

# Dental Insurance Plans | Available in Whatcom County as of March 2018



If you have Medicare, please contact the SHIBA office at 360-788-6533 for a list of Medicare Advantage Plans that have dental benefits.

This document is intended to be used as a general informational tool only. Some of this information may vary depending on your circumstances or current information. For the most current and accurate information, please contact the carrier directly. To enroll in any of the plans listed below, please contact the carrier directly or consult an insurance broker.

Carrier	Plan Name	Monthly Premium	Annual Deductible	Preventive Care	Restorative Care	Dentures	In-network Limit	Additional Information	
<b>Delta Dental</b> 1-855-335-8275  <a href="http://deltadentalcoversme.com">deltadentalcoversme.com</a>  50+ participating dentists in Whatcom County	Basic Plan	\$30.45 ages 18-51+	None	Plan covers 100% of exam, cleaning, and bitewing x-rays. 50% topical fluoride coinsurance	Plan covers 50% of fillings & non-surgical extractions after 6 months. (No root canals, implants, deep cleaning.)	None	\$1000 (cap) per person per year	Annual contract required \$15 office copay	
	Clear Plan (only copays)	Age 18 – 50	\$38	None	You pay \$65 (includes exam, cleaning, and bitewing x-rays)	You Pay:		None	Annual contract required
		Age 26 – 50	\$45			Fillings	\$115		
		Age 51+	\$49			Non-surgical extraction	\$115		
						Root Canal	\$535		
				Crowns	\$740				
			Implants	\$2600					
Classic Plan	\$40 ages 18 – 51+	\$50/ policy year (does not apply to diagnostic/ preventive services)	Plan covers 80% (exam, cleaning, bitewing x-rays, and full mouth x-rays)	Plan covers 50% (12 month waiting period may apply)	Plan covers 50% (12 month waiting period may apply)	\$1000 (cap) per person per year	No annual contract required		
Enhanced Plan	\$48.20 ages 18 – 51+	\$50/ policy year (does not apply to diagnostic / preventive services)	Plan covers 100% (exam, cleaning, bitewing x-rays, and full mouth x-rays)	Plan covers 50% (12 month waiting period may apply) Fillings 50% (no waiting period)	Plan covers 50% (12 month waiting period may apply)	\$1000 (cap) per person per year	Annual contract required		
Premium Plan	\$57.84 ages 18 – 51+	\$100/ lifetime if policy remains in force (does not apply to diagnostic / preventive services)	Plan covers 100% (exam, cleaning, bitewing x-rays, and full mouth x-rays)	Plan covers 50% (12 month waiting period may apply) Fillings 50% (no waiting period)		\$2000 (cap) per person per year			

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<b>Dental Health Services</b> 1-800-637-6453  <a href="http://dentalhealthservices.com">dentalhealthservices.com</a>  Participating dental clinics include Bright Now! and Sunrise Dental	SmartSmile	Under 18	\$21.50	None	You pay \$7 a visit, PLUS		You Pay:		Once every 5yrs, from \$425 to \$900 per plate	None	Annual contract required. Reduced rate with in-network orthodontist. Additional crowns and bridges have a \$200 copay increase per procedure
		Ages 18 – 51+	\$17.75		Cleaning	\$25	Fillings	\$40 – \$65			
					Exam	\$5	Crowns	\$625			
					X-ray Bitewings	\$13					
	Super SmartSmile	Under 18	\$21.50	None	You pay \$7 a visit, PLUS		You Pay:		Once every 5yrs, from \$425 to \$900 per plate	None	
		Ages 18 – 51+	\$24.25		Cleaning	\$12	Fillings	\$25 – \$47			
					Exam	\$2	Root Canal	\$325			
					X-Ray Bitewings	\$0	Crowns	Up to \$625			
<b>LifeMap Assurance Company</b> 1-800-756-4105	Incentive 10 Dental	Under 18	\$36.98	\$50	Coverage starts at 80% and increases each year	Coverage increases each year and starts at 60% coverage for restorative services and 30% coverage for major services.	Covered under major services	Year 1	\$750	6-month waiting period for restorative & 12-month waiting period for major services	
		Ages 18 – 64	\$57.89					Year 2	\$1000		
								Year 3	\$1250		
	Ages 65+	\$62.33	Year 4	\$1500							
	Dollar Based Dental	Under 18	\$49.83	None	Plan covers: • 100% of first \$150 total spent on care • 80% of next \$500 total spent on care • 50% of remaining care until limit is reached	Plan covers: • 100% of first \$150 total spent on care • 80% of next \$500 total spent on care • 50% of remaining care until limit is reached	Yes	Year 1	\$750	6-month waiting period for all services  Vision option available	
		Ages 18 – 64	\$62.22					Year 2	\$1000		
								Year 3	\$1250		
	Ages 65+	\$69.18	Year 4	\$1500							
	Individual Dental EPO (only at Willamette Dental Group)	\$50.02 all ages		None	Office visit \$15 (exam & cleaning)	You pay \$15 for office visit + \$30 copay for services like fillings and simple extractions (plan covers 20% of all other services)	Plan covers 20%	None	6-month waiting period for all orthodontic and some major services		

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<b>Aflac</b> 1-800-992-3522 Aflac.com  Any dentist can bill for services (Aflac reimburses Mbr)  Benefits can be used as a secondary insurance	Basic Coverage	\$30.80 – \$36.90 <i>Estimation: Premiums differ based on age.</i>		None	<ul style="list-style-type: none"> <li>Plan pays \$25 for cleaning &amp; exam</li> <li>Plan pays \$10 for x-rays</li> </ul>	Plan pays part of cost for services, including: <ul style="list-style-type: none"> <li>\$30-\$60 for fillings</li> <li>\$250 for crowns*</li> <li>\$250 for root canal*</li> </ul> 6-12 month waiting depending on major or minor service	Plan pays \$350 per plate  *12-month waiting period	\$1200	*12 Month Waiting Period for restorative care  **Plan will not cover dentures if you are already missing teeth	
	Standard Coverage	\$39.90 – \$47.90 <i>Estimation: Premiums differ based on age.</i>		None	<ul style="list-style-type: none"> <li>Plan pays \$50 for cleaning &amp; exam</li> <li>Plan pays \$25 for x-rays</li> </ul>	Plan pays part of cost for services, including: <ul style="list-style-type: none"> <li>\$45-85 for fillings</li> <li>\$325 for crowns*</li> <li>\$325 for root canal*</li> </ul> 6-12 month waiting depending on major or minor service	Plan pays \$425 per plate  *24-month waiting period	\$1400		
	Premier Coverage	\$47.90 – \$57.90 <i>Estimation: Premiums differ based on age.</i>		None	<ul style="list-style-type: none"> <li>Plan pays \$50 for cleaning &amp; exam</li> <li>Plan pays \$25 for x-rays</li> </ul>	Plan pays part of cost for services including: <ul style="list-style-type: none"> <li>\$55-120 for fillings</li> <li>\$375 for crowns*</li> <li>\$375 for root canal*</li> </ul> 6-12 month waiting depending on major or minor service	Plan pays \$525 per plate  *24-month waiting period	\$1600		
<b>Willamette Dental Group</b> 1-855-4DENTAL	TrueCare Washington <b>Plan One</b>	Mbr	\$53	None	You pay 35\$ office visit fee (includes exam, cleaning, & x-rays)	You Pay:		You pay \$600 for complete denture (6 month waiting period)	None	6-month waiting period on benefits for major services (crowns, bridges and dentures) and orthodontic treatment.
		Mbr + Spouse	\$106			Specialist	\$35			
		Mbr + Child	\$108.67			Fillings	\$45 – \$80			
		Mbr, Spouse, Child	\$161.67			Crown	\$500			
	TrueCare Washington <b>Plan Two</b>	Mbr	\$64.85	None	You pay \$25 office visit fee (includes exam, cleaning, & x-rays) \$15 copay for fluoride treatment and sealant	You Pay:		You pay \$500 for complete denture (6 month wait period)	None	
		Mbr + Spouse	\$129.70			Specialist	\$30			
		Mbr + Child	\$132.95			Fillings	\$25 – \$80			
		Mbr, Spouse, Child	\$197.80			Crown	\$400			
					Routine Extraction	\$75				
					Surgical Extraction	\$190				
					Routine Extraction	\$50				
					Surgical Extraction	\$100				

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<b>Nationwide Multiflex Dental</b>  <a href="http://multiflexdentalinsurance.com">multiflexdentalinsurance.com</a>  25+ Providers in Whatcom County	Classic 1500	Mbr	\$58.11	\$50 Individual \$150 Family	Plan covers 80% of all preventive services	Plan covers 80% of minor services (fillings, extractions & x-rays)  Plan covers 50% of major services	Plan pays 50% of denture services (after 18 months)	\$1,500  Benefits can be used at any dentist.	6-month waiting period for restorative services  18-month waiting period for major dental services
		Mbr + 1	\$103.48						
		Mbr + family	\$165.17						
	Classic Select 1500	Mbr	\$38.60	\$50 Individual \$150 Family	Plan covers 100% of preventive services	Plan covers 80% in-network and 70% out-of-network for restorative services  Plan covers 60% in-network/50% out-of-network of major services	Plan pays 60% in-network 50% out-of-network	\$1,500  This plan uses the Maximum Care network.	
		Mbr + 1	\$66.07						
		Mbr + family	\$102.98						
	Classic 2000	Mbr	\$62.20	\$50 Individual \$150 Family	Plan covers 80% of preventive services	Plan covers 80% of minor services (filling, extractions and x-rays)  Plan covers 50% of major dental services	Plan pays 50% of denture services	\$2,000  Can be used at any dentist.	
		Mbr + 1	\$111.20						
		Mbr + family	\$177.83						
	Classic Select 2000	Mbr	\$41.76	\$50 Individual \$150 Family	Plan covers 100% of in network preventive services.	Plan covers 80% in-network and 70% out-of-network for restorative services  Plan covers 60% in-network or 50% out-of-network for major services	Plan pays 60% in-network 50% out-of-network	\$2,000  This plan uses the Maximum Care network.	
		Mbr + 1	\$71.97						
		Mbr + family	\$112.58						
PPO Advantage	Mbr	\$20.35	None	Plan covers 100% of preventive services	Does NOT cover restorative or major dental services <i>Network discounts apply</i>	Not a benefit <i>Network discounts apply</i>	\$500  This plan uses the Maximum Care network.		
	Mbr + 1	\$32.65							
	Mbr + family	\$55.75							

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*Veterans Only*  <b>Delta Dental Veterans Affairs Dental Insurance Program</b>  <a href="http://deltadentalvadip.org">deltadentalvadip.org</a>  50+ providers in Whatcom County	Enhanced	<ul style="list-style-type: none"> <li>•Veteran Only: \$26.05</li> <li>•CHAMPVA +1: \$52.10</li> <li>•CHAMPVA +2: \$78.50</li> </ul>	\$50 deductible waived for diagnostic + preventive services	Plan covers 100% in-network (80% out-of-network)	Covers 50% of basic restorative services+ standard extractions  50% of endodontic + periodontic after 1yr waiting period. No crowns.	Not a benefit	\$1,000	Simple extractions are only oral surgery covered  12-month waiting period for major restorative, oral surgery + prosthodontic services
	Comprehensive	<ul style="list-style-type: none"> <li>•Veteran Only: \$45.16</li> <li>•CHAMPVA +1: \$90.32</li> <li>•CHAMPVA +2: \$135.48</li> </ul>	None in-network	Plan covers 100% in-network (80% out-of-network)	Covers 60% of basic restorative care  Covers 50% of standard extractions, endodontic, periodontic.	In-network: Covers 50% of cost after 1 year	\$1,500	
	Prime	<ul style="list-style-type: none"> <li>•Veteran Only: \$56.41</li> <li>•CHAMPVA +1: 112.82</li> <li>•CHAMPVA +2: \$169.23</li> </ul>	No deductible in-network	Plan covers 100% in-network (90% out-of-network)	Covers 70% of basic restorative care  Covers 70% of standard extractions, 50% of endodontic, periodontic.	In-network: Covers 50% of cost after 1 year	\$3,000	