

## 2024 Dental Plans for Small Groups

Insurance Company	Blue Cross Dental		Blue Cross Dental	
Plan Name	Blue Cross Dental Basic		Blue Cross Dental Standard	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$14.87		\$14.87	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$11.84		\$16.63	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$18.34		\$25.76	
<b>Out of Network Coverage</b>	Yes, same as in-network		Yes, same as in-network	
	Under 19	Over 19	Under 19	Over 19
<b>Out of Pocket Maximum</b>	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
<b>Annual Benefit Maximum</b>	N/A	\$1,000 Individual \$1,000 per person	N/A	\$1,000 Individual \$1,000 per person
<b>Deductible Individual</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	No
<b>Oral Exams</b>	\$0	\$0	\$0	\$0
<b>Cleanings</b>	\$0	\$0	\$0	\$0
<b>X-rays</b>	\$0	\$0	\$0	\$0
<b>Fluoride 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%

White: not subject to deductible
Shaded: subject to deductible

## 2024 Dental Plans for Small Groups

Insurance Company	Blue Cross Dental		Blue Cross Dental	
Plan Name	Blue Cross Dental Plus		Blue Cross Dental Elite	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$24.26		\$24.26	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$29.11		\$33.66	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$45.09		\$52.13	
<b>Out of Network Coverage</b>	Yes, same as in-network		Yes, same as in-network	
	Under 19	Over 19	Under 19	Over 19
<b>Out of Pocket Maximum</b>	\$350 Individual \$700 Family	N/A	\$350 Individual \$700 Family	N/A
<b>Annual Benefit Maximum</b>	N/A	\$1,500 Individual \$1,500 per person	N/A	\$2,000 Individual \$2,000 per person
<b>Deductible Individual</b>	\$25 per person	N/A	\$25 per person	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	No	No	No
<b>Oral Exams</b>	\$0	\$0	\$0	\$0
<b>Cleanings</b>	\$0	\$0	\$0	\$0
<b>X-rays</b>	\$0	\$0	\$0	\$0
<b>Fluoride 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%

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## 2024 Dental Plans for Small Groups

Insurance Company	Delta Dental		Delta Dental	
Plan Name	Delta Dental Premier Standard Plan		Delta Dental Premier Enhanced Plan	
<b>Monthly Premium</b> (Rate for 18-year-old)	\$32.64		\$32.64	
<b>Monthly Premium</b> (Rate for 40-year-old)	\$25.72		\$32.14	
<b>Monthly Premium</b> (Rate for 60-year-old)	\$30.15		\$44.26	
<b>Out of Network Coverage</b>	Yes		Yes	
	<b>Under 19</b>	<b>Over 19</b>	<b>Under 19</b>	<b>Over 19</b>
<b>Out of Pocket Maximum</b>	\$400 Individual \$800 Family	N/A	\$400 Individual \$800 Family	N/A
<b>Annual Benefit Maximum</b>	N/A	\$1,200 Individual \$1,200 per person	N/A	\$1,750 Individual \$1,750 per person
<b>Deductible Individual</b>	\$50 per member - applies to certain services	N/A	\$50 per member - applies to certain services	\$50 per member - applies to certain services
<b>Deductible Family</b>	\$50 per member - applies to certain services	N/A	\$50 per member - applies to certain services	\$50 per member - applies to certain services
<b>Waiting Periods for Certain Services</b> <small>*see plan summary for specific services</small>	No	No	No	Yes, six 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>Fluoride 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>	25%	25%	25%	25%
<b>Simple Extractions</b>	25%	25%	25%	25%
<b>Minor Treatment for Pain</b>	25%	25%	25%	25%
<b>Crowns and Onlays</b>	50%	Not Covered	50%	50%
<b>Root Canal Therapy</b>	25%	25%	25%	25%
<b>Periodontal Non surg.</b>	50%	Not Covered	50%	50%
<b>Periodontal surg.</b>	50%	Not Covered	50%	50%
<b>Bridges and Dentures</b>	50%	Not Covered	50%	50% - 6 month waiting period applies
<b>Single Tooth Implants</b>	50%	Not Covered	50%	50% - 6 month waiting period applies
<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%	Not Covered	50%	Not Covered
<b>Oral Surgery</b>	25%	25%	25%	25%

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