Premium (Rate for 18-year-old)	Insurance Company	Blue Cı	ross Dental	Blue Cross Dental	
Rate for 18-year-old)	Plan Name	Blue Cross Dental Basic		Blue Cross Dental Standard	
Monthly Premium (Rate for 40-year-old)	-	\$16.08		\$16.08	
Rate for 40-year-old)					
Monthly Premium	-	\$	12.40	\$17.41	
Rate for 60-year-old \$19.20					
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 \$1,000 Individual \$700 Family \$1,000 Individual \$1,000 per person Deductible Individual \$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 \$150 per person N/A \$150 per person N/A Oral Exams \$0 \$0 \$0 No Oral Exams \$0 \$0 \$0 X-rays \$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 \$0% \$0% \$0% 40% Simple Extractions \$75% Not Covered 7	-	\$	19.20	\$26.97	
Sample Extractions		Yes, same	as in-network	Yes, same as in-network	
Out of Pocket Maximum		Under 19	Over 19	Under 19	Over 19
No	Out of Pocket Maximum	Individual		Individual	
Deductible Individual person N/A person N/A	Annual Benefit Maximum				\$1,000 per
Waiting Periods for Certain Services No	Deductible Individual	-	N/A	=	N/A
No	Deductible Family	=	N/A	=	N/A
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% 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% Not Covered 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 50% Not Covered	Services	No	No	No	No
X-rays	Oral Exams	\$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% Not Covered 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 Bridges and Dentures 75% Not Covered 75% Not Covered Single Tooth Implants 75% Not Covered 50% Not Covered Medically Necessary Orthodontia Not Covered	Cleanings	\$0	\$0	\$0	\$0
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% Not Covered 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 Bridges and Dentures 75% Not Covered 75% Not Covered Medically Necessary Orthodontia Not Covered Not Covered Not Covered Not Covered Not Covered Medically Necessary Orthodontia Not Covered Not Covered Not Covered Not Covered		\$0	\$0	\$0	* -
Space Maintainers\$0Not Covered\$0Not CoveredFillings50%50%50%40%Simple Extractions75%Not Covered75%40%Minor Treatment for Pain20%50%20%40%Crowns and Onlays75%Not Covered75%Not CoveredRoot Canal Therapy75%Not Covered75%Not CoveredPeriodontal Non surg.75%Not Covered75%Not CoveredPeriodontal surg.75%Not Covered75%Not CoveredBridges and Dentures75%Not Covered75%Not CoveredSingle Tooth Implants75%Not Covered75%Not CoveredMedically Necessary OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredMedically Necessary OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredMedically Necessary OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredMight Guard50%50%50%50%	Flouride Treatments	\$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% Not Covered 75% Not Covered Periodontal Non surg. 75% Not Covered 75% Not Covered Periodontal surg. 75% Not Covered 75% Not Covered Periodontal surg. 75% Not Covered 75% Not Covered Single Tooth Implants 75% Not Covered 75% Not Covered Not Covered Not Covered Periodontal surg. 75% Not Covered 75% Not Covered 75% Not Covered Not Cov		\$0	Not Covered	\$0	Not Covered
Simple Extractions75%Not Covered75%40%Minor Treatment for Pain20%50%20%40%Crowns and Onlays75%Not Covered75%Not CoveredRoot Canal Therapy75%Not Covered75%40%Periodontal Non surg.75%Not Covered75%Not CoveredPeriodontal surg.75%Not Covered75%Not CoveredBridges and Dentures75%Not Covered75%Not CoveredSingle Tooth Implants75%Not Covered75%Not CoveredMedically Necessary OrthodontiaNot Covered50%Not CoveredNot CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%	Space Maintainers	\$0	Not Covered	\$0	Not Covered
Minor Treatment for Pain20%50%20%40%Crowns and Onlays75%Not Covered75%Not CoveredRoot Canal Therapy75%Not Covered75%40%Periodontal Non surg.75%Not Covered75%Not CoveredPeriodontal surg.75%Not Covered75%Not CoveredBridges and Dentures75%Not Covered75%Not CoveredSingle Tooth Implants75%Not Covered75%Not CoveredMedically Necessary Orthodontia50%Not CoveredNot CoveredNot CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%	Fillings	50%	50%	50%	40%
Crowns and Onlays75%Not Covered75%Not CoveredRoot Canal Therapy75%Not Covered75%40%Periodontal Non surg.75%Not Covered75%Not CoveredPeriodontal surg.75%Not Covered75%Not CoveredBridges and Dentures75%Not Covered75%Not CoveredSingle Tooth Implants75%Not Covered75%Not CoveredMedically Necessary Orthodontia50%Not CoveredNot CoveredNot CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%	Simple Extractions	75%	Not Covered	75%	40%
Root Canal Therapy75%Not Covered75%40%Periodontal Non surg.75%Not Covered75%Not CoveredPeriodontal surg.75%Not Covered75%Not CoveredBridges and Dentures75%Not Covered75%Not CoveredSingle Tooth Implants75%Not Covered75%Not CoveredMedically Necessary Orthodontia50%Not CoveredNot CoveredNot CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%	Minor Treatment for Pain	20%	50%	20%	40%
Periodontal Non surg.75%Not Covered75%Not CoveredPeriodontal surg.75%Not Covered75%Not CoveredBridges and Dentures75%Not Covered75%Not CoveredSingle Tooth Implants75%Not Covered75%Not CoveredMedically Necessary Orthodontia50%Not Covered50%Not CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%	Crowns and Onlays	75%	Not Covered	75%	Not Covered
Periodontal surg.75%Not Covered75%Not CoveredBridges and Dentures75%Not Covered75%Not CoveredSingle Tooth Implants75%Not Covered75%Not CoveredMedically Necessary Orthodontia50%Not CoveredNot CoveredNot CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%	Root Canal Therapy	75%	Not Covered	75%	40%
Bridges and Dentures75%Not Covered75%Not CoveredSingle Tooth Implants75%Not Covered75%Not CoveredMedically Necessary Orthodontia50%Not Covered50%Not CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%	Periodontal Non surg.	75%	Not Covered	75%	Not Covered
Single Tooth Implants75%Not Covered75%Not CoveredMedically Necessary Orthodontia50%Not Covered50%Not CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%	Periodontal surg.	75%	Not Covered	75%	Not Covered
Medically Necessary Orthodontia50%Not Covered50%Not CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%	Bridges and Dentures	75%	Not Covered	75%	Not Covered
Orthodontia50%Not Covered50%Not CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%	Single Tooth Implants	75%	Not Covered	75%	Not Covered
Night Guard 50% 50% 50% 50%	-	50%	Not Covered	50%	Not Covered
3	Elective Orthodontia	Not Covered	Not Covered	Not Covered	Not Covered
Oral Surgery 75% Not Covered 75% 40%	Night Guard	50%	50%	50%	50%
	Oral Surgery	75%	Not Covered	75%	40%

White: not subject to deductible

Shaded: subject to deductible



2023 Dental Plans for Small Groups

Blue Cross Dental Blue Cross Dental Blue Cross Dental Elite	FOR EMPLOYERS				
Monthly Premium (Rate for 18-year-old)	Insurance Company	Blue Cross Dental		Blue Cross Dental	
Rate for 18-year-old)	Plan Name	Blue Cross Dental Plus		Blue Cross Dental Elite	
Rate for 40-year-old)	•	\$2	26.23	\$26.23	
(Rate for 40-year-old)		\$3	30.48	<u></u>	35.24
Rate for 60-year-old S947-20 S947-20 S947-20 S947-20 Out of Network Coverage		Ψ.	,0.70		
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 \$350 Individual \$700 Family \$2,000 Individual \$700 Family \$2,000 Individual \$2,000 per person Deductible Individual \$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 No No No No Waiting Periods for Certain Services So \$0 \$0 \$0 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 Space Maintainers \$0 Not Covered \$0 Not Covered Fillings \$0% \$0 \$0 \$0 Simple Extractions \$0%	•	\$4	17.20	\$54.58	
Under 19		Vec came	as in-network	Voc. same as in natural	
Out of Pocket Maximum \$350 Individual \$700 Family \$350 Individual \$700 Family \$350 Individual \$700 Family \$2,000 Individual \$7,000 Family Annual Benefit Maximum \$1,500 per person \$2,000 per person N/A Deductible Individual \$25 per person N/A \$25 per person N/A Waiting Periods for Certain Services No	Out of Network Coverage				
Out of Pocket Maximum			0 7 61 10		G 761 10
Second Color	Out of Pocket Maximum	*		Individual	
Deductible Individual \$25 per person N/A person N/A	Annual Benefit Maximum				\$2,000 Individual \$2,000 per person
Waiting Periods for Certain No	Deductible Individual	\$25 per person	N/A	-	N/A
No	Deductible Family	\$25 per person	N/A	=	N/A
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% 50% Periodontal Surg. 50% 50% 50% 50% Bridges and Dentures 50% 50% 50% 50% Single Tooth Implants 50% 50% 50% Not Covered Medically Necessary Orthodontia Not Covered	Services	No	No	No	No
X-rays	Oral Exams	\$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 Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Night Guard 50% 50% 50%	Cleanings	\$0	\$0	\$0	\$0
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 Not Covered		\$0	* -		\$0
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 Not Covered Not Covered Not Covered Night Guard 50% 50% 50% 50% 50%		· · · · · · · · · · · · · · · · · · ·		•	
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 Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Night Guard 50% 50% 50% 50% 50%		·		·	
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%	Space Maintainers	\$0	Not Covered	\$0	Not Covered
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 Not Covered Not Covered Elective Orthodontia Not Covered Not Covered Not Covered Not Covered Night Guard 50% 50% 50% 50% 50%	Fillings	50%	20%	50%	20%
Crowns and Onlays 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 Not Covered Not Covered Elective Orthodontia Not Covered Not Covered Not Covered Not Covered Night Guard 50% 50% 50% 50%	Simple Extractions	50%	20%	50%	20%
Root Canal Therapy 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 Not Covered Not Covered Elective Orthodontia Not Covered Not Covered Not Covered Not Covered Night Guard 50% 50% 50% 50%	Minor Treatment for Pain	20%	\$0	20%	\$0
Root Canal Therapy 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 Not Covered Not Covered Elective Orthodontia Not Covered Not Covered Not Covered Not Covered Night Guard 50% 50% 50% 50%	Crowns and Onlays	50%	50%	50%	50%
Periodontal Non surg. 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 Not Covered Not Covered Elective Orthodontia Not Covered Not Covered Not Covered Not Covered Night Guard 50% 50% 50% 50%	_				
Periodontal surg.50%50%50%Bridges and Dentures50%50%50%Single Tooth Implants50%50%50%Medically Necessary OrthodontiaNot Covered50%Not CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%					
Single Tooth Implants 50% 50% 50% 50% Medically Necessary Orthodontia Elective Orthodontia Not Covered			50%	50%	50%
Medically Necessary Orthodontia50%Not Covered50%Not CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%	Bridges and Dentures	50%	50%	50%	50%
OrthodontiaS0%Not CoveredS0%Not CoveredElective OrthodontiaNot CoveredNot CoveredNot CoveredNot CoveredNight Guard50%50%50%50%	Single Tooth Implants	50%	50%	50%	50%
Night Guard 50% 50% 50% 50%		50%	Not Covered	50%	Not Covered
	Elective Orthodontia	Not Covered	Not Covered	Not Covered	Not Covered
Oral Surgery 50% 50% 20%	Night Guard	50%	50%	50%	50%
	Oral Surgery	50%	50%	50%	20%

White: not subject to deductible
Shaded: subject to deductible



2023 Dental Plans for Small Groups

FOR EMPLOYERS	Dalta	Dantal	Delta	n Dental	
Insurance Company		Dental			
Plan Name	Delta Dental Premier for Small Businesses -		Delta Dental Premier for Small Businesses -		
Manthi Drami	Standa	ard Plan	Enhanced Plan		
Monthly Premium (Rate for 18-year-old)	\$33	3.99	\$33.99		
Monthly Premium	40	1.00	004.40		
(Rate for 40-year-old)	\$24	1.86	\$31.16		
Monthly Premium	\$20	9.13	\$42.91		
(Rate for 60-year-old)					
Out of Network Coverage		es	Yes		
	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		\$1,750 Individual \$1,750 per person	
Deductible Individual	\$50 per member - applies to certain services	N/A	\$50 per member - applies to certain services	\$50 per member - applies to certain services	
Deductible Family	\$50 per member - applies to certain services	N/A	\$50 per member - applies to certain services	\$50 per member - applies to certain services	
Waiting Periods for Certain Services *see plan summary for specific services	No	No	No	Yes, six 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	25%	25%	25%	25%	
Simple Extractions	25%	25%	25%	25%	
Minor Treatment for Pain	25%	25%	25%	25%	
Crowns and Onlays	50%	Not Covered	50%	50%	
Root Canal Therapy	25%	25%	25%	25%	
Periodontal Non surg.	50%	Not Covered	50%	50%	
Periodontal surg.	50%	Not Covered	50%	50%	
Bridges and Dentures	50%	Not Covered	50%	50% - 6 month waiting period applies	
Single Tooth Implants	50%	Not Covered	50%	applies 50% - 6 month waiting period applies	
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%	Not Covered	50%	Not Covered	
Oral Surgery	25%	25%	25%	25%	

White: not subject to deductible
Shaded: subject to deductible